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Implant-Supported Fixed Rehabilitation of Bilateral Mandibular Posterior Regions: A Clinical Report

*Dr Dilip K. Hadiya¹, Dr Dushyant Soni², Dr Amrit Assi³, Dr Umashankar Vishwekar⁴,
Dr Renu Choudhary⁵.*

1. Postgraduate student, Department of Prosthodontics and Crown & Bridge and Implantology, Vyas Dental College & Hospital, Jodhpur, Rajasthan, India.
2. Professor and Head, Department of Prosthodontics and crown & Bridge and Implantology, Vyas Dental College & Hospital, Jodhpur, Rajasthan, India.
3. Reader, Department of Prosthodontics and Crown & Bridge and Implantology, Vyas Dental College & Hospital, Jodhpur, Rajasthan, India.
4. Postgraduate student, Department of Prosthodontics and crown & Bridge and Implantology, Vyas Dental College & Hospital, Jodhpur, Rajasthan, India.
5. Postgraduate student, Department of Prosthodontics and crown & Bridge and Implantology, Vyas Dental College & Hospital, Jodhpur, Rajasthan, India.

Corresponding author: Dr Dilip K. Hadiya

Corresponding author email address: diliphadiya535@gmail.com.

Email ID: serviceheb@gmail.com

Abstract

Statement of the Problem:

When posterior mandibular teeth are lost, there will be a loss of support of mastication, a reduction in occlusal support, changes in occlusal stability, opposing teeth will get supraerupted, and progressive alveolar bone resorption occurs. Fixed Prostheses supported by prostheses have become a predictable treatment modalities for the preservation and prosthesis function. The treatment planning approach for the rehabilitation of bilateral posterior edentulous spaces must be carefully performed, based on the target prosthetically, and accurate positioning of implants needs to be precisely done, along with meticulous execution of the prosthetically constructed situation, to easily achieve long-term success.

Clinical Procedure:

A healthy 50-year-old patient came to the Clinic with difficulties in bilateral posterior partial edentulism and mastication. All the clinical examination, casts, and cone-beam computed tomography (CBCT) techniques were performed to assess the bone quantity and to detect valuable anatomical structures. After planning based on prosthetics an implant placed in the previously healed edentulous ridges in a traditional twostage protocol. The unobstructive period of osseointegration was successful about 3 months, after which

second stage surgery was conducted and open-tray implant-level impression making, making of the definitive cast, verification of the prosthetic framework, and the PFM crowns were fabricated using the screws. Care was taken to set occlusion correctly with the appropriate excursive guidance. A program to receive periodic maintenance was agreed upon.

Results:

All of the implants were osseointegrated, without any biological or mechanical complications. The ultimate implant-supported prosthetics procedures provided the Back occlusion support, the masticatory efficiency and esthetics. At the 12-month follow-up, clinical and radiographic assessment showed that peri-implant soft tissue presented with no problem, been peri-implant bone level was stable, there was a satisfactory occlusion, and the patient was very satisfied with the outcome.

Conclusion:

When treating bilateral posterior edentulous spaces, a fixed implant-supported rehabilitation is a predictable treatment providing good conditions for oral function and occlusion. Prosthetically driven planning, appropriate position of the implants, and a meticulous implant protocol has a dramatic impact on the success of the implant treatment and favorable clinical outcomes.

Keywords:

Dental implants; Bilateral mandibular posterior edentulism; Implant-supported fixed prosthesis; Posterior implant rehabilitation; Prosthetically driven implant placement.

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