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# DENTURE STABILIZATION WITH NARROW DIAMETER IMPLANTS

## CASE PRESENTATION | X

A healthy 70-year-old female presented with a loose mandibular complete denture with which she was unable to chew hard and crunchy foods. She sought out our office because we offer minimally invasive narrow diameter implants to stabilize loose dentures.

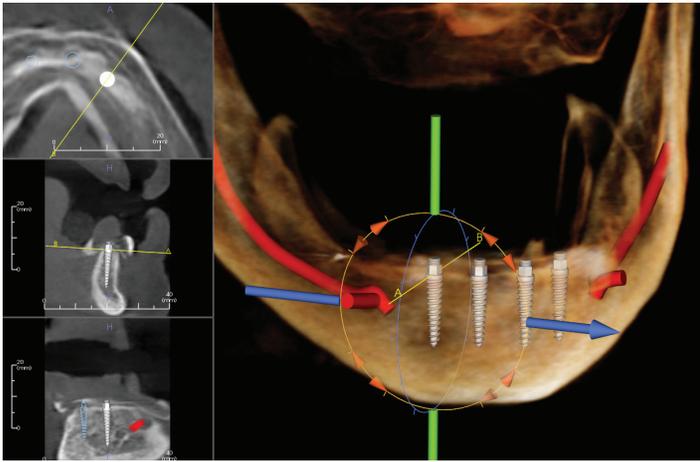
A CBCT scan of the patient was made using cotton rolls for occlusal and soft tissue separation, and a radiopaque PVS was applied to the intaglio of the mandibular complete denture. Four 2.4 mm x 12 mm Zest LOCATOR Overdenture Implants (Zest LODI, Zest Anchors) were planned in the computer software (Invivo, Anatomage). Her denture was duplicated in clear acrylic resin, and proposed implant positions were marked according to the CBCT plan, creating an in-office surgical guide based upon the CBCT scan. The patient was anesthetized, osteotomies prepared, and implants were placed using a minimally invasive technique. Recesses in the denture were fabricated using specialized burs specifically designed for overdentures (Denture Prep & Polish Kit, Zest Anchors). LOCATOR (Zest Anchors) abutments were attached to the implants and connected to the denture the same day, using an overdenture attachment processing material (CHAIRSIDE, Zest Anchors). The LOCATOR Black Processing Male inserts were kept inside of the denture and the patient was seen for recall 8 weeks later, when the tissues were fully healed. At the recall appointment, two of the inserts were changed from the processing males into the light, extended range retentive male inserts.



**Figure 1**—The patient presented with a loose mandibular complete denture, requesting implants to help stabilize her denture.



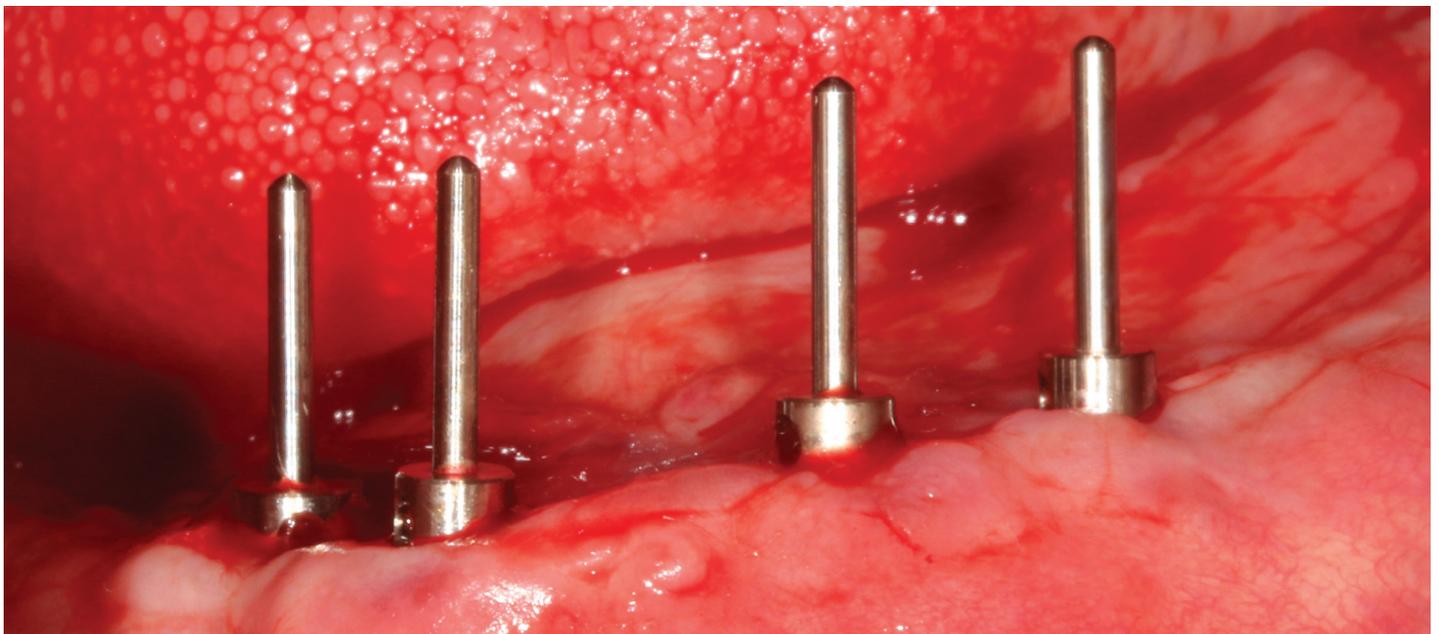
**Figure 2**—Examination of the mandibular ridge shows adequate keratinized soft tissues, firm alveolar support, and adequate prosthetic space for flapless dental implants.



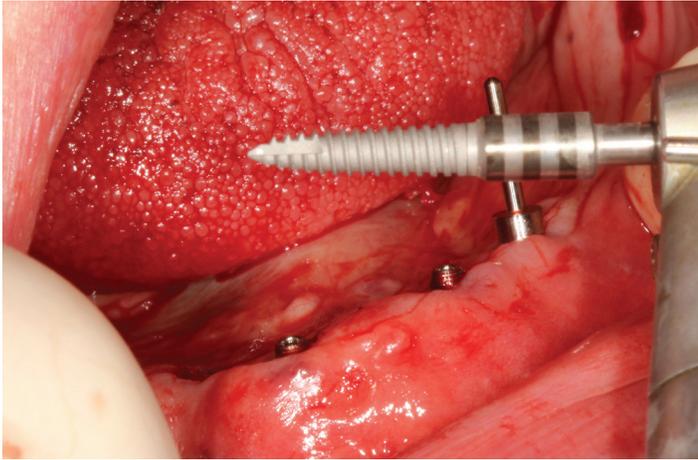
**Figure 3**—Four 2.4 mm x 12 mm LOCATOR overdenture implants (LODI, Zest Anchors) planned in CBCT software (Invivo, Anatomage).



**Figure 4**—The denture was duplicated into clear acrylic resin and implant positions marked according to the CBCT plan.



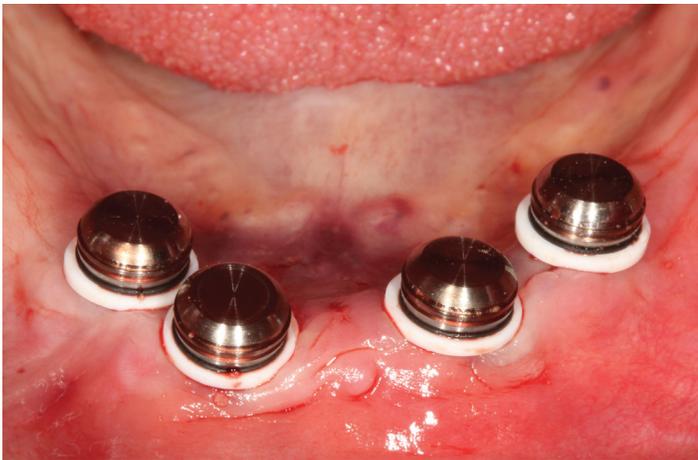
**Figure 5**—Sequential osteotomies were prepared with the assistance of the surgical guide, allowing for minimally invasive surgical procedures. Paralleling pins assisted in paralleling during drilling.



**Figure 6**—Four 2.4 mm x 12 mm Zest LODI implants placed via a minimally invasive, flapless approach.



**Figure 7**—Zest LOCATOR abutments placed onto the LODI implants.



**Figure 8**—Denture caps were placed on the Zest LOCATOR attachments with block-out spacers and PVS utilized to verify passive fit of the denture over the caps.



**Figure 9**—Recesses were created within the underside of the complete denture using specialized overdenture preparation burs (Denture Prep & Polish Kit, Zest Anchors).



**Figure 10**—The denture caps were attached to the denture using an overdenture attachment material (Chairside, Zest Anchors). Processing males were left inside of the denture for 8 weeks.



**Figure 11**—Final appearance of the LODI implants at 8 weeks.



**Figure 12**—Two of the processing males were changed into retentive male inserts at a recall appointment. The patient reports that with implants, she has confidence to eat hard, crunchy foods again.

**PRODUCTS USED IN THIS CASE**

**CHAIRSIDE ATTACHMENT  
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