

# Successful Implantology-Based Treatment Of Orofacial Pain

## - Case Report -

**Authors:** Dr. FERENC STEIDL\* (F.S.),  
**Address:** Dr. Ferenc Steidl,  
Erfurterstr. 46,  
99610 Sömmerda, Germany

SEBASTIAN SCHULDES (S.S.), M. sc.  
Dentallabor Schuldes GmbH,  
Johann Sebastian Bach Straße 2,  
99817 Eisenach, Germany



Praxis für ZMK-Chirurgie  
**Dr. med. dent. Ferenc Steidl**  
Oralchirurg und Zahnarzt  
Zertifizierter Implantologe und Parodontologe  
Konsiliarius im DRK-Krankenhaus Sömmerda und Bad Frankenhausen



**Case history:** Female patient 66 - years old

**General condition:** Hypertension

**Medication:** Metoprolol 95 mg (1-0-0), Ramipril 5 mg (1-0-0), Godamed 100 mg (1-0-0)

**Implants:** Set in 2008 alio loco

**Preoperatively:** The patient had two diameter-reduced implants, she was having a neuralgic orofacial pain at the area of nervus mentalis dexter. The foramen mentalis is located at a crestal position of the mandible. The upper and lower jaw showed progressed atrophy. It appeared a pressure loading from the buccal side because of the prosthetics during occlusion. The pain remained in lower quality after excorporation of the prosthesis.

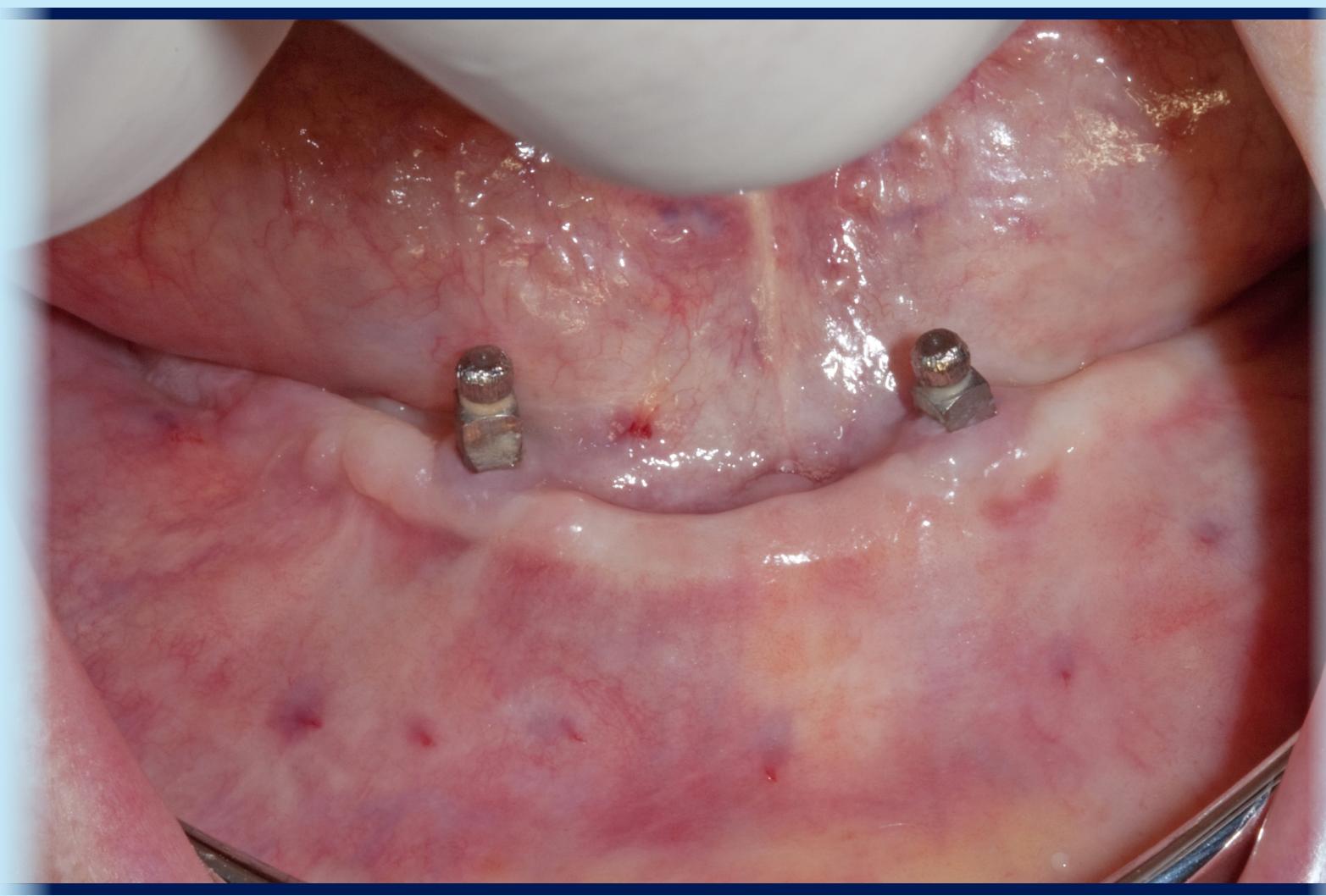


Abb. 1 diameter-reduced implants 2 years in situ, inserted alio loco

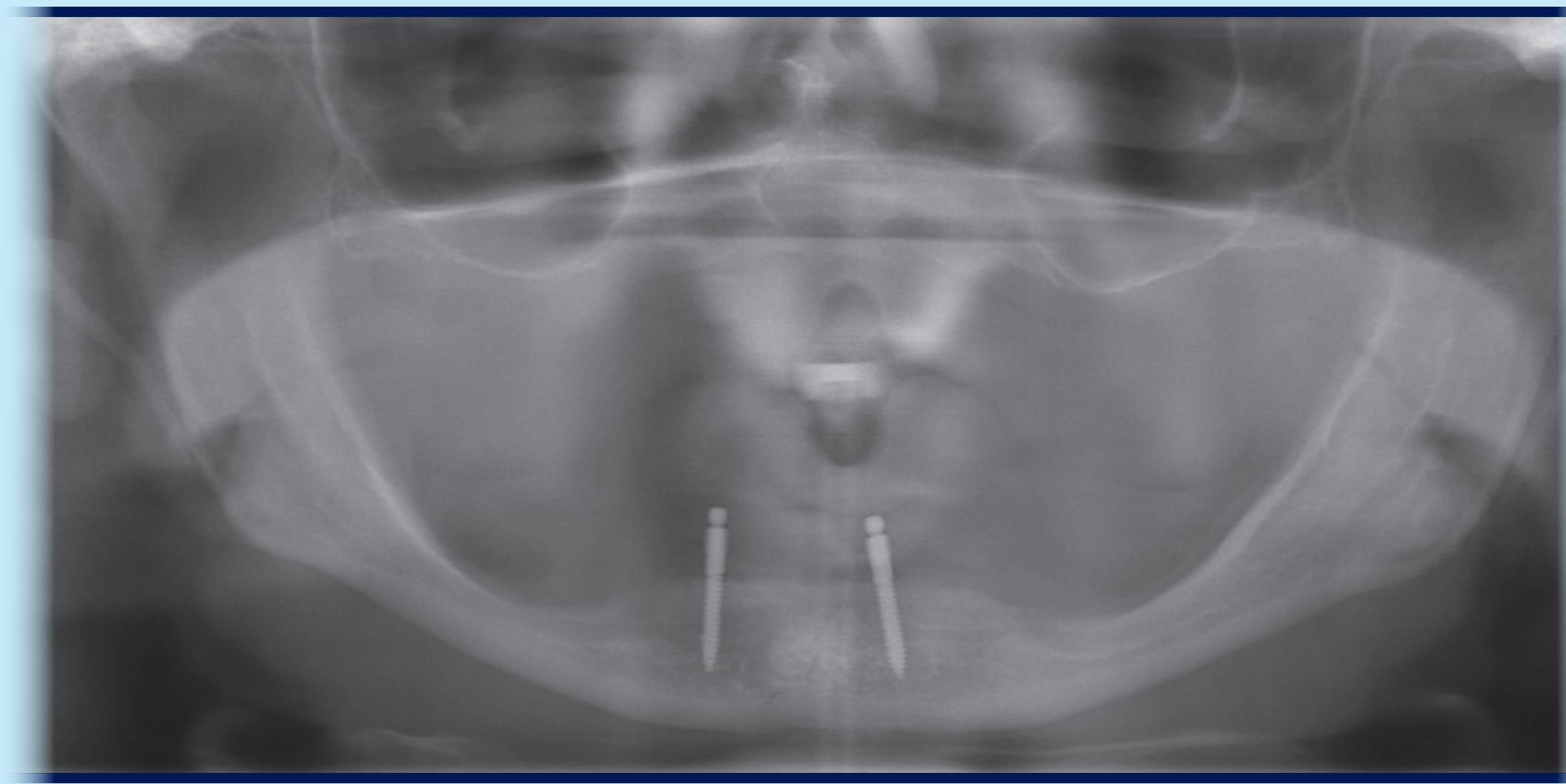


Abb. 2 crestal position of the foramina mentalia

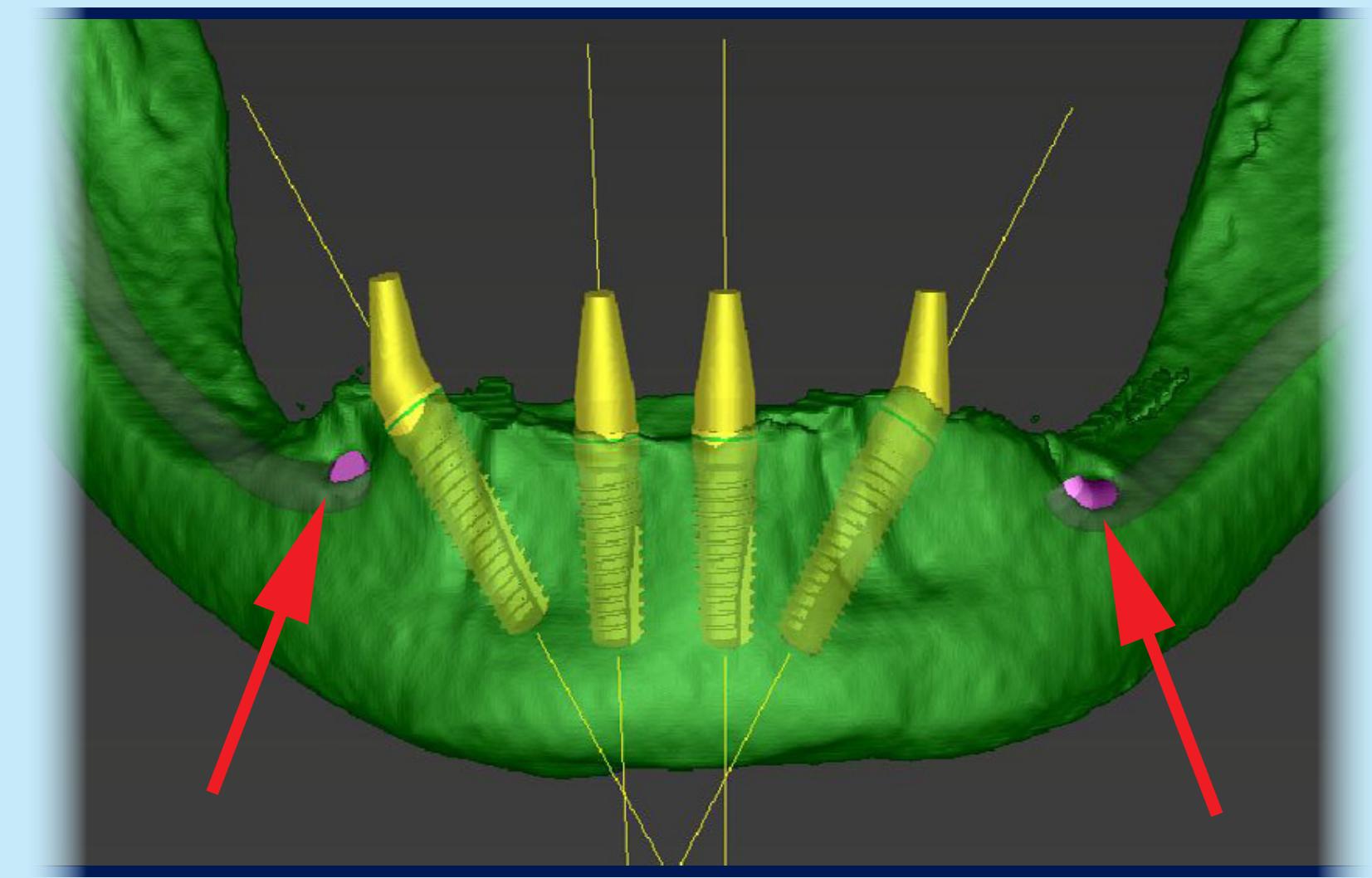


Abb. 3 3D-navigation, crestal position of the nervus mentalis



Abb. 4 plan of the splint guided 3D-navigation

### Purpose/ Aim:

Oral dental rehabilitation with an implant - fixed prosthesis in the lower jaw in patients with a neuralgia of the nervus mentalis dexter and successful long-term – treatment of this orofacial pain.

### Methods:

Simultaneous explantation of the diameter – reduced implants of an unknown production company, insertion of 4 Camlog implants with a 3D-navigation – splint for a Vario SR-conception and an immediate loading with a fixed temporary prosthesis. The 3D-data set based prosthesis was produced preoperatively. The operation was processed in general anaesthesia.

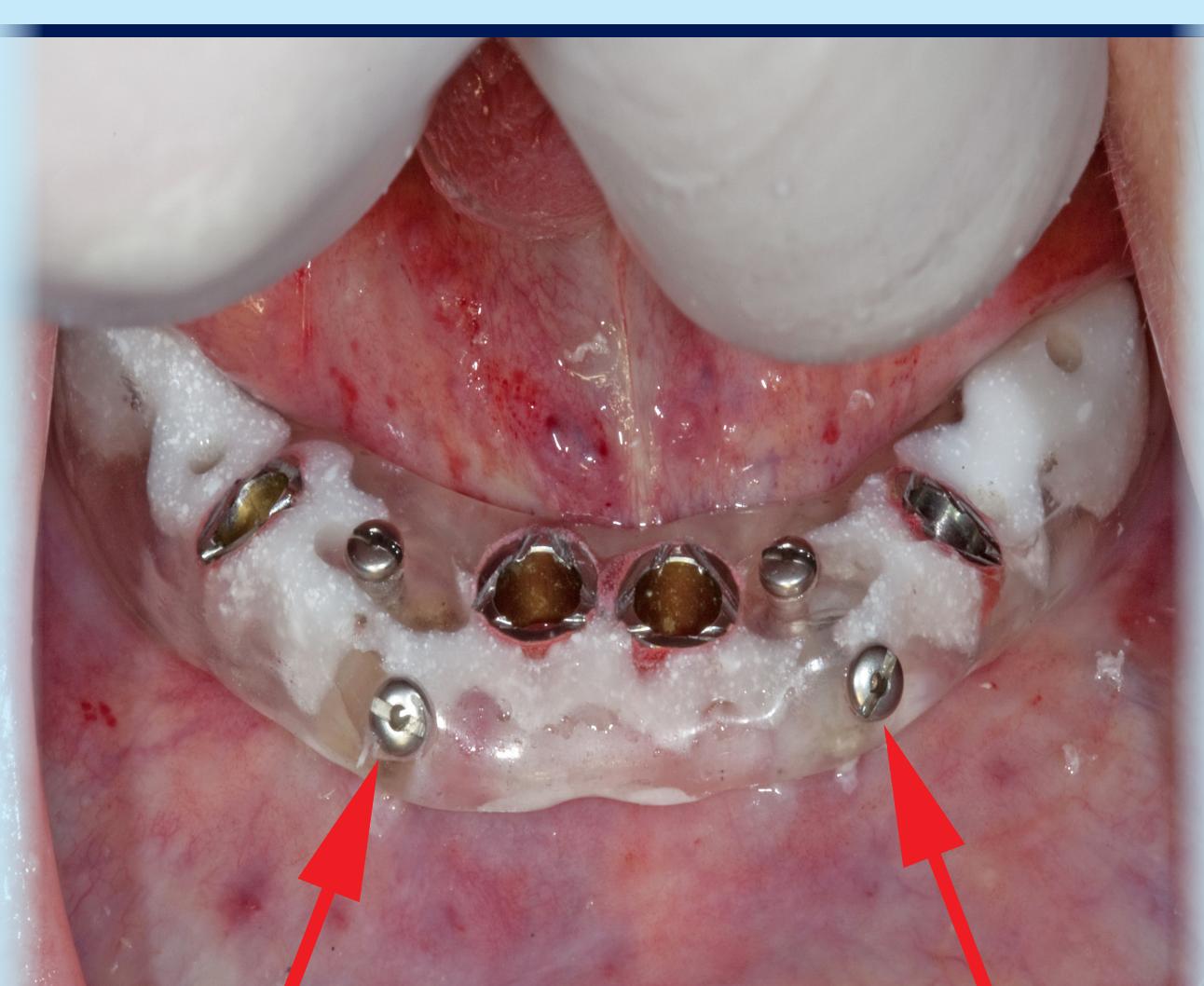


Abb. 5 3D-splint fixed with osteosynthesis-screws



Abb. 6 preparation trough the splint, mucosa punch



Abb. 7 implants after insertion

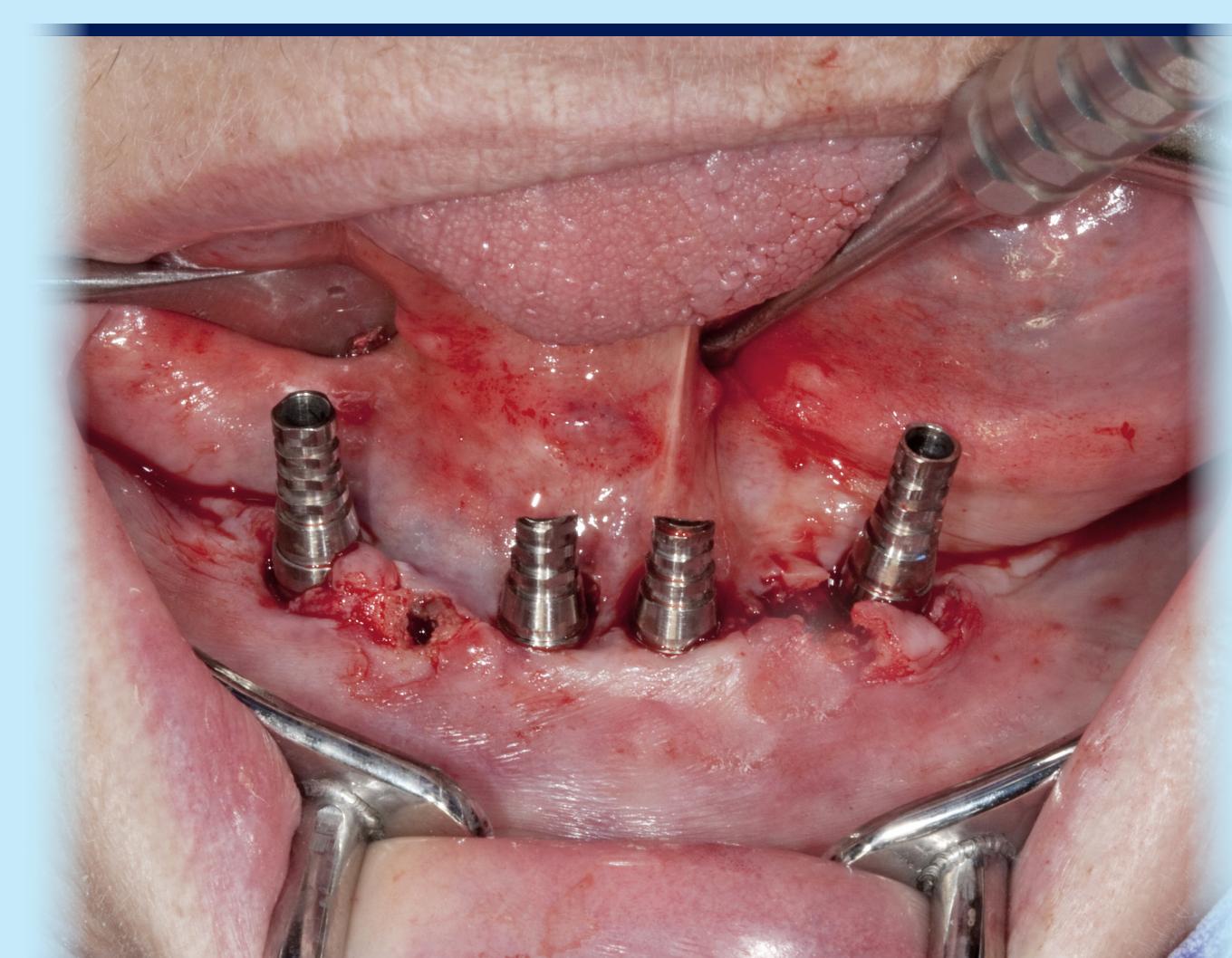


Abb. 8 immediately temporary abutments

### Results:

The patient was rehabilitated with a temporarily fixed prosthesis, which ensured a total remission of the neuralgic symptoms after 3 months. The definitive prosthetic construction is still outstanding.



Abb. 9 inserted, fixed temporary prosthesis



Abb. 10 occlusion directly after extubation

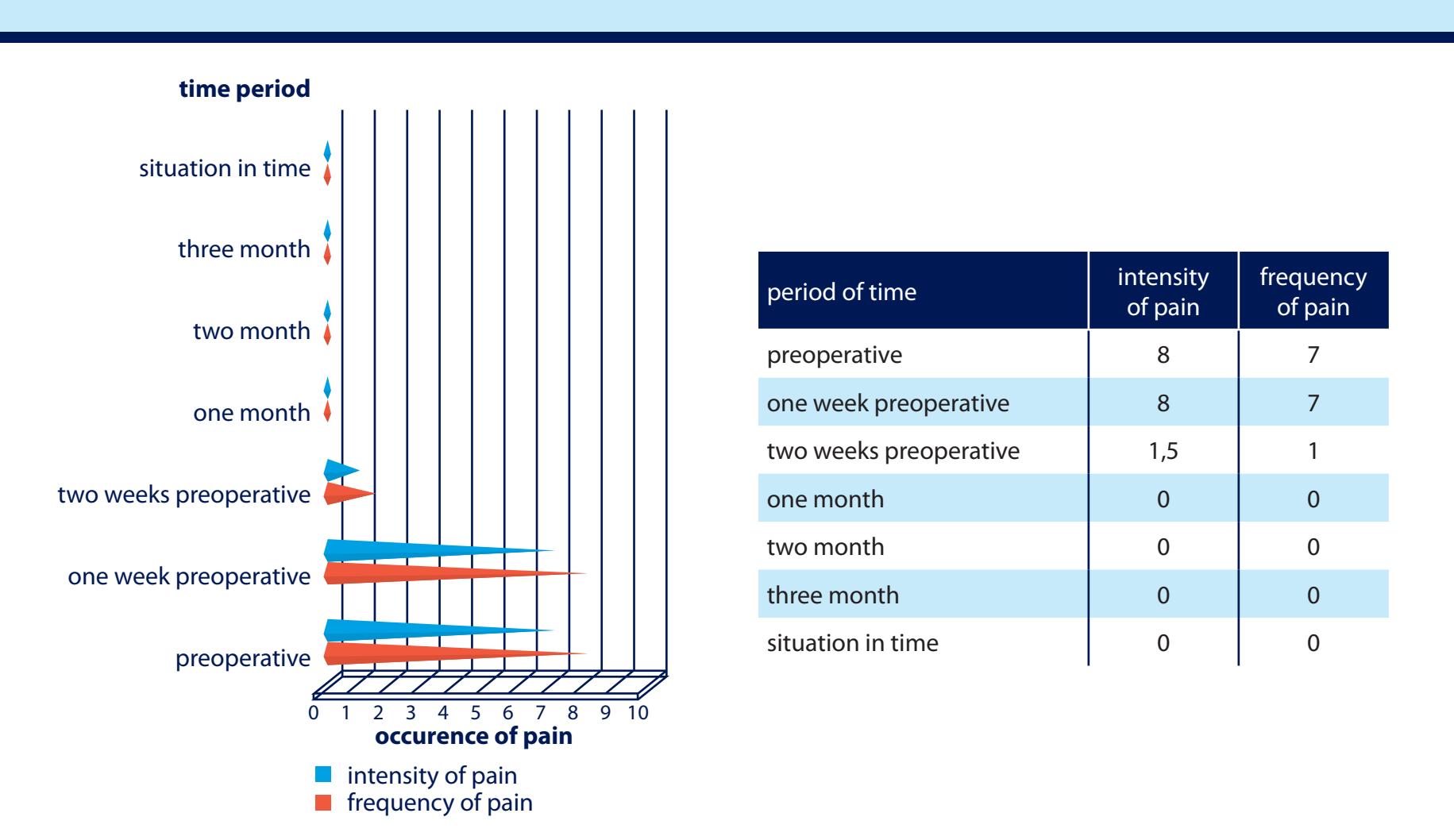


Abb. 11 individual pain score pre-and postoperatively



Abb. 12 situation 5 month postoperative

### Conclusion:

The implant - fixed, bar-retained, mandibular prosthesis seems to be a promising treatment for pressure triggered neuralgic facial pain. It remains to be seen how far a long-term recurrence of neuralgic symptoms can be inhibited. To prove these results, further studies with an increased number of patients are suggested.