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Full-Arch Immediate-Load Monophasic Implants with L-PRF for Severe Periodontal Breakdown

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ABSTRACT

Background: Severe generalized periodontitis leading to tooth mobility, secondary loss of occlusal vertical dimension, and severe dental anxiety presents significant clinical challenges. Single-stage immediate extraction and immediate functional loading protocols can significantly reduce surgical morbidity and treatment time.

Case Description: A 72-year-old male smoker with pronounced dental phobia presented with terminal dentition, multiple crown-root fractures, class II–III tooth mobility, and severe vertical dimension collapse. The patient required an immediate, single-stage definitive reconstruction. Terminal maxillary teeth were extracted, followed by immediate placement of single-piece (monophasic) compressive dental implants. Leukocyte- and Platelet-Rich Fibrin (L-PRF) was utilized for socket preservation and soft-tissue healing enhancement. An immediate rigid acrylic provisional bridge was placed to stabilize occlusal vertical dimension and splint the fixtures. Following a 3-month healing interval, an acrylic prototype try-in was conducted, and a definitive full-arch screw-retained ceramic restoration was successfully delivered. Based on the successful outcome, mandibular rehabilitation was subsequently completed using an identical immediate-load protocol.

Conclusion: Single-piece monophasic implant rehabilitation coupled with L-PRF socket preservation and immediate full-arch temporization provides an effective, predictable therapeutic alternative for phobic patients presenting with terminal dentition and collapsed vertical dimension. In this case, the provisional and definitive restorations are cemented, not screwed in. Compressive monoblock implants are always cemented.

Keywords: Monophasic Implants; Immediate Functional Loading; L-PRF; Full-Arch Rehabilitation; Dental Phobia; Vertical Dimension Restoration.

CLINICAL CASE PRESENTATION

Clinical case presentation A 72-year-old male patient, smoker with poor oral hygiene, and dental phobia due to previous negative experiences. He presented with multiple dental fractures, class II and III mobility, and complete collapse due to loss of vertical dimension. The patient requested a definitive solution with immediate loading, completed in a single surgical procedure.

Subsequently, following the successful outcome, he opted to rehabilitate the lower arch using the same approach.



Figure 1. Initial X-Ray

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Figure 2. Initial Patient Photograph.

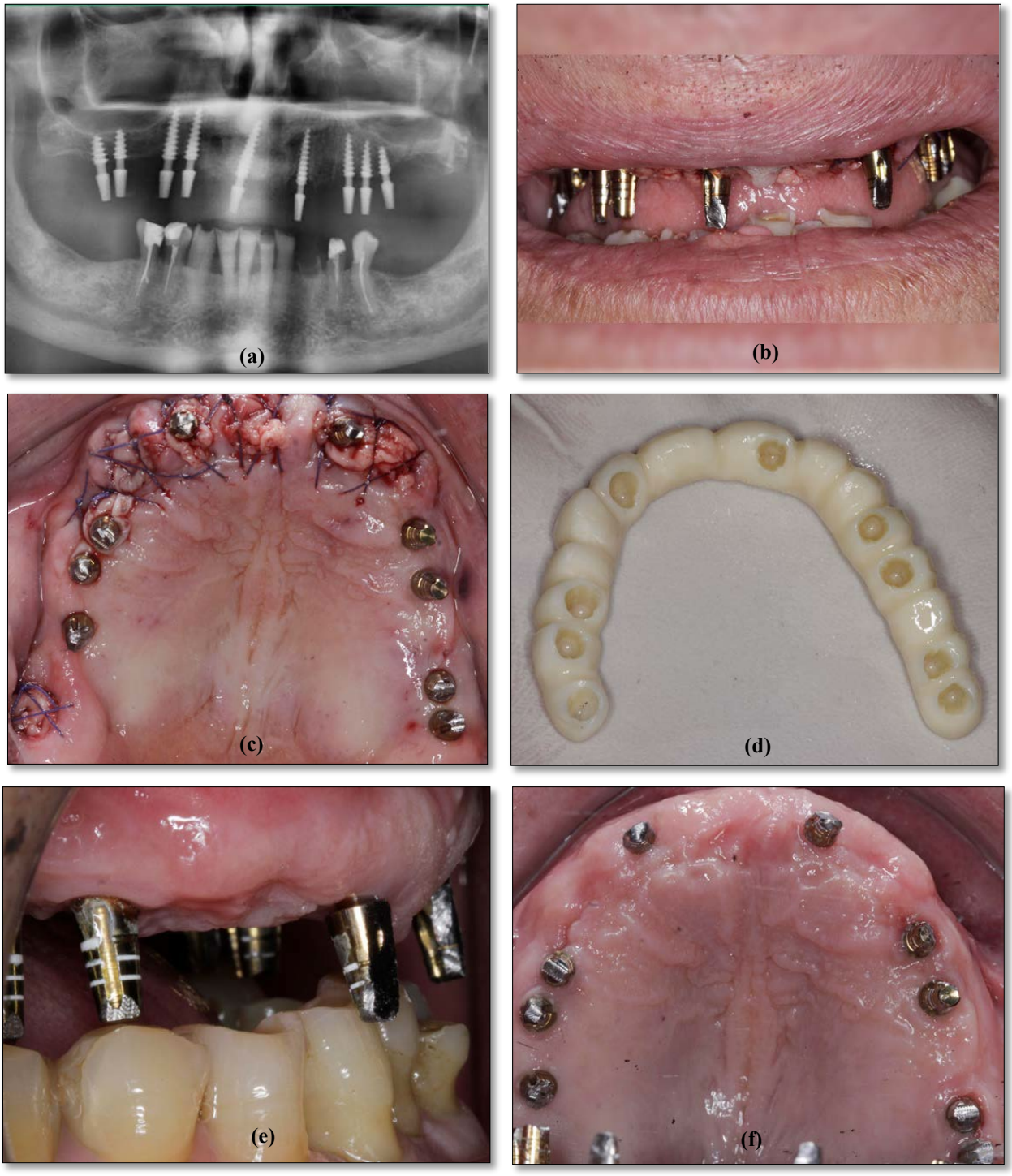


Figure 3. (a) Final Radiograph, **(b)** Implant Placement and L-PRF in alveolar preservatión, **(c)** L-PRF alveolar preservatión, **(d)** Inmediate Provisional crown, **(e)** 3-month postoperative status, **(f)** 3-month postoperative status.



Figure 4. (a) Try-In, Acrylic prototype, **(b)** Final ceramic restoration, **(c)** Final ceramic restoration, **(d)** Final ceramic restoration

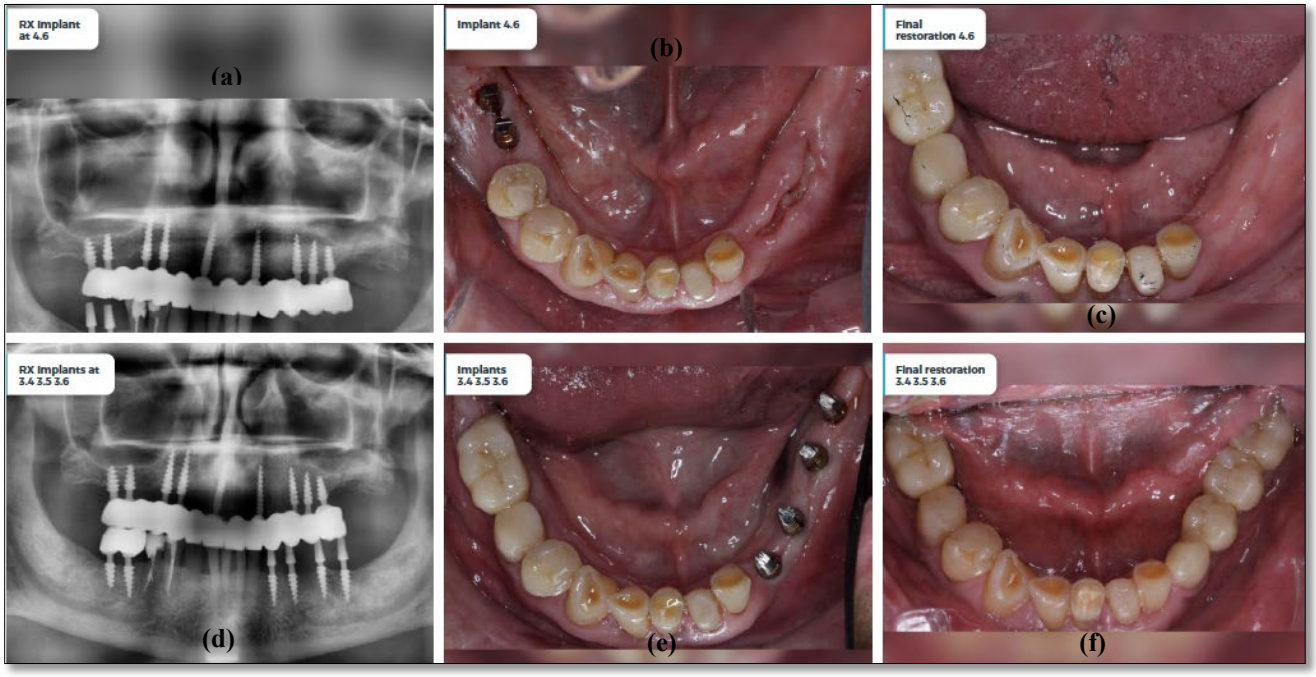
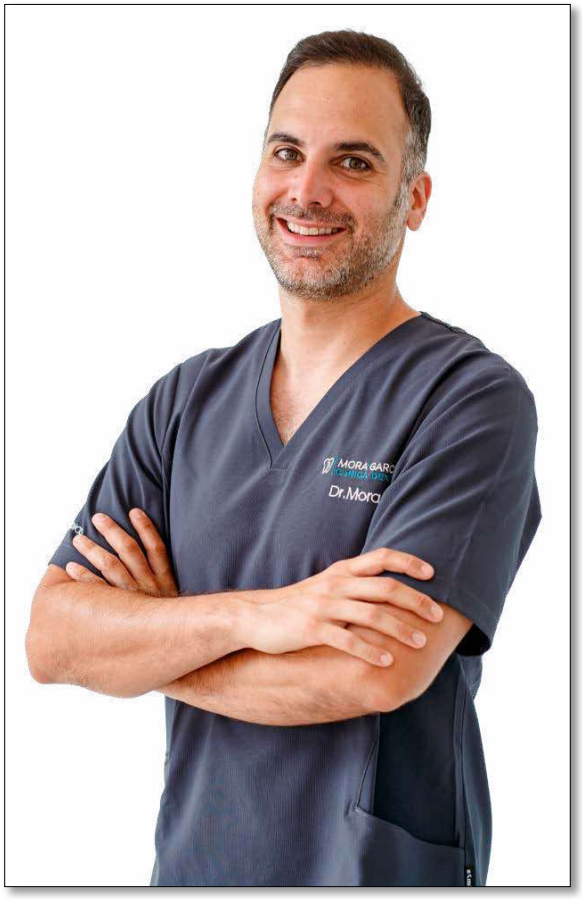


Figure 5. (a) RX Implant at 4.6, **(b)** Implant 4.6, **(c)** Final restoration 4.6, **(d)** RX Implants at 3.4 3.5 3.6, **(e)** Implants 3.4 3.5 3.6, **(f)** Final restoration 3.4 3.5 3.6.

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