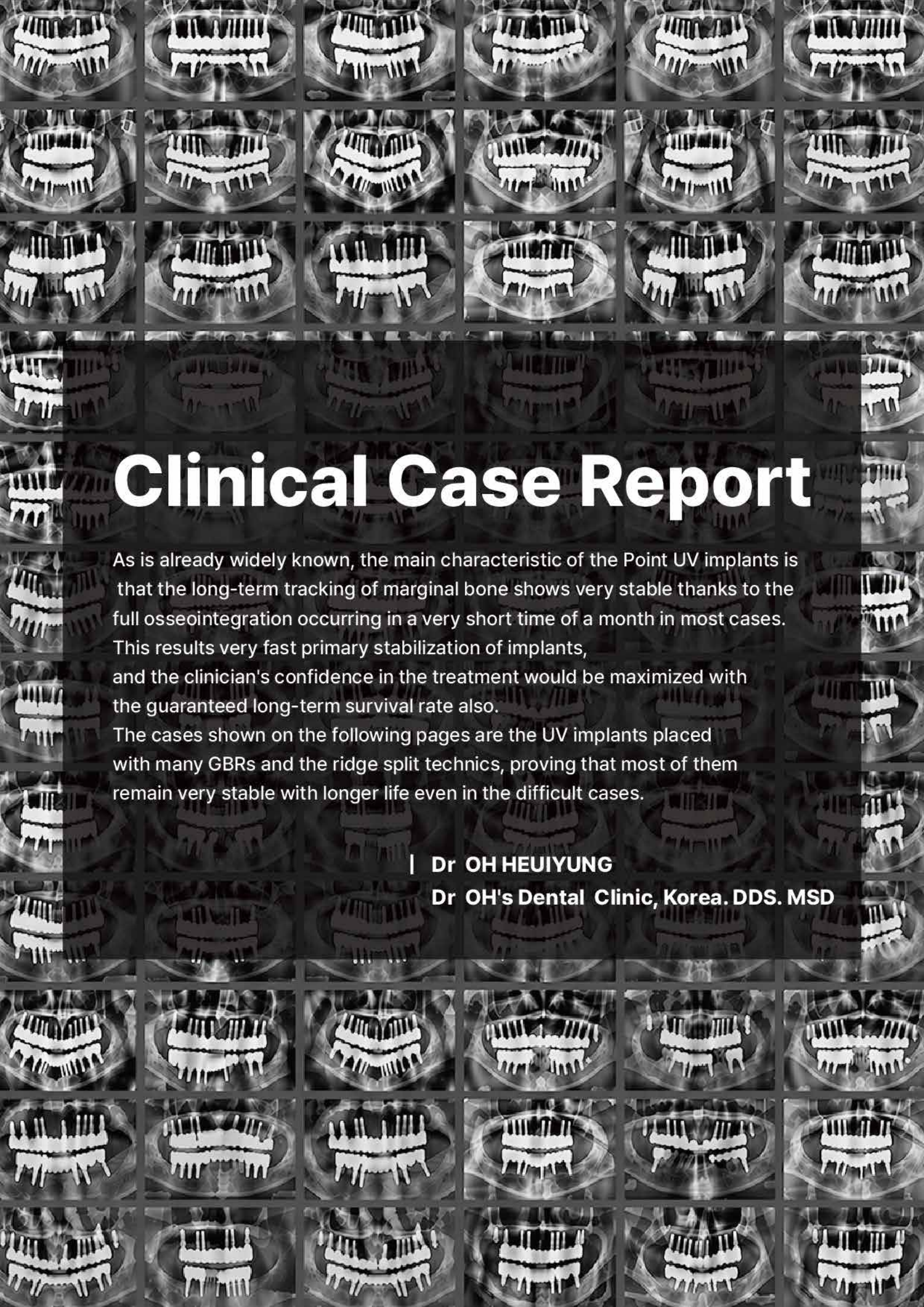




Clinical Case Report

As is already widely known, the main characteristic of the Point UV implants is that the long-term tracking of marginal bone shows very stable thanks to the full osseointegration occurring in a very short time of a month in most cases. This results very fast primary stabilization of implants, and the clinician's confidence in the treatment would be maximized with the guaranteed long-term survival rate also.

The cases shown on the following pages are the UV implants placed with many GBRs and the ridge split technics, proving that most of them remain very stable with longer life even in the difficult cases.

| **Dr OH HEUIYUNG**

Dr OH's Dental Clinic, Korea. DDS. MSD

Clinical Case Report 1

Immediate loading for full mouth

Admission (2019.1.3)



At the time of admission, most of the teeth were severely affected by tooth decay and periodontitis, to the point where it was difficult to lead a normal social life



Depth of the remaining bone was merely 2mm in both maxilla

1st surgery (2019.1.10)



Implantation in both jaws and sinus lifting



Temporary crown in next day of operation



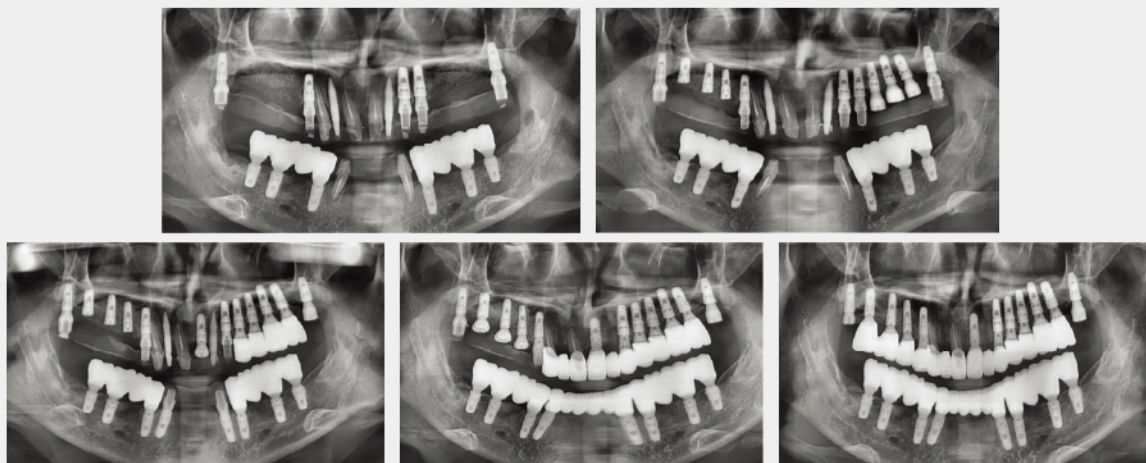
Provisional implants installation in #18 and #28 for temporary bridge in maxilla

2nd surgery (2019.8.13)



Implantation in the sinus area after bone augmentation

Final prosthetics (2019.6.11~2020.2.14)



Prosthetics were completed in each sector according to the provisional restoration plan using the digital scanner.

2026.3.10 (Follow up photo after 6years and 9months)



Clinical Case Report 2

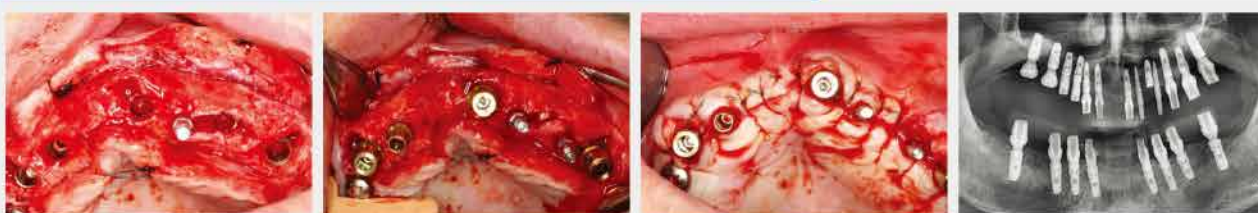
| Immediate loading for full mouth

1st diagnosis (2018.12.19)



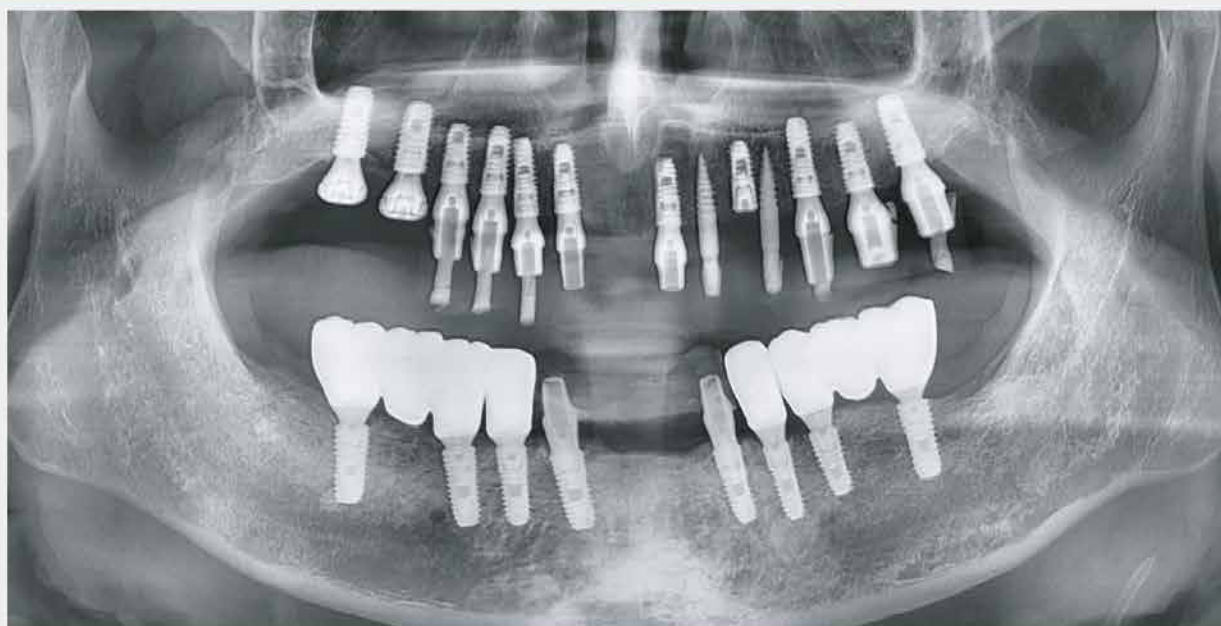
Most of teeth were severely affected by periodontitis

Immediate loading in the anterior maxilla (2019.10.17)



All the teeth were extracted and implants installation by immediate loading

1st prosthetics #34,35,36,37 #44,45,46,47 (2020.4.23)



2nd prosthetics #43-33, #16,17,26, 27 (2020.5.14)



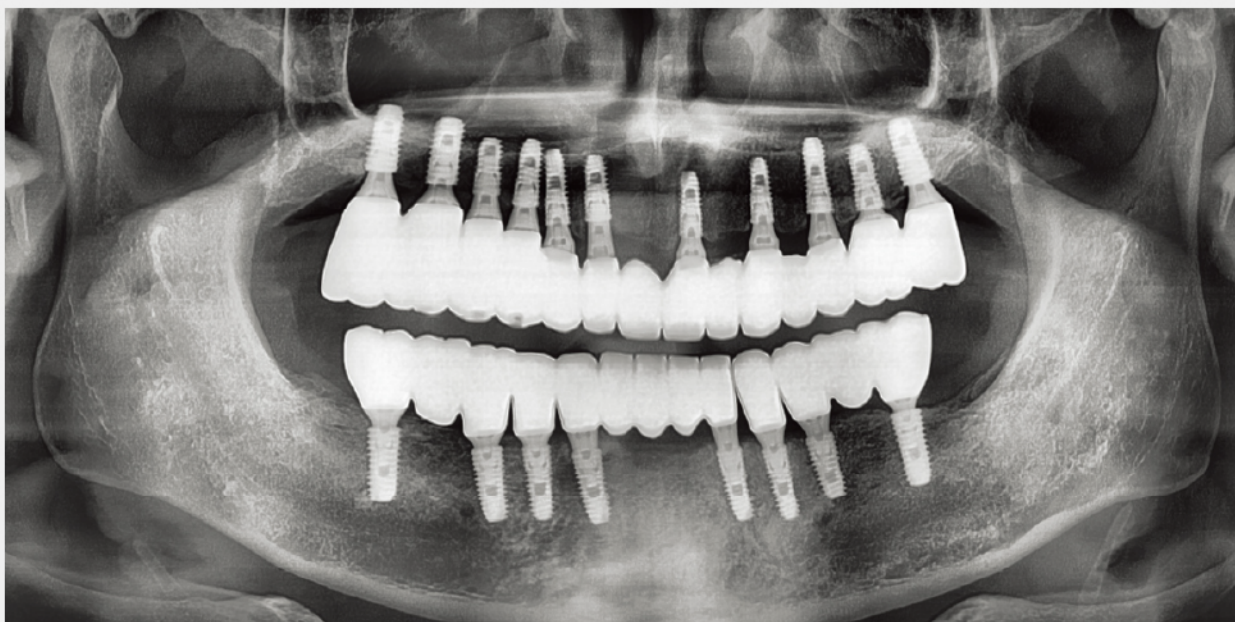
Both of posterior were scanned simultaneously for prosthetics

3rd prosthetics #15-25 (2020.7.14)

All the Implants look very stable with healthy alveolar bone

10 months (2021.2.17)

All the prosthetics are functioning well with good aesthetics

2026.2.17(8years follow -up)

Clinical Case Report 2

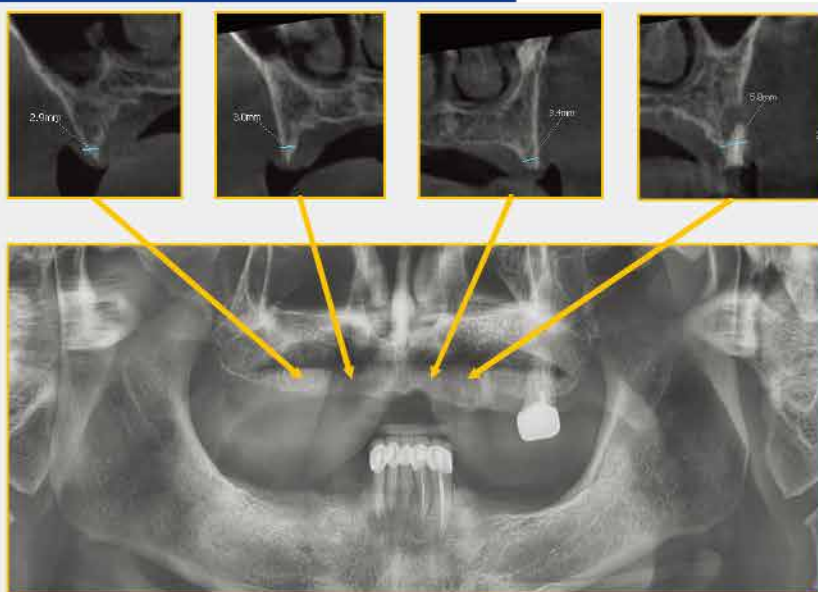
Immediate loading for full mouth

First visit oral condition and Panorama (2019.2.4)



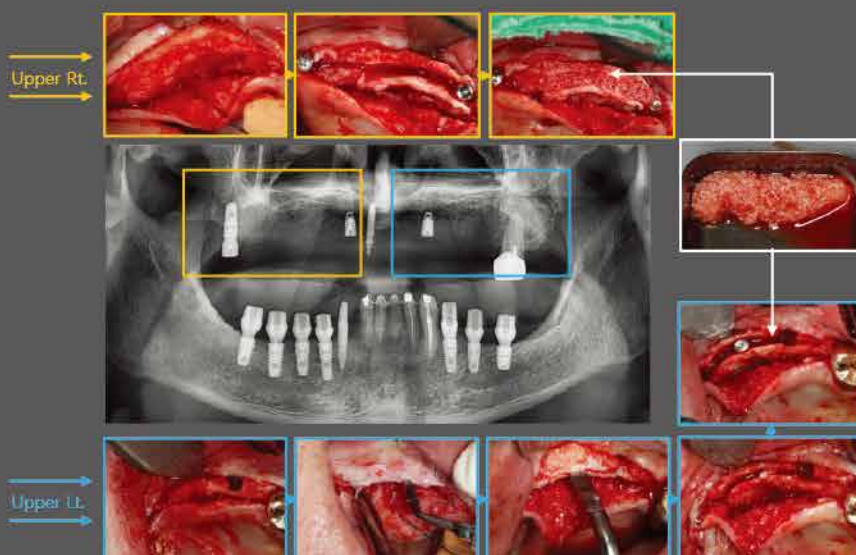
1st diagnosis shows requiring multiple implant treatments due to the loss of many teeth.

First visit panorama & C-T section



According to the C-T section analysis at the first visit, the maxillary implantation site has very narrow alveolar ridge, requiring extensive treatment.

Primary ridge splitting before maxillary implant placement



Primary Ridge splitting

1. In the case of the maxilla, the bone density is low, so it can be easily expanded only with a spreading chisel after cutting the crestal with piezo surgery.
2. Temporary implant placement to prevent relapse.
3. bovine bone grafting of the expanded empty space.
4. Placement of a supporting implant in the anterior and posterior parts to minimize irritation at the implantation site.

After 1st alveolar ridge splitting

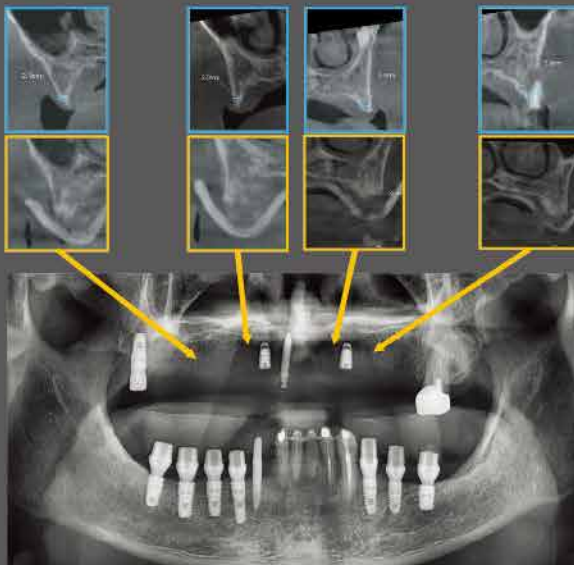


Temporary implant & support implant placement : denture function protects the GBR area and increases denture retention.

CT analysis before maxillary implant placement

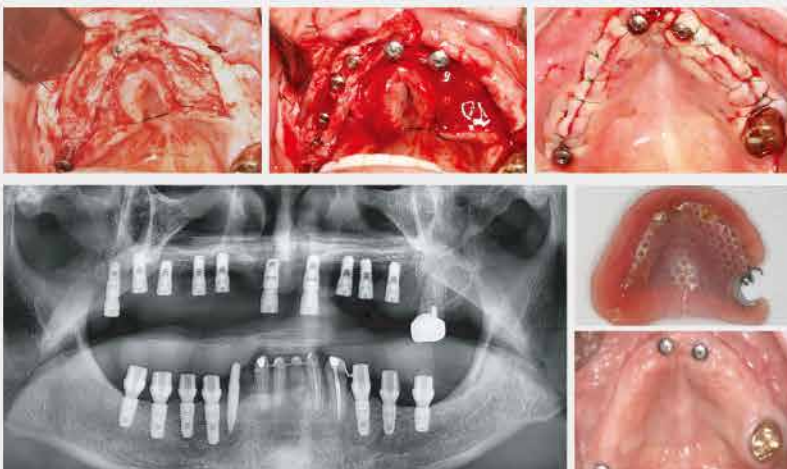
First visit CT

6M after



Check the alveolar bone, which is much expanded compared to the first visit

2nd alveolar ridge splitting & implant placement



6 months after the first alveolar ridge splitting

1. The implant was placed while performing maxillary secondary ridge splitting.
2. Maintaining the supporting implant function using THA by increasing the initial fixation in the anterior region.
3. Maintain function by correcting maxillary temporary denture.

2nd surgery : 6 months after maxillary implant placement



2nd surgery 6 months after implantation

1. Confirm that enough alveolar bone covers the cover screw.
2. After fixing the abutment at the same time the provisional restoration is installed to improve the function.



End of treatment



Completed prosthesis with screw type for both anterior and posterior teeth.

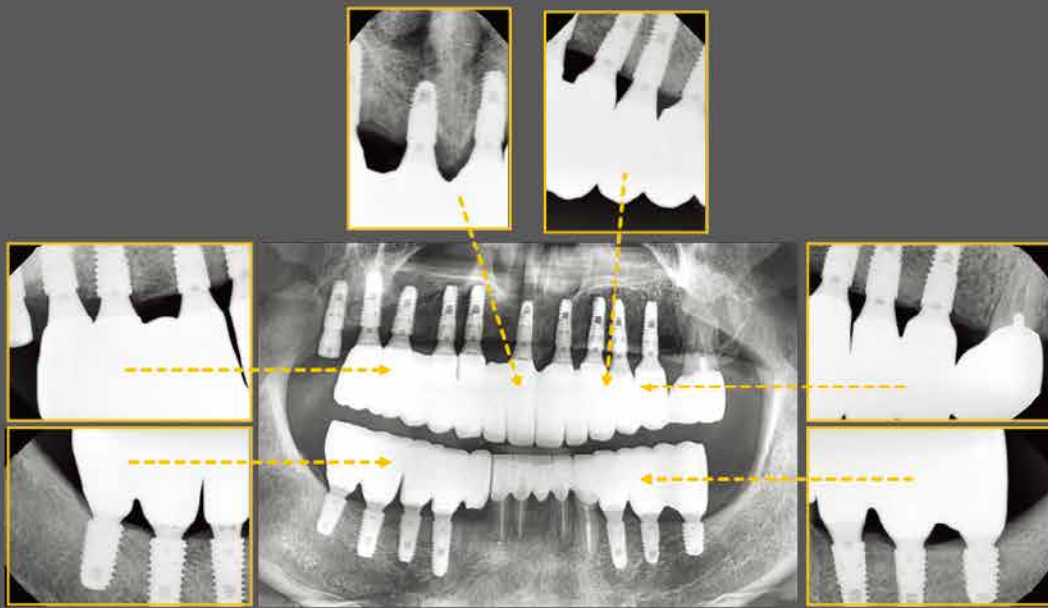
Treatment period :
1 year and 9 months.

1Y Re-call check up



Function and aesthetic stability shows very stable in a regular check-up for 1 year.

2Y 6M recall check up & Periapical view



Shows perfect osteointegration to implant marginal bone & surrounding bone

2026.1.28(7 years follow-up)



Clinical Case Report 4

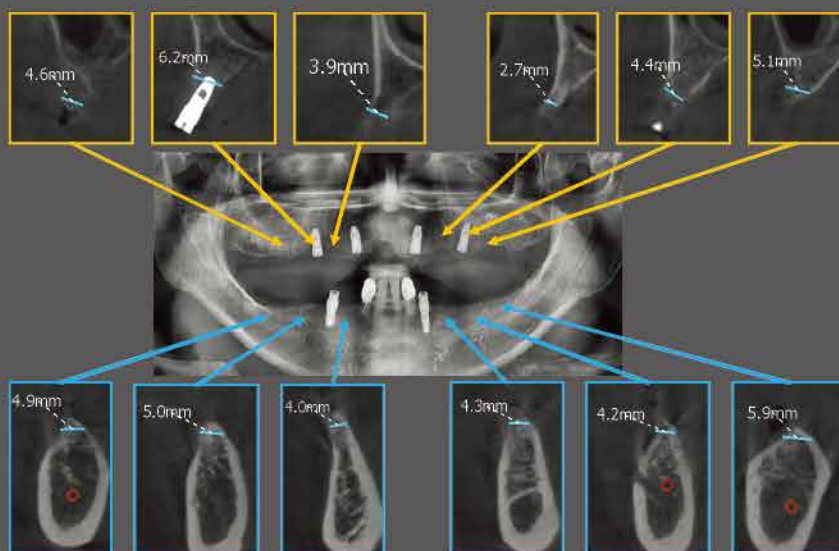
| Alveolar Ridge Splitting & large GBR

First visit ; intraoral condition & panoramic radiograph (2022.7.15)



1st admission shows all the pre-installed implants by other clinic need replaced due to bone resorption

First visit panorama & C-T section



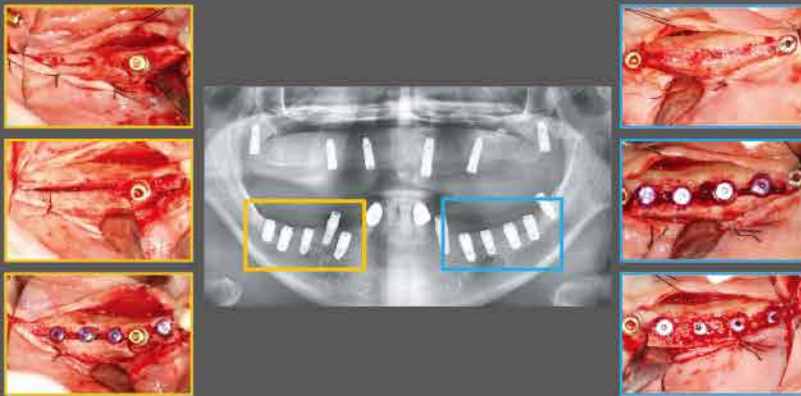
1. Narrow ridge in both maxilla and mandible
2. Low bone density in both posteriors
3. Sinus lifting is required for both maxilla

Mandibular ridge splitting with supporting implants placed



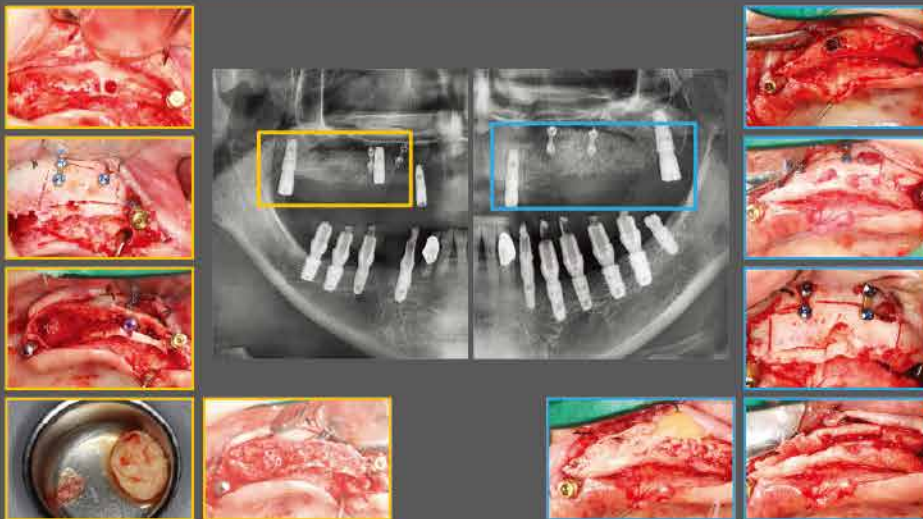
1. Rt side :
Buccal plates got separated during the ridge split, so expansion was made with bone chips only
2. Lt side :
Normal ridge split with a supporting implant installation

Mandibular bilateral implants placement with 2nd ridge expansion

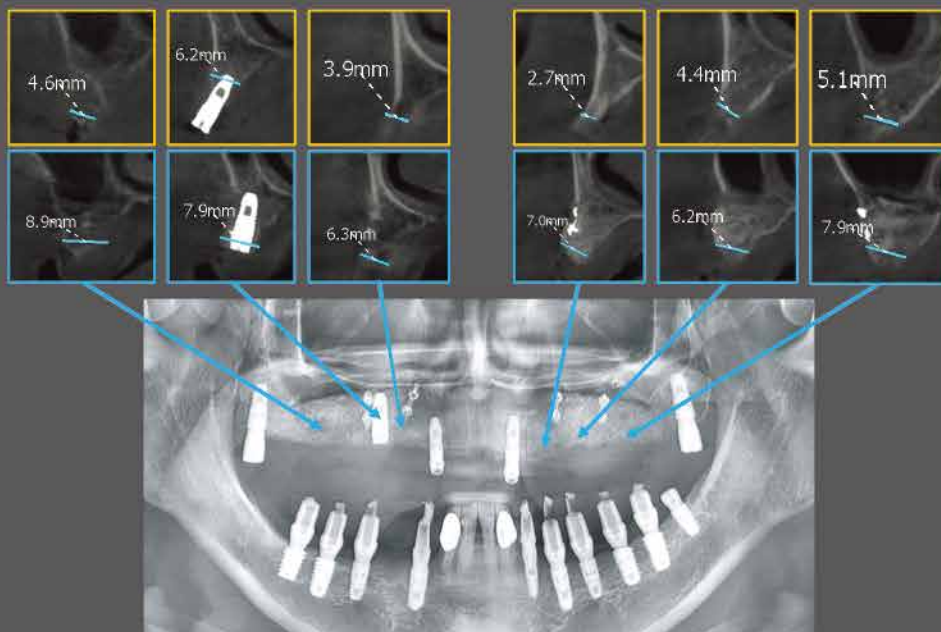


1. 8 weeks after the 1st ridge split
2. Expansion gap was already healed in good condition
3. executed the greenstick fracture
4. 2nd expansion was easy
5. 2mm type cover screws were used

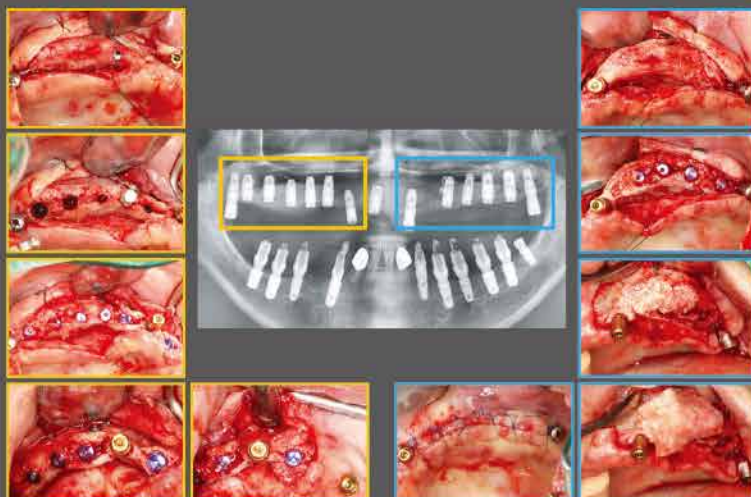
Maxillary bilateral ridge splitting with miniplate & miniscrews and Bone density increase surgery



Changes of bone width after ridge expansion



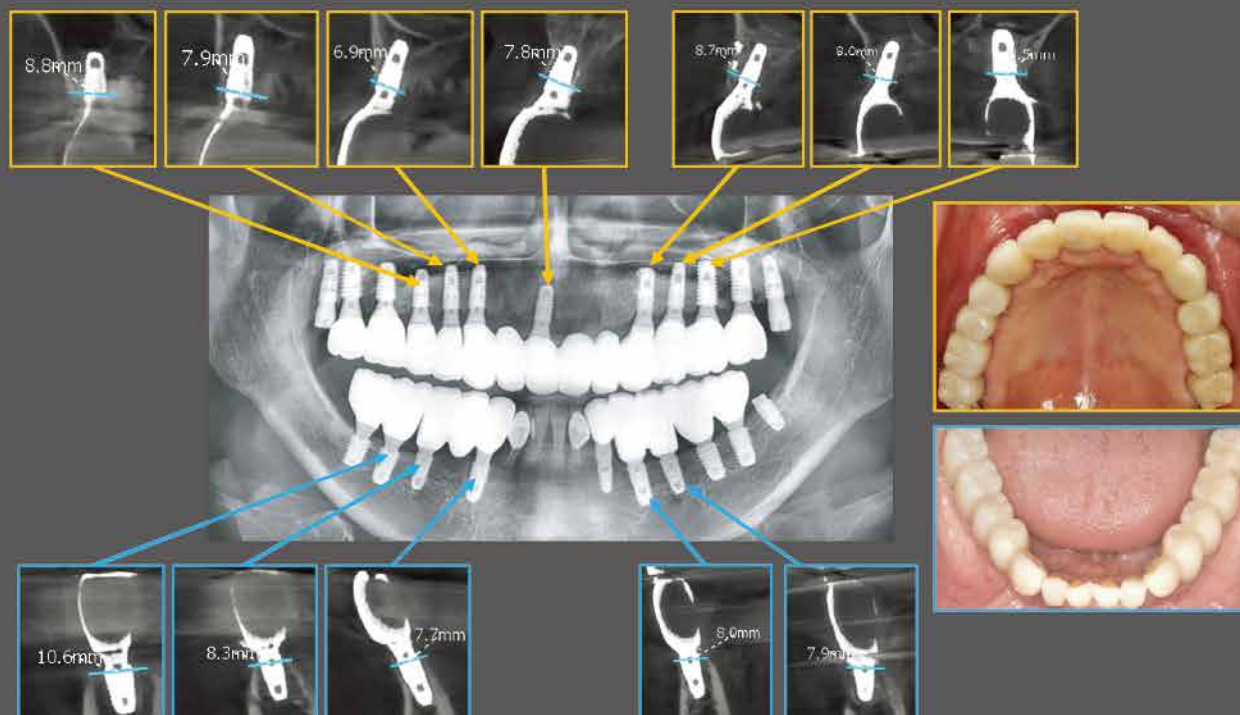
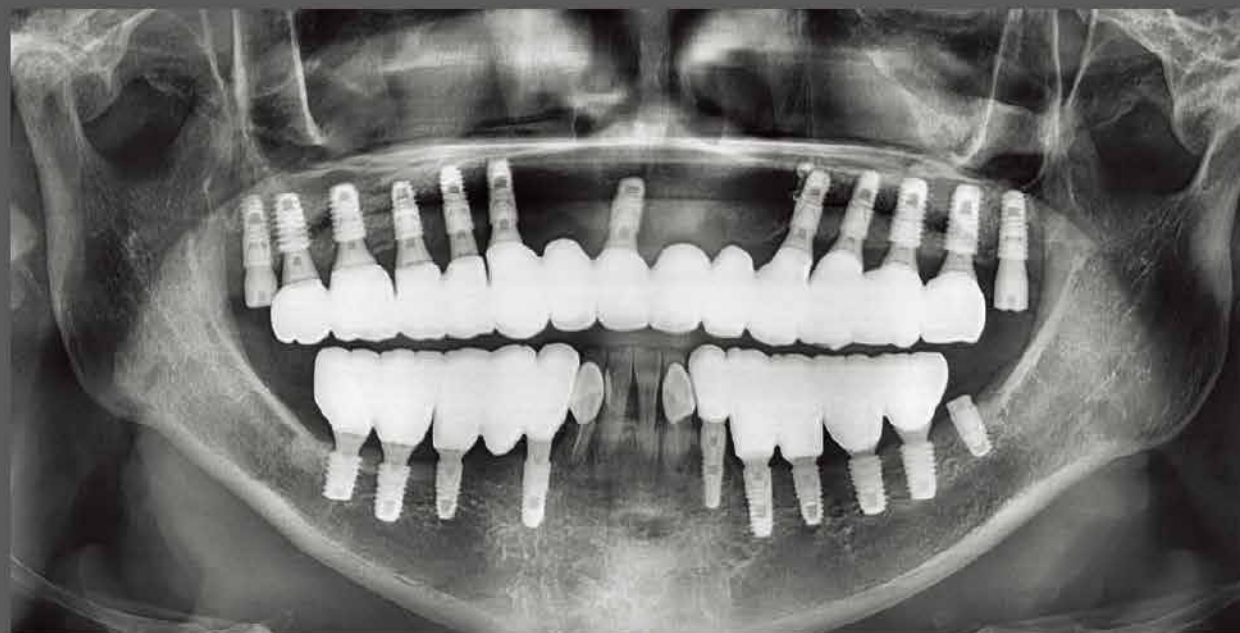
Maxillary bilateral implants placed with 2nd ridge expansion



1. After 3months of the 1st ridge split
2. Easy expansion in the 2nd surgery
3. GBR for the insufficient marginal bone area
4. 2mm cover screws were used

2nd stage surgery and provisional restoration



End of treatment**2025.12.15 (After 3years and 5months)**

Clinical Case Report 5

| Alveolar Ridge Splitting & large GBR

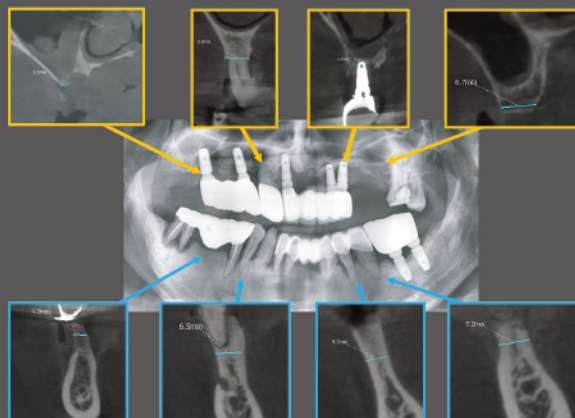
First visit : intraoral condition & panoramic radiograph (2021.7.2)



C/C : implant failure & peri-implantitis

1. Implant treatment completed 5 years ago
2. Functional dysfunction due to recent implant inflammation
3. Class III malocclusion & cleft lip and palate
4. Patients requiring a very complex treatment process

First visit panorama & C-T section



Upper Rt

Severe alveolar bone resorption,
maxillary sinus bone grafting required

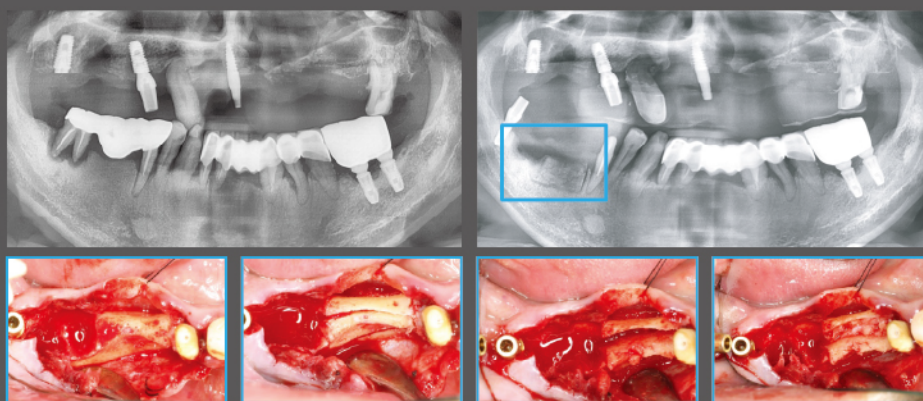
Upper Lt

Nasal floor is required the elevation

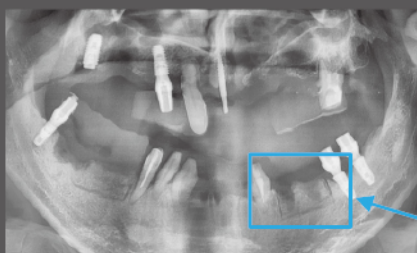
Lower both

Thin alveolar ridge

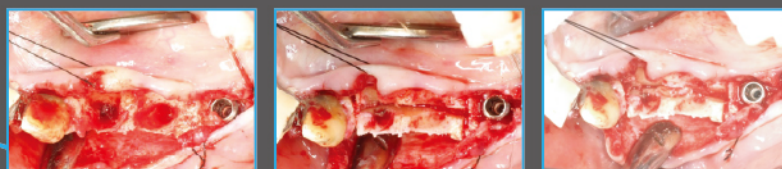
Treatment for temporary restoration of upper and lower jaw function



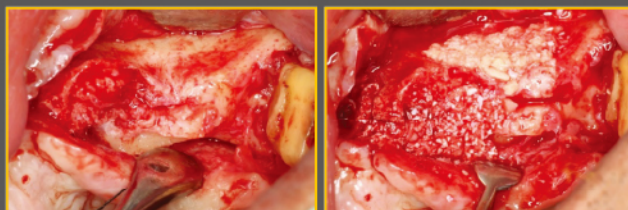
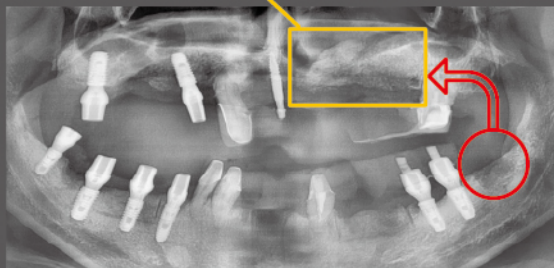
#34,35 staged ridge splitting



1. #34,35 extraction and immediate ridge splitting
2. Maintain expansion space with bone block

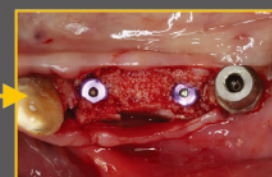
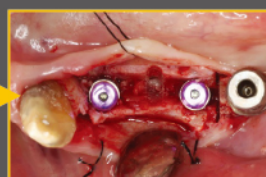
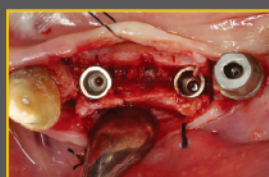
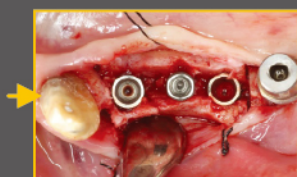
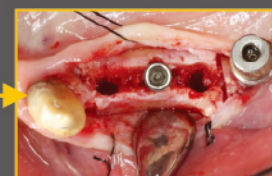
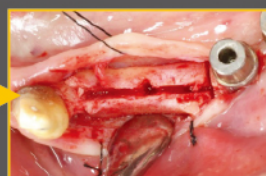
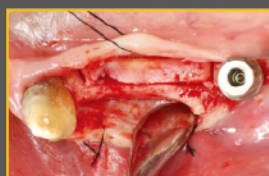
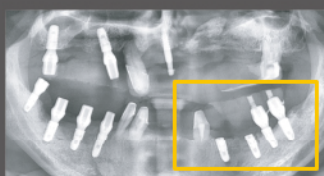


#23,24,25 GBR & Sinus bone graft



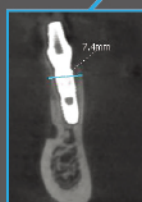
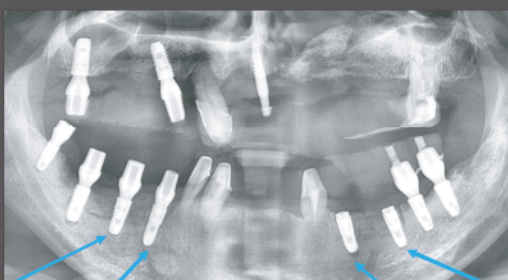
1. GBR & sinus bone graft performed 3 months after implant removal
2. Increased vertical and horizontal bone width
: Auto cortical bone by trephine & bovine
3. Nasal cavity floor elevation & sinus bone graft
: auto bone + bovine bone
4. Use of collagen resorbable membrane
5. Planned for implantation in 5 months

#34,35 implant placing



1. 3 months after 1st ridge splitting
2. Implantation after 2nd ridge splitting (simultaneous expansion of buccal and lingual sides)
3. GBR : auto bone & 2mm cover screws

Changes in alveolar bone thickness after implant placement in the mandible

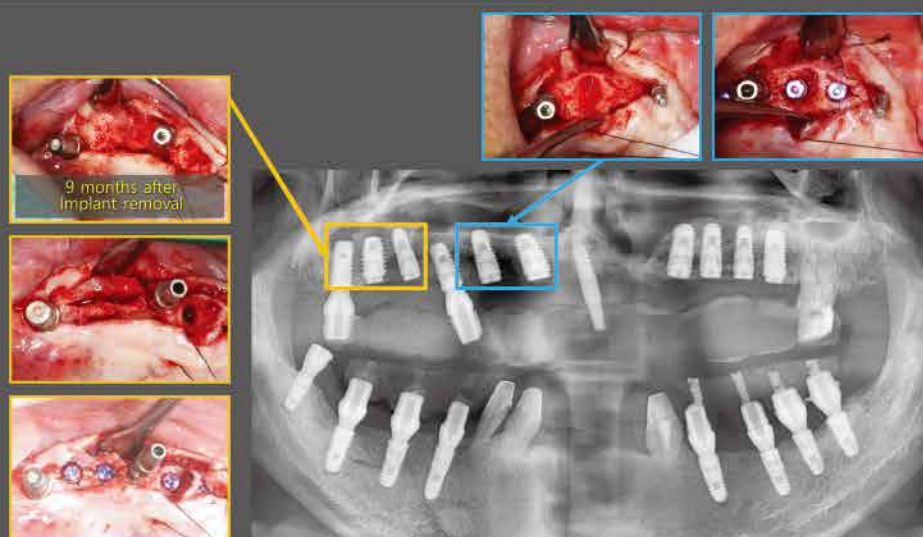


1. Implant placement after 1st & 2nd ridge splitting
2. Radiograph showing sufficiently expanded bone compared to the first examination.

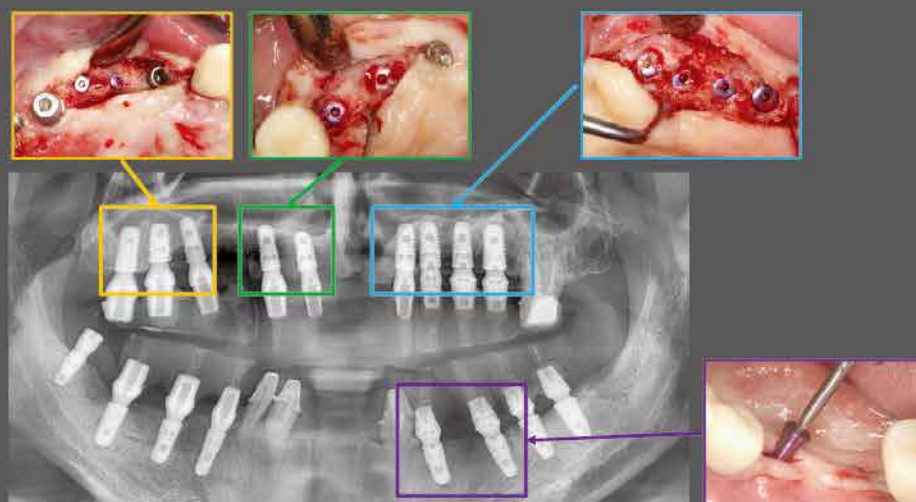
Upper Lt implant placement with ridge splitting



Upper Rt implant placement with ridge splitting



2nd stage surgery & 1,2mm cover screw

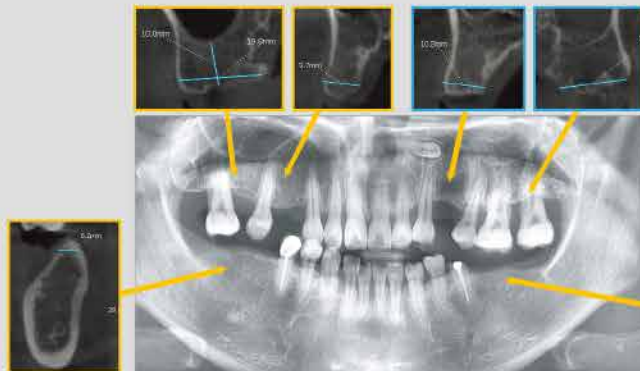


End of treatment**2026.2.13 (After 4years and 7months)**

Clinical Case Report 6

| Low bone density case

First visit Panorama & C-T section (2020.8.17)



Maxilla

Very low bone density

Mandible

Reduced bone width and bone density

Upper Rt GBR & Lt immediate implant placing after extraction

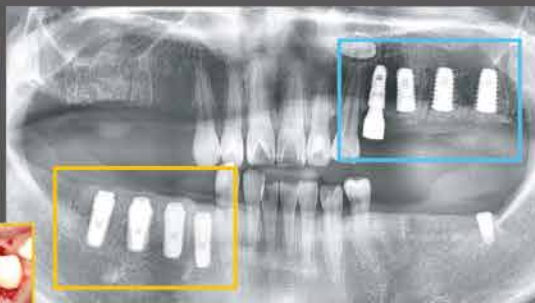


Maxilla

Transplantation of autogenous bone to increase bone density

Mandible

Implant placement after ridge splitting to solve the reduced bone width



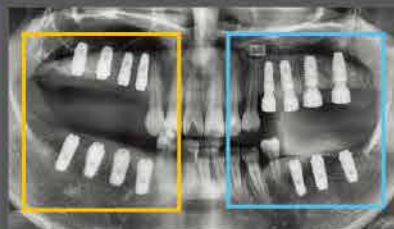
Maxilla

Immediate placement after tooth extraction and use of open membrane after GBR

Mandible

Ridge splitting & expansion

After implant placement



Maxilla

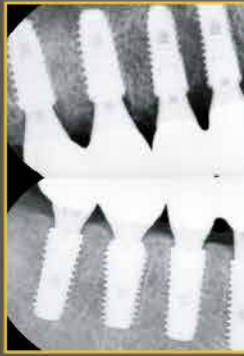
Bone density augmentation

Mandible

Ridge splitting & expansion
bone density augmentation



Intraoral condition after treatment



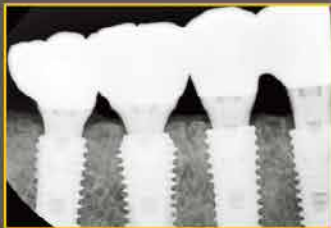
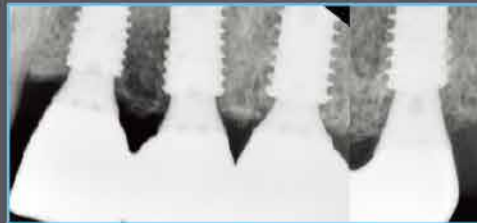
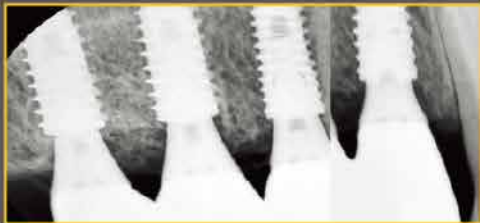
Peri-apical radiograph shows perfect osteointegration of marginal bone of implant



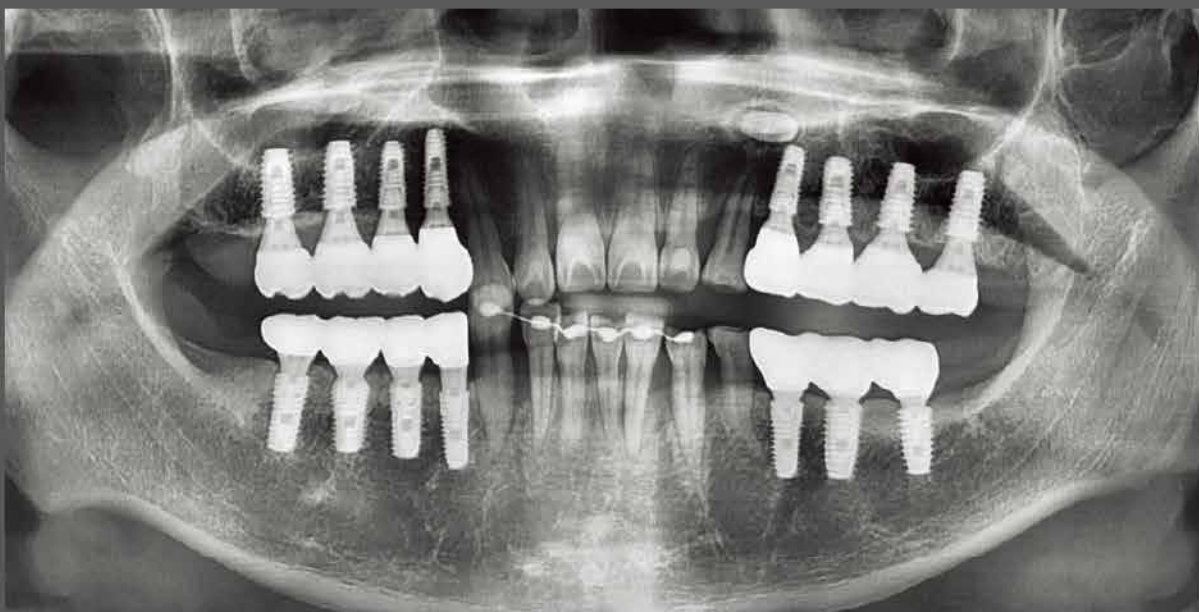
In the case of a bone level implant, it is more stable if placed 2-3mm under than the alveolar crest level.



3Y Re-call Panorama & C-T section

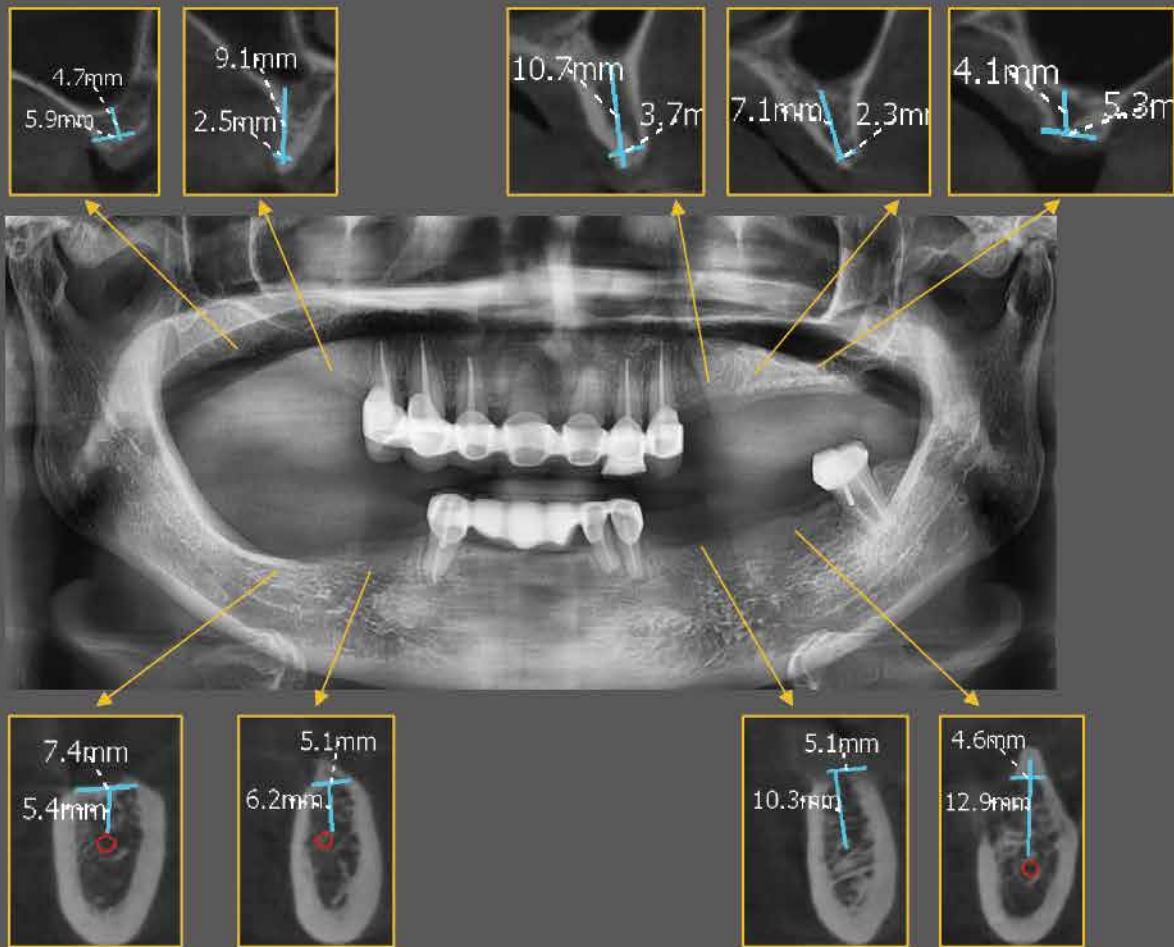


2025.8.26 (5years follow-up)

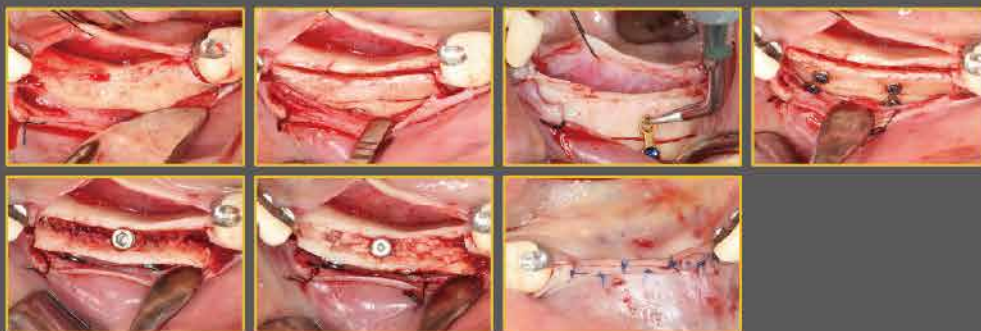


Clinical Case Report 7

1st admission (23.1.31)



Ridge split for the right mandible with a mini-plate



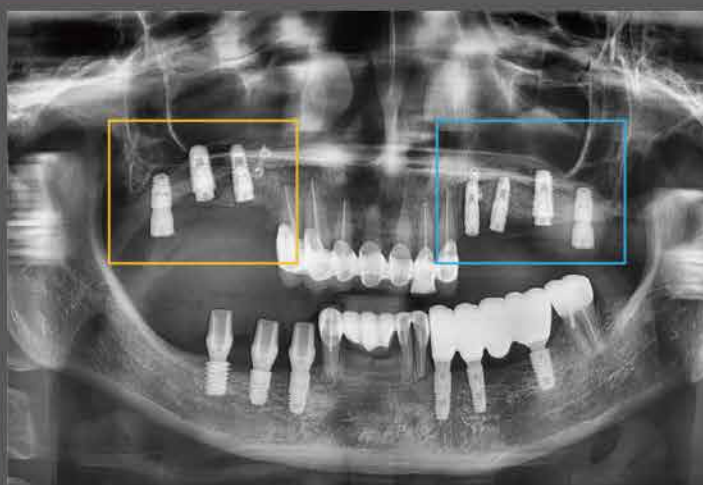
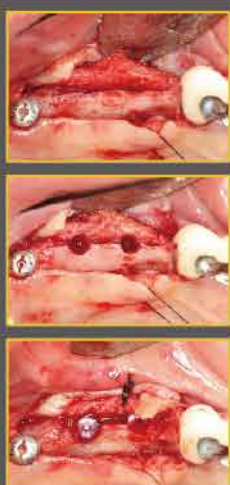
Ridge split for the left mandible with a mini-plate



#34,35,36 immediate loading



Posterior maxilla ridge split and installation



#15,16
Re-split and install

#24,25,26
Split and install

Supporting implants were installed
for immediate usage of denture and protection of the surgery area



3years follow-up(2026.2.6)



Comparison between the pre-op and healing

