Ten Legacy Implants for Overdentures Using Meissinger Ridge Expansion Kit

This is a beautiful example of implant placement with a narrow ridge. Log on to the message boards of Dentaltown.com to participate in this discussion and thousands more.

I have used this kit several times and I really like it. It works well with very thin ridges and was worth the money. This case is a 55-year-old white female with long-standing CUD/CLD [complete upper denture/complete lower denture]. Severe bucco-palatal resorption in the maxillary arch. Plan is for six implant-retained maxillary overdenture using retenive ball/clip assembly or locators with palate-less design. Lower plan is for a locator-retained OVD [overdenture] with four implants.

**Figure 1:** Frontal view.
**Figure 2:** Complete dentures are in place and are very loose.
**Figure 3:** Maxillary frontal view.
**Figure 4:** Occlusal view.
**Figure 5:** Initial width of bone is smaller than 2.5mm for 3.7 implants to be placed.
**Figure 6:** Mandibular occlusal view.
**Figure 7:** Begin with crestal/circular saw drill and section crest with very fine saw drill, then initial pilot drill and use A1-F1 to expand ridge width. Do one at a time and sequence these so you don’t completely fracture the ridge. Take your time with these. Small flap is elevated. Rotate sites as you go, don’t do one at a time to completion.
**Figure 8:** Notice outfractured bone is still intact.
**Figure 9:** All three done.
**Figure 10:** Same.
Figure 11: Remove non-cutting splitters to see ridge width improved significantly.

Figure 12: Implants in place, which are 13mm long 3.7 legacy implants and 11.5 length for the mesial one.

Figure 13: Cover screws placed.

Figure 14: Same for left side done.

Figure 15: Number 11 site was too thin and bone began to break, so I moved distally and placed third implant posteriorly.

Figure 16: Number 11 site is too thin and endangers breaking entire plate of bone.

Figure 17: Lower arch has very thin crest but thick as you go apically.

Figure 18: Same frontal view.

Figure 19: 1:1 handpiece and crestal reduction, used bone to graft lingual of LR posterior fixture.

Figure 20: Four implants placed – 3.7 x 13mm fixtures.

Figure 21: Closure, no attempt at primary for UR needed.

Figures 22 & 23: Closure with healing caps in place. The tissue will eventually expose these on its own.

Figure 24: Post-op panorex.
Figure 25: Two-week post-op. Patient really wanted to wear lower denture.
Figure 26: Placed three MDL Intra-Lock 2.0 implants so she could wear lower denture.
Figure 27: Attachments placed.
Figure 28: Reline lower denture.
Figures 29 & 30: Snaps to place. I really like these mini-implants to help retain denture during healing phase.

I have always done block grafting for cases like these and I really like this technique, which saves the patient tons of surgery and money. I am interested to hear if anyone has used the splitting kit from ACE, which is motor-driven. Delicate surgery that takes some time to perform, but is very rewarding. ■ Scott