Patient K. 66 years old from the orthopedic department with a diagnosis of partial secondary tooth loss was sent to the dental surgical department for consultation and treatment using dental implants. In the anamnesis: of the diseases brought, he notes acute respiratory viral infections, acute respiratory infections, childhood diseases, Botkin's disease at the age of 15. Increased gag reflex. According to the patient, the teeth in the upper jaw were removed during life due to chronic inflammatory processes. A full removable prosthesis for the upper jaw was made to the patient a year ago, but satisfactory fixation of the prosthesis was not achieved, as well as due to an increased gag reflex, the patient cannot use the prosthesis.

Objectively: an external examination reveals a sinking of the upper lip, a violation of diction during conversation. When examining the oral cavity, the mucous membrane is pale pink in color, moistened. There is a defect and deformation of the lateral sections of the alveolar ridge of the upper jaw. Missing 1.8 -1.1 2.1 - 2.8 teeth. The bite is not fixed.

On the X–ray, defects of the alveolar ridge of the upper jaw are noted in the area of missing teeth 1.7-1.5, 2.4-2.8. In the area of missing teeth 1.2 1.1 2.1 2.2, there was no bone deficiency.

Questions

1. What is the preliminary diagnosis that can be made to the patient?

2. What may be the survey plan and is it necessary to conduct additional research?

3. Formulate a clinical diagnosis and specify diagnostic criteria.

4. Prescribe treatment and justify it.

5. Evaluate the extent of the surgical injury in order to choose an adequate method of anesthesia.