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Full-Arch Immediate Provisionalization Using Existing Occlusion: A 3-Year Follow-up

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ABSTRACT

Background: Preserving the patient's pre-existing occlusal vertical dimension (OVD) during full-arch implant reconstruction significantly enhances phonetic adaptation, muscle memory preservation, and prosthetic accuracy. This report presents a 3-year clinical and radiological follow-up of a complete full-arch maxillary implant rehabilitation guided by preoperative vertical references.

Case Description: A 75-year-old male patient presented seeking fixed full-arch maxillary tooth replacement. The pre-existing stable vertical dimension was indexed and utilized both as an intraoperative prosthetic guide and for immediate implant alignment. Single-piece monophasic implants were strategically placed using the natural dentition as a reference guide. Following immediate abutment preparation, preformed polymethyl methacrylate (PMMA) provisional prostheses were fabricated and delivered within 24 hours to ensure rigid cross-arch stabilization. After 3 months of uneventful soft-tissue and osseous healing, verified via diagnostic acrylic and framework try-ins, a definitive screw-retained zirconia ceramic bridge was installed. Follow-up examinations at 3 years demonstrated stable marginal bone levels, healthy peri-implant mucosa, and optimal prosthetic integrity.

Conclusion: Utilizing residual vertical dimensions for surgical positioning and immediate 24-hour PMMA splinting delivers exceptional long-term functional stability, aesthetic predictability, and sustained peri-implant bone preservation over 3 years of clinical service. Cemented prosthesis, not screwed in. The vertical dimension was stable due to the remaining lower teeth. And we need to talk about the lower jaw. You're referring to the upper jaw.

Keywords: Immediate Loading; Single-Piece Implants; PMMA Provisionalization; Vertical Dimension; Long-Term Follow-up; Zirconia Prosthesis.

CLINICAL CASE PRESENTATION

Male patient, 75 years old, with no significant medical history, seeking a fixed implant-supported rehabilitation.

The existing vertical dimension was used as a reference for both the fabrication of the PMMA provisionals and implants placement.



Figure 1. Initial Radiograph

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Figure 2. Initial Patient Photograph.

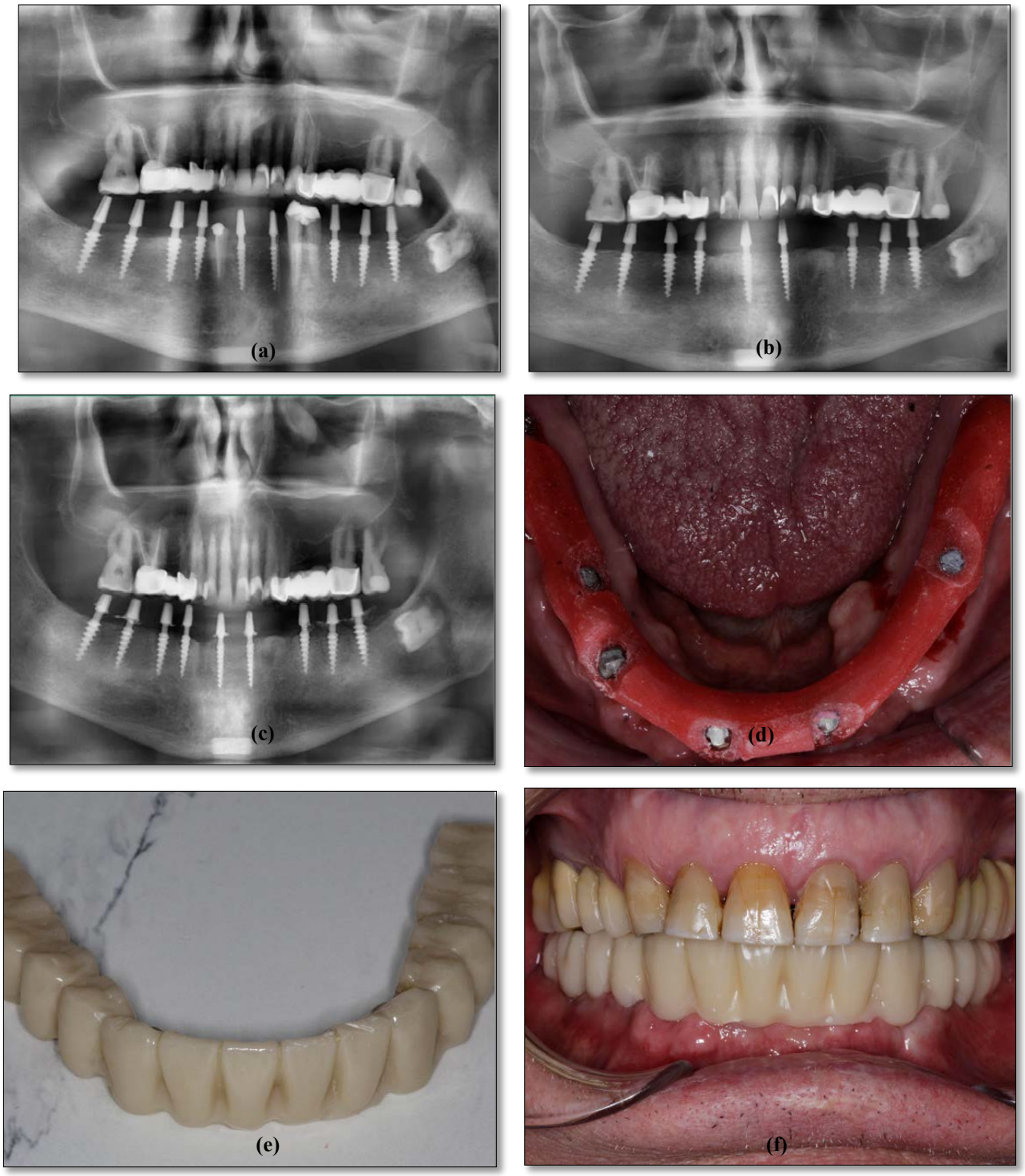


Figure 3. (a) Intraoperative radiograph using the patient's teeth as a guide., **(b)** Radiograph after abutment preparation for PMMA placement., **(c)** Final radiograph after surgery with 24- hour preformed PMMA provisionals., **(d)** Preparation guide for PMMA in Duralay., **(e)** PMMA provisional restorations., **(f)** PMMA provisional restorations.

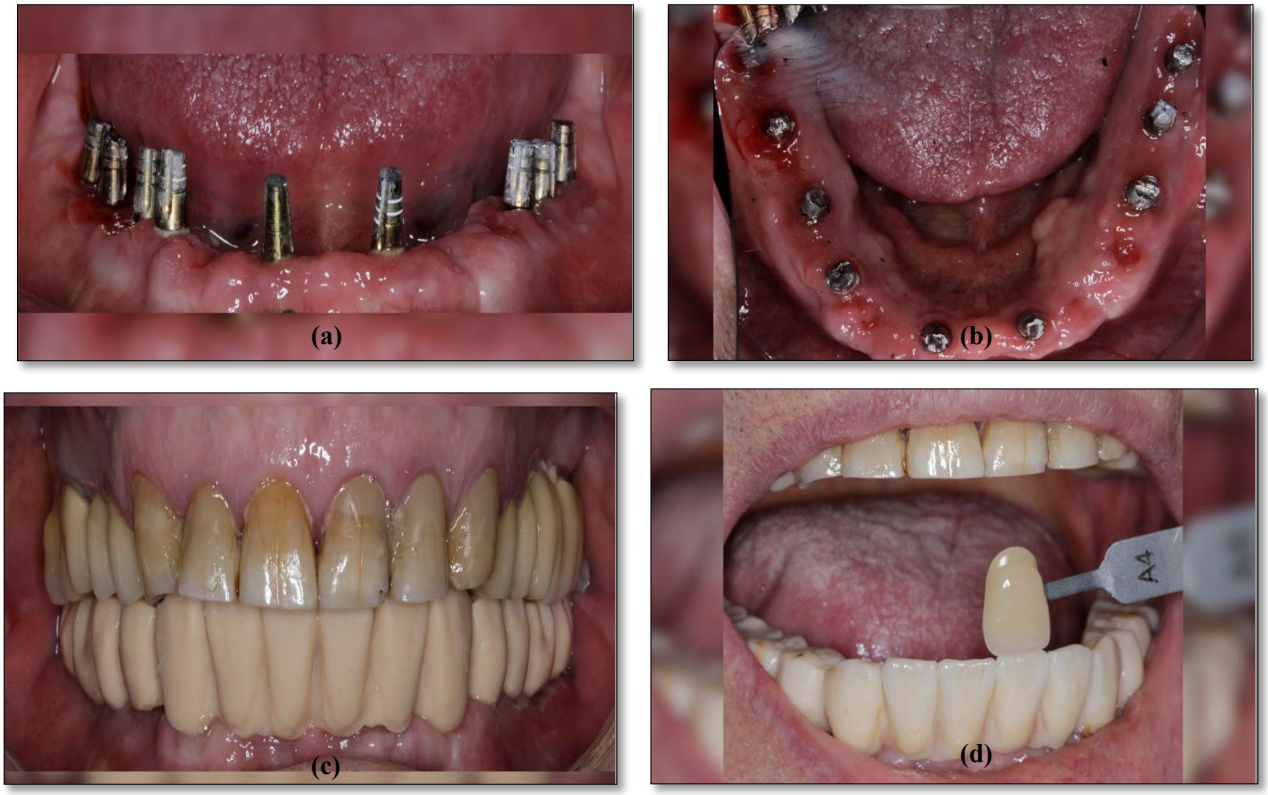
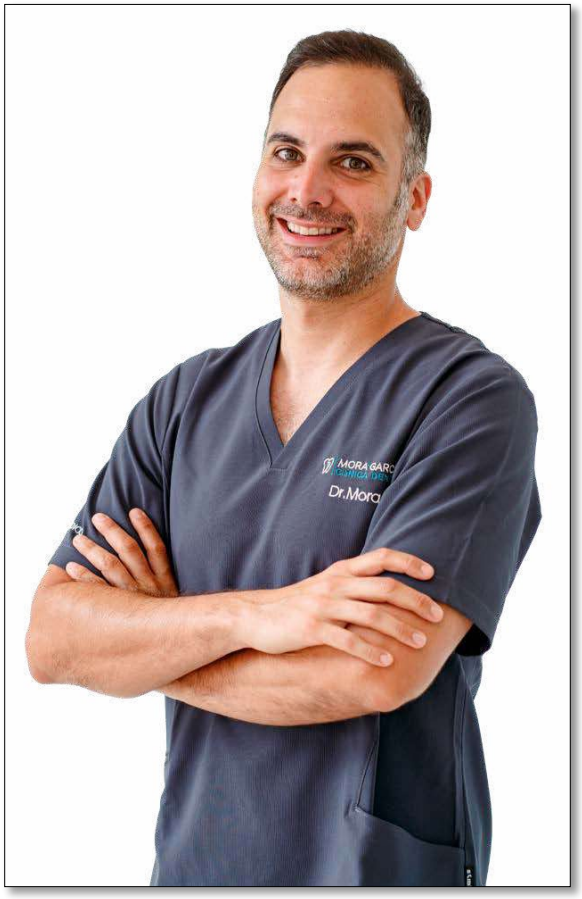


Figure 4. (a) Clinical situation at 3 months postsurgery., **(b)** Clinical situation at 3 months postsurgery., **(c)** Try-in of the acrylic prosthesis., **(d)** Zirconia framework and shade try-in.



Figure 5. Definitive ceramic and final radiograph 3 years later.

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