

**Dr. Rollny**  
Schwäbisch Gmünd/Germany



**ConeCept**

RatioPlant®Implants  
case study



**Dr. med. dent. Hans-Georg Rollny**

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### Curriculum vitae

#### Studies and doctorate

1983-1989 Study of dentistry at the University of Ulm  
1991 Doctorate in the Department of Anatomy at the University of Ulm:  
Vascular Variations in the Neck Region

#### Career development

1990  
1991-1992 Medical officer with the Bundeswehr in Münsingen  
1993 Assistant for further education at Dres. Merkle in Ditzingen  
1994-2013 Assistant doctor with Dr. Bechstein in Schwäbisch Gmünd  
Seit 2014 Partner in joint practice Dr. Bechstein & Dr. Rollny

### Memberships

ISMI: Int. society of metal free implantology ([www.ismi.me](http://www.ismi.me))  
GAK: Gnathologischer Arbeitskreis Stuttgart ([www.gak-stuttgart.de](http://www.gak-stuttgart.de))  
ÄFZ: Arbeitskreis für Ästhetisch-Funktionelle Zahnheilkunde Stuttgart e.V.([www.aefz.de](http://www.aefz.de))  
DGI: Deutsche Gesellschaft für Implantologie([www.dgi-ev.de](http://www.dgi-ev.de))  
DGP: Deutsche Gesellschaft für Parodontologie e.V. ([www.dgparo.de](http://www.dgparo.de))  
DGZMK: Deutsche Gesellschaft für Zahn-, Mund- und Kieferheilkunde ([www.dgzmk.de](http://www.dgzmk.de))  
DGM: Deutsche Gesellschaft für Mesotherapie ([www.mesotherapie.org](http://www.mesotherapie.org))  
DGEIM: Deutsche Gesellschaft für Energetische und Informationsmedizin e.V.([www.dgeim.de](http://www.dgeim.de))  
ITI: International Team for Implatology ([www.iti.org/sites/germany](http://www.iti.org/sites/germany))  
DGZS: Deutsche Gesellschaft für zahnärztliche Schlafmedizin ([www.dgzs.de](http://www.dgzs.de))

### Dental Laboratory

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**Patient**

female, 75 years, non-smoker

Lower jaw edentulous after removal of teeth not worth preserving

Bone quality (after mixing) D2

Planned implants:

46,44,34 - ConeCept 42-100

42,32 - ConeCept 33-115

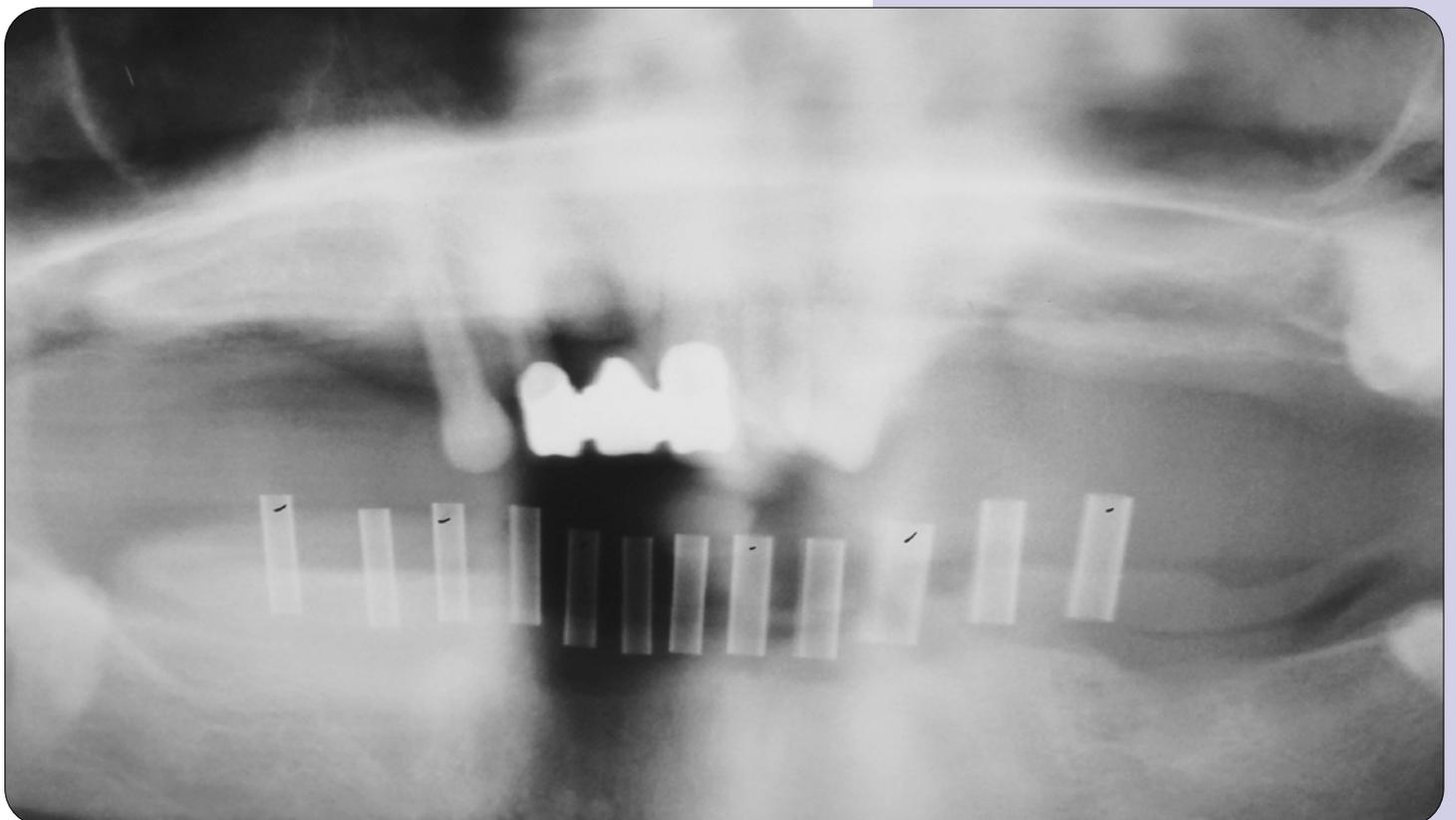
36 - ConeCept 50-100

**Diagnosis**

Insufficient bone crest with very mobile interim prosthesis

**Planned supply**

Six endosseous screw implants, prosthetic restoration with screw-retained zirconium bridge on multi-unit abutments.





## Procedure / Method

Exposure was performed 4.5 months after implantation by exposing the soft tissue over the cover screws. Healing caps of size L were used at appropriate heights adequate to the thickness of the mucosa. Osseointegration was checked by means of a knock test after evaluation of a previous radiographic check. Subsequently, the mucosa was applied to the healing caps with middle sutures.

After a short regeneration period of the mucosa, the impression was taken. First the healing caps were unscrewed, removed and marked according to their position. Then the planned multi-unit abutments were screwed in with the inserter and the torque ratchet with a torque of 25Ncm. The impression copings for closed impressions could then be placed very easily with one click. The impression was taken using a standard impression tray and an impression material with high final hardness. After curing, the impression was easily removed and the impression caps were securely anchored in it.

Another set of impression caps was used to make a bite registration and jaw relation determination.

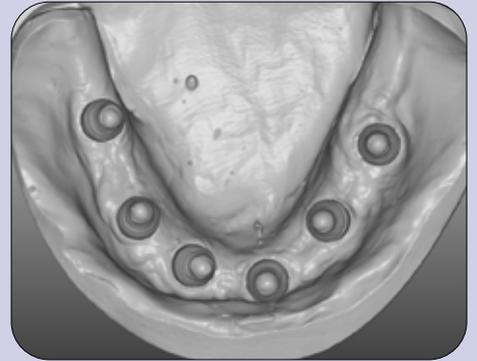
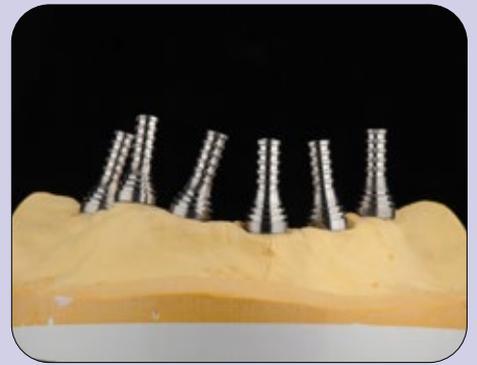


## Procedure / Method

The production of a master model was carried out with model implants belonging to the system on which the further work steps were implemented in the laboratory. To implement the planned zirconium bridge, titanium caps of the Multiunit abutment system were first screwed onto the model implants and a scan of the model was performed. The planning by the digital setup already shows almost a good final result. To check the fit, bite position and esthetics, a plastic template was first milled and tried in. It was determined that the masticatory plane still had to be lowered by approx. 2 mm.

A ceramic-veneered zirconium framework was then fabricated until the next try-in appointment, in which the titanium caps were first provisionally fixed. After successful try-in, the complete bridge was completed in the laboratory.

At the final try-in appointment, the patient's bridge was inserted and fixed with the prosthetic screws at a torque of 25Ncm. The screw channels were covered and closed with composite material.

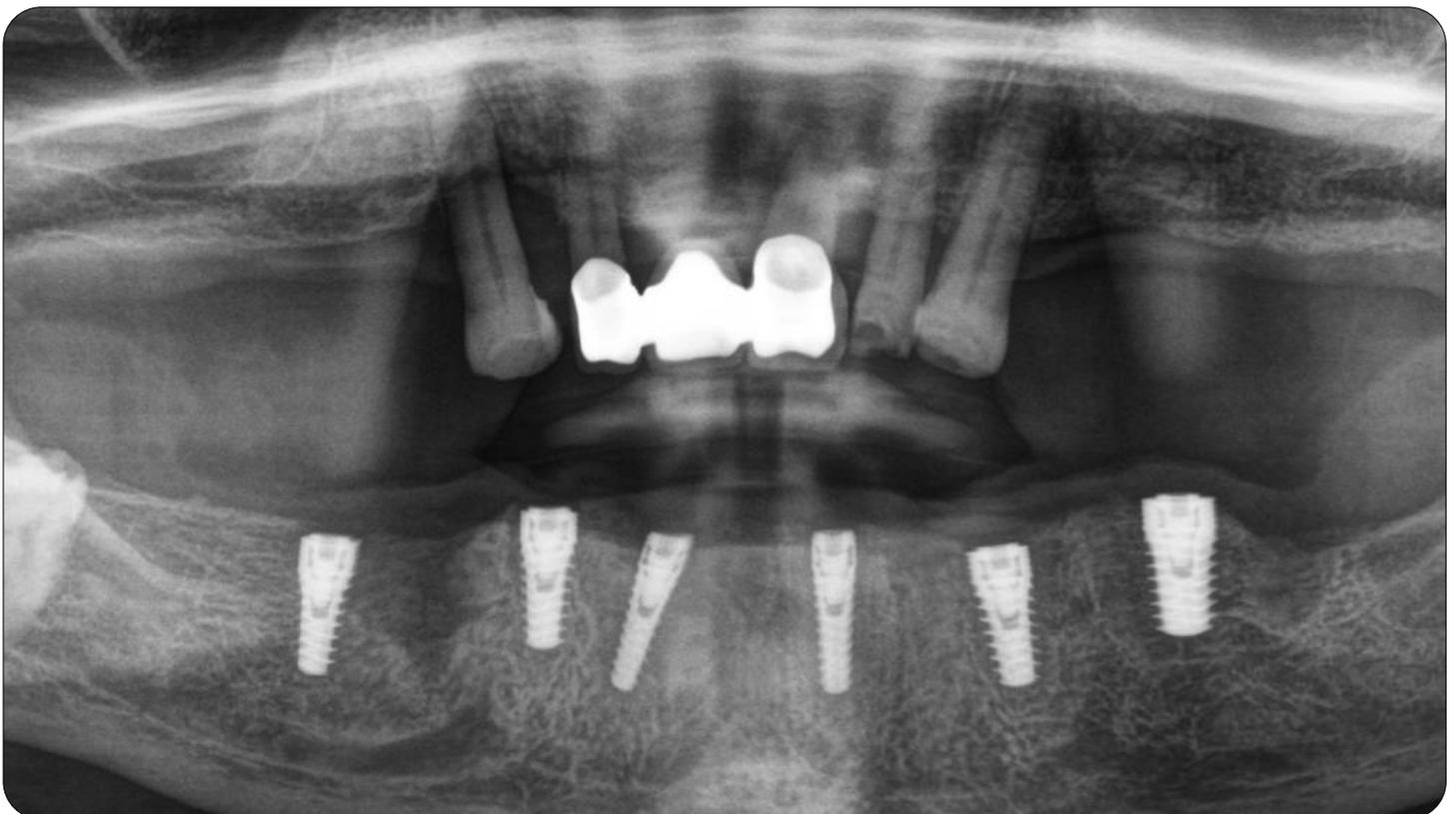


## Summary

This case study shows a successful restoration even under difficult space conditions. An attractive result was achieved in terms of aesthetics, function and oral hygiene.

The RatioPlant® ConeCept implant system offers a selection of implants and prosthetic components for many situations.

With the help of the clearly arranged and color-coded RatioPlant® ConeCept instrument trays, the implants could be inserted in a time-saving and situation-specific manner. The surface roughened up to the implant shoulder (blasted and etched) in combination with the bacteria-proof and mechanically stable internal tapered connection allows subcrestal positioning of the implants.





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