Implant restorations are successful if they mimic natural teeth in a harmonized soft tissue profile. This becomes more critical if the missing tooth to be replaced is in the anterior region. Tooth loss usually results in the collapse of soft tissue, resulting in improper soft tissue anatomy. Hence, the preservation or improvement of the existing soft tissue contours should be the goal of implant restoration management in the esthetic region.

Interim implant restorations help to preserve soft tissue contours immediately after implant placement, at implant uncovering, and even at the definitive impression session. This clinical technique describes a method of transferring the contours of an interim implant restoration to the definitive cast for the fabrication of a definitive restoration with proper emergence profile and contour.

In some situations, clinicians may not be able to place an interim restoration immediately after implant placement or at the uncovering session for proper gingival contouring. This may lead to improper soft tissue contours around a narrow healing abutment as opposed to a proper, usually larger, emergence profile of a definitive restoration. Placing a definitive crown with a relatively larger emergence profile compared with a narrow healing abutment may result in soft tissue complications, because the wider diameter definitive restoration may apply pressure on potentially thick soft tissue around the healing abutment. This technique may help clinicians fabricate definitive restorations with proper soft tissue contours where an interim restoration was not placed immediately after implant placement or uncovering, but at the definitive impression session. The technique may also help to minimize soft tissue complications with a staged contouring of the soft tissues. Even though appointment time at the definitive impression session may slightly increase because the interim restoration is fabricated and the soft tissue contours are transferred to the definitive cast at this session, the number of appointments before the definitive placement session is reduced when this technique is used.

**ABSTRACT**

Achieving proper soft tissue contours with implant restorations is important for successful esthetic outcomes, particularly in the anterior region. In some situations, clinicians may not be able to deliver interim restorations for proper gingival contouring immediately after implant placement or at the uncovering session, but only at the definitive impression session. The described technique allows clinicians to transfer the soft tissue contours of an interim implant restoration to the definitive cast at the definitive impression session for the fabrication of definitive restorations. This technique may prevent irregular soft tissue contours around definitive restorations at the placement session, thereby reducing the number of appointments. (J Prosthet Dent 2015;113:645-647)

**TECHNIQUE**

1. Unscrew the healing abutment (Zimmer Dental) for the fabrication of an interim restoration and prepare to make the definitive impression (Fig. 1).
2. Make the definitive impression with a polyvinyl siloxane (PVS) impression material (Reprosil; Dentsply Intl) and screw the analog to the impression post (Zimmer Dental). Pour a gingival contour elastomeric material (Gingifast Elastic; Zhermack SpA) around the implant analog. Pour
the definitive cast with a Type IV dental stone (ResinRock; Whip Mix Corp) (Fig. 2).

3. While the dental stone sets, fabricate an interim implant restoration (UTA; UTA Inc). Draw a line on the interim restoration at the cervical level facially and palatally to define the location of the gingival margin (Fig. 3).

4. Once the dental stone has set, unscrew the impression post from the analog and carefully remove the gingival contour elastomer material from the cast.
5. Screw the interim restoration onto the analog (Fig. 4) and pour gingival elastomeric material (Gingifast Elastic; Zhermack SpA) around the interim restoration up to the marked line at the cervical region to form the gingival contours in the definitive cast (Fig. 5).

6. Once the gingival elastomeric material has set, carefully unscrew the interim restoration from the analog. Place the interim restoration and dismiss the patient until the definitive placement appointment.

7. Start the fabrication procedures of the definitive restoration on the modified definitive cast with proper soft tissue contours (Fig. 6).

REFERENCES


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