

## Assessing the Level of Difficulty in Implant and Occlusion Cases in Advance

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The terms "prosthesis-driven treatment planning" and "prosthesis-driven implant placement" have been in use since the mid-1980s. In the early stages of implant treatment, the primary objective was to place the implant in the remaining bone while minimizing the risks of surgery, such as maxillary sinus perforation, dehiscence, and nerve damage. However, this treatment approach resulted in an unsatisfactory final prosthesis.

Currently, the position of the final prosthesis is determined using various planning software and surgical guides, which are produced and evaluated in the diagnostic model. Implant surgery is then planned precisely to meet the established plan. However, it is evident that planning software or diagnostic models have limitations in confirming the dynamic occlusion relationship. Consequently, many dentists begin assessing the patient's occlusion when placing the final prosthesis, which is, unfortunately, too late to provide the patient with an adequate restoration.

In this lecture, we will discuss the occlusion relationship that needs to be evaluated and predicted at the initial stage when establishing a reconstruction plan using implants. Through case studies, we will confirm the importance of this evaluation in ensuring a satisfactory outcome for the patient.

### Profile

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