

**Dr. med. Dr. med. dent. Martin Keweloh**

Mutlangen/Germany



**RATIOPLANT®-IMPLANTS**  
CASE STUDY



# RATIOPLANT®-IMPLANTS

## CASE STUDY

### Curriculum vitae

**Dr. med. Dr. med. dent. Martin Keweloh**

**University:**

06/1993 Registration as a dental surgeon  
(University of Ulm/Baden-Wuerttemberg/Germany)  
08/1999 Registration as a medical doctor  
(University of Erlangen-Nuernberg/Bavaria/Germany)



**Address:**

Wetzgauer Str. 73  
D-73557 Mutlangen/Germany  
Fon: +49 7171 999774  
mobile: +49 178 2992392  
E-Mail: [sg-implant@praxisklinik-mkg.de](mailto:sg-implant@praxisklinik-mkg.de)  
Web: [www.praxisklinik-mkg.de](http://www.praxisklinik-mkg.de)

**Certified specialist for Implantology and Periodontology**  
(DGMKG, DGI, DGZI, BDO, BDIZ)

**Member of the board of the German Association for Maxillo-Facial Surgery** (Section Implantology)

Editor of the german journal "Implantologie-Zeitung"

**Member of DGMKG** (German Association for Maxillo-Facial Surgery-SPEAKER), DGI (German

Association for Implantology (Speaker), GAECD (Association for Aesthetic-Plastic Surgery Germany),  
DGPW (German Association of Plastic and Reconstructive Surgery)

**Speaker on national and international conferences:**

(EACMFS: Edinburgh/Scotland 2000, PAAOMS: Dubai/VAE 2001, Int. Camlog-Congress: Montreux/  
Switzerland 2006, EACMFS: Bologna/Italy 2008, ANZAOMS Christchurch/New Zealand 10/2008,  
Melbourne 7/2009, ANZAOMS Goldcoast/Austr. 10/09)

**Patient Data**

Male, 22 years, first presentation 22.03.2012, comes to implant consultation and free-end rg 37-38 carious tooth 36, tooth 37 was removed due to a cyst formation in 2011

**Diagnosis**

Free-end rg 37-38, massive gag reflex

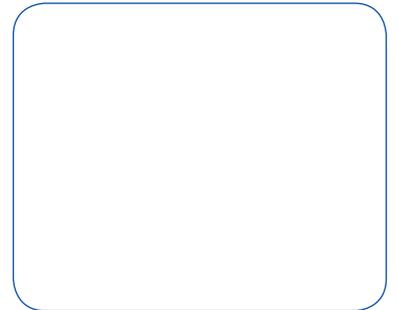
**Treatment Plan**

Implant region 37 with Osteoplasty and possibly Soft Tissue Augmentation

**Procedure / Method**

29/05/12: Event Planning, DVT test fixture, impressions for study models not succeed because of the strong retching

03/07/12:  
Soft tissue: thick biotype  
Hard tissue: D3 to MIXED



**Procedure / Method ...continued**

OP in loco / sedation: infiltration and conduction anesthesia rg 35-37 with Ubistesin, subsequently injected, composite filling rg 36, split-flap rg 35-38, implant rg 37 (Ratio Plant Classic, submerged healing, plug), thread pre-cut, Anlagerungsosteoplastik rg 37 with filter material from the Bone Collector, wound closure with Sabafil 5-0

Implant: Plant Ratio classic  
rg 37: 5.0 / 11.5 mm (50011.50150)

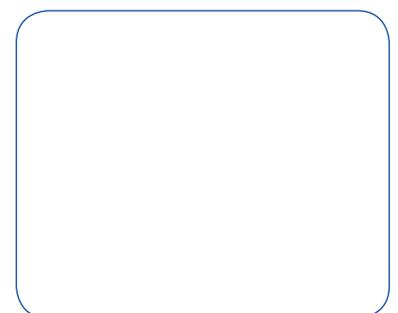
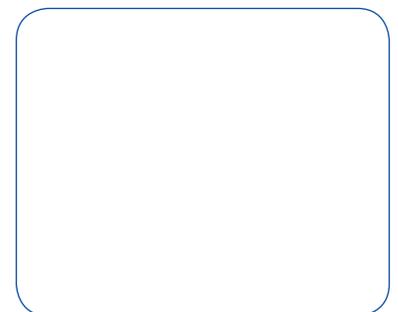
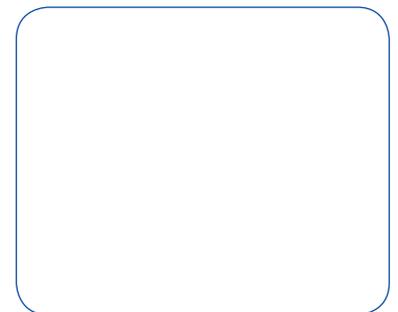
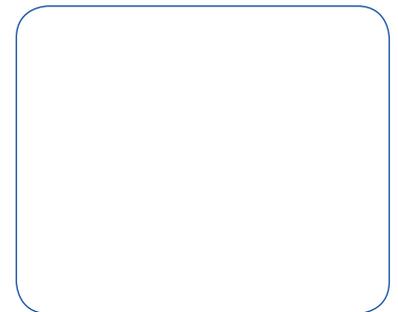
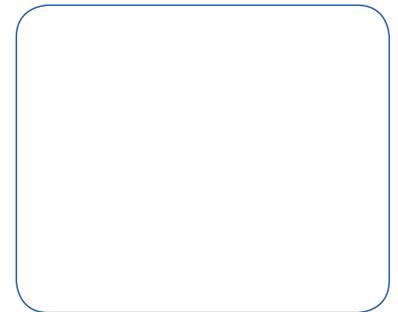
21:08:12:  
OP in loco / sedation: infiltration anesthesia rg 36-37 with Ubistesin, subsequently injected, surgical exposure of the implant rg 37 healing abutments used with CHX gel implant rotationally stable wound closure with Sabafil 5-0

Healing abutment: Plant Ratio  
Rg 37: con 6.0mm L  
Postoperatively, creating a panoramic radiograph, a dental film, the patient tolerated because of the retching not, it is granted the approval for prosthetic

25/10/12:  
Impression (in wg sedation gag reflex) for custom tray by Dr. hennies (employees in practice)

29/11/12:  
Open impression and bite registration (under sedation)

9:01:13:  
Integration of PFM crown (under sedation)



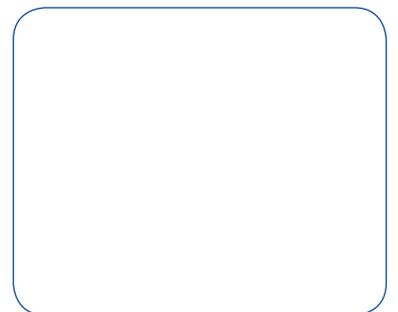
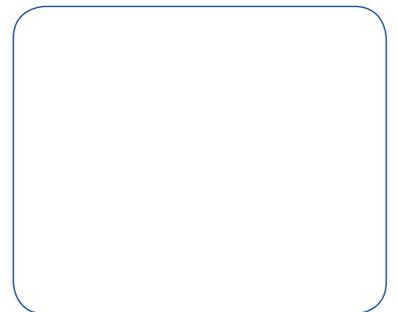
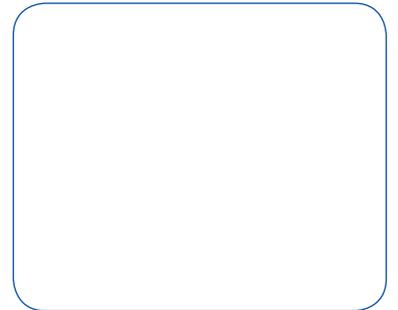
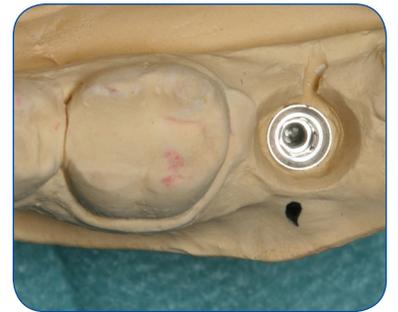
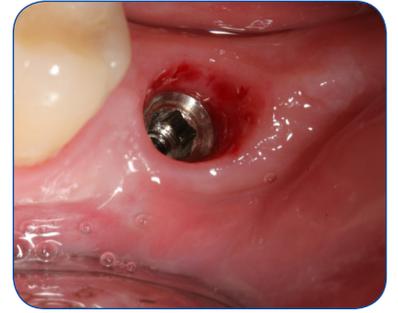
## Follow-Up

The type of implant is determined by virtual planning Volumentomogramm after presentation of the nerve course. On the creation of a planning template (without sedation impression not possible) was waived because of the retching. Taking account of the bony anatomy and the course of the nerve implant length and width are determined.

Postoperatively, the patient had no complaints, no need for analgesics. The exposure surgery is uncomplicated. The conical healing abutment can form a high emergence.

## Results

Prosthetic treatment with single crowns by Dr. Hennies in our practice. Simple impression, laboratory work (ZT Schierle / Leinzell) and inclusion. Aesthetically and functionally good result.



## Conclusion

Plant Ratio ® implants meet the requirements of a modern implant system. The surgical handling is easy with the well-stocked surgical tray. For the granulation various spherical milling available. The drills for implant bed preparation cut very well and provide a lot of drill cuttings that can be collected with the Bone Collector. Especially in this case, this has facilitated the process, since no costly augmentation had to be done with membrane technology. This was in relation to a short surgical time - because of the gag reflex - beneficial. The implants of the Classic series are introduced to cut threads. This may be difficulties with the angulation of the instruments in the distal molar. The manual inserts (ratchet), as well as engine inserts had a clever length in this case.

There is a wide selection of different diameters. The 5.0 mm implant is well sized to replace a molar. The roughness extends to the upper shoulder implant, thus this type of implant should be placed epicrestal or subcrestally. The timing of osseointegration does not differ from market-leading systems, we give the implants in the lower jaw depends on the primary stability and planned by Supply Type 6-8 weeks for prosthetic care free. The formation of the peri-implant mucosa is facilitated by offering up to 6.0 mm high healing abutment.

The prosthetic concept is simple. The transfers worked well with decent fit of the impression copings and abutments with market-leading systems and is the same design principle (Allen) comparable. Also, laboratory hand working with the components of the ratio Plant system is straightforward.



**Notes:**

To be continued and completed soon!



Made in Germany



**HumanTech Germany GmbH**

Gewerbestr. 5

D-71144 Steinenbronn

Germany

Tel.: +49 (0) 7157/5246-71

Fax.: +49 (0) 7157/5246-33

[info@humantech-solutions.de](mailto:info@humantech-solutions.de)

[www.humantech-solutions.de](http://www.humantech-solutions.de)