



1. Clinical view at presentation.



3. Sectioning of the crown.

### SEMI-IMPACTED MOLAR CASE STUDY



2. Mucoperiosteal buccal flap raised and bone removed to explore the crown of the horizontally positioned third molar.



4. Sectioning of the roots.



5. Site curetted with hand curettes and EthOss® degranulation burs to remove any remnants of granulation tissue.

A biphasic matrix for true bone regeneration. Built in membrane function, high graft stability.



6. Grafting of the site with EthOss®.

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7. EthOss® positioned within defect.

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8. Tension-free primary closure.



9. Clinical view 6 months post-op. The site is closed and completely covered by keratinized soft tissues.



10. Clinical examination revealing no residual periodontal defect distally to the second molar.

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11. Initial x-ray.

# SEMI-IMPACTED MOLAR CASE STUDY



12. Periapical radiograph immediately after surgical extraction.



13. Periapical radiograph immediately after grafting.



15. Periapical radiograph 6 months post-op showing consolidation of grafting material and complete restoration of the bone defect with high quality new bone.

A biphasic matrix for true bone regeneration. Built in membrane function, high graft stability.



14. Periapical radiograph 2 weeks post-op. The rapid resorption of the calcium sulfate element of EthOss® increases the porosity of the graft, which accelerates and enhances the ingrowth of new blood vessels, rendering the material more radiopaque radiologically at this time point.

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