Evaluation of position in a labial palatal direction is also important because placement too far labially may result in overcontouring of the crown, which cannot be corrected prosthetically. Labial malpositioning can lead to recession and palatal placement also leads to a modified ridge lap, thus increasing difficulty for maintenance. An ideal emergence profile is achieved when there is proper placement of the implant in a correct 3-dimensional position. The third and final dimension of concern is apicocoronal malpositioning. If too apical there is an expected bone resorption and gingival recession, while a coronal placement may be unesthetic due to visibility of implant shoulder. It is well documented that in order to have ideal esthetics with implant prosthesis adequate bone must be present to allow for proper placement of the implant. If deficiencies are noticed during presurgical planning then appropriate corrective procedures must be undertaken. Guided bone regeneration, socket-shield technique have been tried to prevent bone resorption following extractions. This paper aims at presenting different approaches for maxillary anterior implants with demonstrations of different cases and review on the success of the techniques.

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11. Basal implants - boon for geriatric patients - a case report
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Endosseous rootform implants offer an optimal way of restoring those segments of maxilla and mandible where implants can be placed and restored without delay. These include the cases with adequate amount of bone quantity and quality present with no need for additional ridge augmentation procedures. Whenever carried out, the ridge augmentation procedures are associated with their own risks and complications, apart from making the treatment more expensive both in terms of time and finance. Unfortunately, many patients do not present for implant treatment with ideal bone conditions. Hence, in these situations where oral conditions are not ideal for rehabilitation with endosseous rootform implants, basal implants [basal osseointegrated implants (boi) & basal cortical screws (bcs)] play a significant role. This advanced implantology system relies upon the remaining highly mineralized bony cortices and basal cortical bone, which is highly resistant to resorption and infection, to achieve high amount of primary stability. The purpose of the present case report is to present full mouth rehabilitation of a case reported with highly resorbed/atrophic ridges with basal osseointegrated implants without any ridge augmentation procedures and immediate loading of the same with fixed hybrid prosthesis, thus restoring patient's esthetics, phonetics and efficient masticatory function. Basal implantology is an advanced and reliable treatment option for rehabilitation of highly atrophic ridges without subjecting the patient to extensive and expensive additional surgical procedures.

Keywords: atrophic ridges, full mouth rehabilitation, basal implants.
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12. Smile designing - A case report
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In modern practice of dentistry, more patients are demanding highly aesthetic treatment outcomes. The advent of new materials and techniques in cosmetic dentistry have transformed the way people think about their smiles and each other. Smiles convey warmth, confidence, social status and career success. Best of all, smiles help us feel good about ourselves. Esthetic dental treatment involves artistic and subjective components design to create the illusion of beauty. In order to improve smile attractiveness, clinicians need to carry out a comprehensive facial and dental assessment that will analyze the smile and the face in an objective and standardized manner that will address the patient's factors of dissatisfaction and concern. A systematic and comprehensive dentofacial analysis must be performed before commencing aesthetic treatment. The digital smile design is a digital planning tool for esthetic dentistry, in which the evaluation of the esthetic relationship among the teeth, gingiva, smile, and face is obtained through lines and digital drawings that are inserted on the facial and intra oral photographs of the patient. The use of digital tools offers dentists and technicians a new perspective for diagnosis and treatment plan, facilitating and improving the communication among dentist, technician, and patient. This paper presents a case report of smile designing using digital smile design approach.

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13. Redefining precision with full-mouth reconstruction of the severely worn dentition - a case series
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Severe tooth wear is a multifactorial entity. Restoration of occlusion in patients with a mutilated dentition is a challenging situation as every case is unique in itself. A combination of mechanical, biological and esthetic factors is mandatory for full mouth rehabilitation. These cases are one of the most difficult cases to manage in dental practice.

This is due to the challenging task of not only replacement of the lost tooth structure but also restoration of the lost vertical dimension. Full mouth reconstruction is basically a set of procedures that are aimed at correcting an improper occlusion and restoration of worn out dentition. The gradual wear of the occlusal surfaces of teeth is a normal process during the lifetime of a patient. However, excessive occlusal wear can result in pulpal pathology, occlusal disharmony, impaired function, and esthetic disfigurement. Tooth wear can be classified as attrition, abrasion, and erosion depending on its cause. It is important to identify the factors that contribute to excessive wear and to evaluate alteration of the vdo caused by the worn dentition. Full mouth rehabilitation is a challenging treatment modality that enhances the appearance of the patient and corrects imperfections in the occlusion. A case has to be treated not only by correcting worn out, broken or discolored teeth but also requires treating the oral cavity holistically. Every patient with extreme tooth wear has unique treatment needs. This article reports a sequence of full mouth rehabilitation in patients with completely worn out dentitions.

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