

## INTRODUCTION

When it comes to an oral restoration involving complete dentures, a common concern with patients can be retention of the prosthesis. In order to improve retention, and provide comfort to patients, a removable implant-supported prosthesis is an alternative. In this case, four implants were used in the maxilla to support the complete removable prosthesis; and two in the mandible to support the partial removable prosthesis. One of the concerns raised during treatment planning was the patient's use of nicotine vaping and poor oral hygiene habits. These are two risk factors that may lead to failure of osseointegration of the dental implants and peri-implantitis.

## TREATMENT PLAN

Diagnosis	Ideal Treatment
Stage IV /Grade B	Prophylaxis and OHI
Cervical buccal caries on #29 and #30	Class V resin restoration
Maxillary exostosis, mandibular tori and hopeless teeth	Exostosis removal and teeth extraction
Complete maxillary edentulism (after extractions)	Immediate maxillary dentures
Partial mandibular edentulism (after extractions)	Interim mandibular partial dentures
Maxillary complete edentulism	Maxillary implant placement in the area of #3, #6, #11, #14
Partial mandibular edentulism	Mandibular implant placement in the area of #22, #27
Maxillary complete edentulism	Complete maxillary overdenture
Partial mandibular edentulism	Partial mandibular overdenture

## DISCUSSION

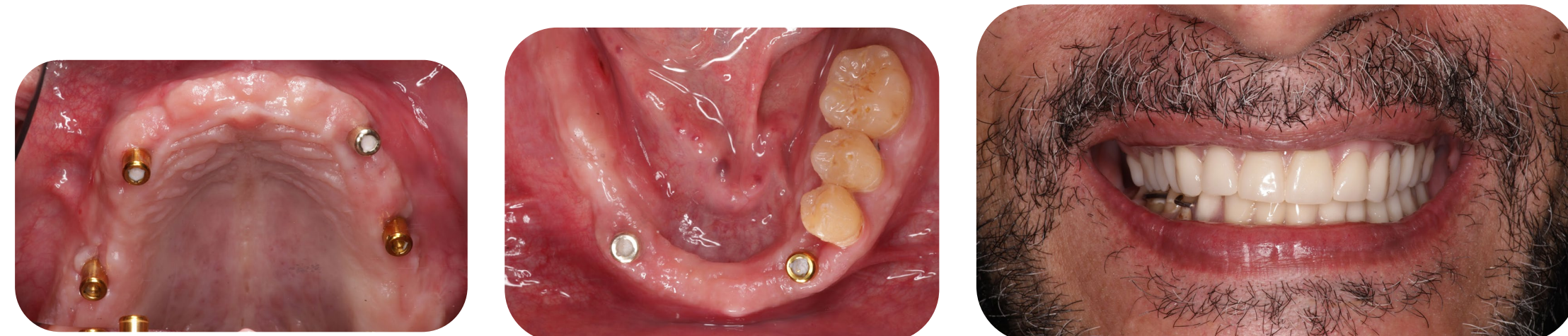
The oral rehabilitation of the patient with implant-supported dentures was excellent since the functional and aesthetic aspects were restored. During the treatment, improvement was observed in the oral hygiene habit of the patient; at each appointment, the importance of this was reinforced and it was explained to the patient how oral hygiene was related to the prognosis of the treatment. Regarding the patient's vaping habit, there is not enough evidence to indicate how vaping can affect the longevity of implants in the long term. However, it has other systemic repercussions and quitting vaping was highly encouraged and recommended.

## METHODS & MATERIAL: Clinical Case

50-year-old male patient with no reported conditions (ASA I) and vaping habits. His chief complaint was "I want to fix my mouth". He is single, high school educated, unemployed, and has government health insurance. After an initial evaluation, a Stage IV grade B periodontal diagnosis was determined.

- Teeth #6, #8, #9, #14, #21, #22, #26, and #27 were unrestorable due to heavy caries.
- Missing #1, #2, #5, #12, #13, #15, #16-#18, #23-#25
- Previous resin, amalgam, and RCT were present
- Prepared #22, #26, and #27 for a fixed bridge that was never delivered.
- Right side: molar class I occlusion and a tendency to class III canine relation.
- Left side cannot be determined.
- Oral cancer predisposition due to age and vaping habits
- Poor periodontal health and high caries risk.

## RESULTS



## CONCLUSION

Final treatment was successful. Oral rehabilitation and aesthetics were accomplished. The patient's expectations and self confidence were restored.

## REFERENCES

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