



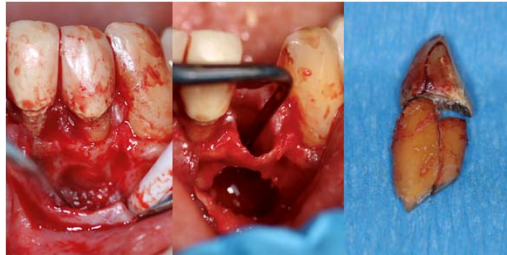
2018

"LIGHTS, CAMERA, ACTION, AGESIM ON DISPLAY?"

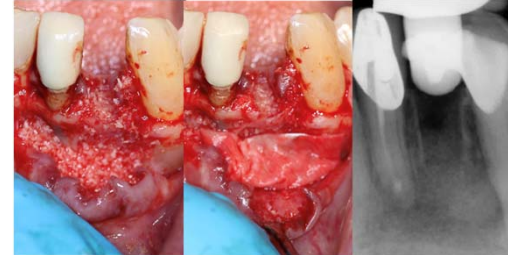
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Pre-op with apical parulis 23



Flap reflected, extraction socket with presence of buccal ridge of bone



Bone graft and membrane placed



23 RBFDP unit retrieved, ridge reconstruction adequate

TREATMENT SUMMARY

Age discrimination, also referred to as ageism, refers to the stereotyping of and discrimination against people due to their chronological age or a perception that they are "old" or "elderly". Ageism can affect a person's ability to get a job, qualify for a loan, and receive proper health care. Specifically, in the dental field, this can affect what kind of treatment plan is recommended to the patient. When developing a treatment plan, a provider needs to consider the periodontal status, bone level, tooth vitality, and medical status—but not age. The word "frail" is used to describe someone who is perceived as fragile, breakable, and weak. Physically and mentally speaking, older patients are often regarded as such, and therefore treatment that is recommended to them may be less invasive. Although an older individual may be more likely to present with medical complexities, it would be a detriment and a disservice to generalize this to all geriatric patients.

An 84-year-old male patient presented with a chief complaint of "I have a problem in my lower front tooth. It's bothered me for many years. I would like an implant." A radiograph of tooth #23 demonstrated a large periapical radiolucency, accompanied by a verbal history of two failed apicoectomy procedures. The hopeless tooth was asymptomatic, and planned for extraction. There was adequate space and bone to consider an implant restoration after a grafting procedure.

Prior to extraction, the existing crown for tooth #23 was prepared and impressed for fabrication of provisional cantilever RBFDP 22-23. Subsequently 23 was surgically removed and a regenerative hard tissue grafting procedure completed. The single winged fixed dental prosthesis 22-23 was luted into position as an interim restoration. After 3 months of healing, a small field of view cone beam #23 was made. On the day of implant surgery, the cantilevered FPD was removed, a flap was raised, sequential osteotomies as per manufactures instructions was completed, A Biohorizon 3.8x10.5mm with a 3.5 platform and was torqued to 50N/cm. The cantilevered FPD #22-23 was replaced until the 2nd stage surgery. This patient was not subject to ageism—all clinically acceptable treatment options were provided to the patient. Many octogenarian patients would not be amenable to the timely and costly treatment course. However, it is the patient's right to consider all treatment options available, regardless of their perceived "frailness" by a provider.



Distal slice 23 to impress mesial guide plane 22, crown 23 repaired



Cantilever RBFDP 22-23, apical radiolucency 23



Round bur purchase, sequential osteotomy, Torqued initial 40N/cm, final 50 N/cm 1-2mm sub-osseous

References

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