abutments which incorporate both designs to ensure that the abutment would not loosen. Having said so, they are difficult to deal with in the event of abutment fracture.

Case Descriptions: This series of cases highlight fractures associated with Morse taper abutment and its range of managements. The first case was managed by disengaging both the old abutment and its connection screw using a kit manufactured by the supplier, while the second case involved removing the abutment and screw by drilling away the inner chamber of the abutment, followed by the removal of the fractured screw using a modified screw removal kit. The last case involved the removal of the implant concerned by trephining, when both described approaches failed.

Discussion: The addition of a screw to abutments with a Morse taper design makes them very difficult to remove if both are fractured. In the second case, we have to modify a drill stabilising sleeve to engage the screw as there's none commercially available.

Conclusion: This presentation highlights the need of different types of management to Morse taper abutment fracture from merely unscrewing the old abutment (mild approach), to removing the abutment and screw (moderate approach) and finally to removing the implant concerned (severe approach).

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CRC14: Different Approaches to Morse Taper Abutment Fracture

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Introduction: Conical internal connection (CIC; internal friction type) or the so-called Morse taper design provides a tight junction through the friction between implant fixture and abutment, & not through a screw. However, there are