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A fractured Implant. What to do next.

**Gender:** Female.  **Age:** 36

**Initial situation:** Patient presented with pain in the lower right area of her mouth. Swelling was present around her lower right first molar.

**Prior treatment:** The first molar had been replaced by an implant-supported crown, placed four years previously in Dubai.

**Investigation:** The area appeared swollen and there was a lack of attached keratinised gingiva. Periodontal analysis showed probing depths of 8mm in the buccal and lingual distal site, 7mm in the buccal and lingual mesial sites, and 9mm in the median buccal site. Bleeding on probing was present and abundant pus was visible. The crown was not mobile. The peri-apical radiograph showed a circumferential ‘bowl-like’ bone defect around the implant and an abnormal radiolucent area.

**Complication:** A peri-implant infection associated with a possible implant fracture was diagnosed. On elevating flaps, a longitudinal fracture of the implant body was apparent. This had caused severe bone loss associated with peri-implant infection.

**Resolution:** Initial treatment involved extracting the fractured implant, thoroughly cleaning the infected area and closing the flaps. The implant retrieved was a 4mm diameter model that had been used to support a lower first molar.

Fractured zirconia framework

**Gender:** Female.  **Age:** 34

**Initial situation:** No parafunction. Fracture of the upper left central incisor.

**Prior treatment:** Extraction and bonded bridge. Early implant placement at 6 weeks with GBR. Provisional crown at 12 weeks plus connective tissue graft. Soft tissue management through modification of the provisional crown. Implant supported single screw-retained prosthesis with zirconia framework. Narrow 3.5mm diameter implant with internal conical connection.

**Complication:** Fracture of the zirconia framework at the internal connection level at 6 months post-operative.

**Resolution:** Placement of the provisional crown that was used to build the soft tissue. New impression then taken and screw-retained prosthesis placed on titanium abutment.

**Figure 1.** Frontal view of a failing central incisors with a thin biotype and soft tissue deficiency.  **Figure 2.** Frontal view at 6 months post operative with harmonious soft tissue integration but a small displacement of the crown towards the buccal.  **Figure 3.** Occlusal view revealing the fracture of the zirconia framework.  **Figure 4.** Clinical view of the crown and the fractured zirconia framework.