

**Background**

73 year old patient, male.

Non-smoker.

Pain from a mobile upper right central incisor that had received trauma approximately ten years prior to presentation.

*Case performed by Dr Michael Ainsworth, UK*



1. Initial situation. Periapical radiograph showing resorption.



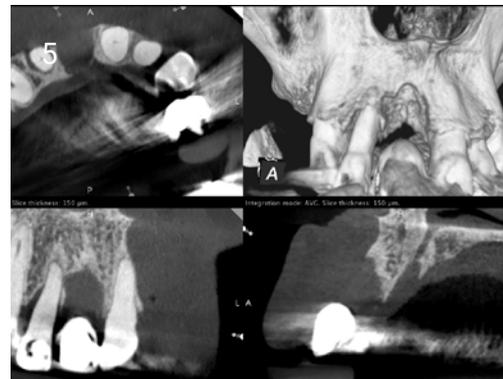
2. Examination revealed deep pocketing of up to 9mm mesially, grade 2 mobile, adjacent tooth grade 1 mobile and had pocket depth of 5mm distally.



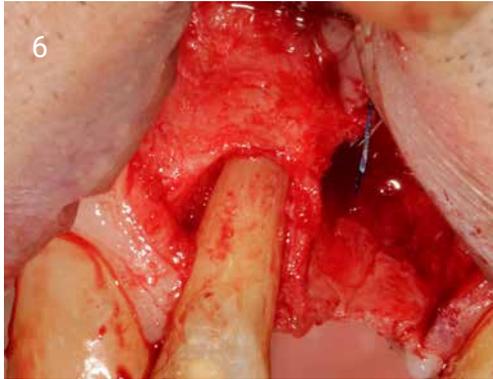
3. Atraumatic extraction leaving the socket epithelium intact.



4. Maryland bridge, note close adaption and support of the socket periphery.



5. Two weeks following extraction – CBCT image of the extraction socket.



6. Four weeks following extraction – surgery, flap raised, completion of degranulation.



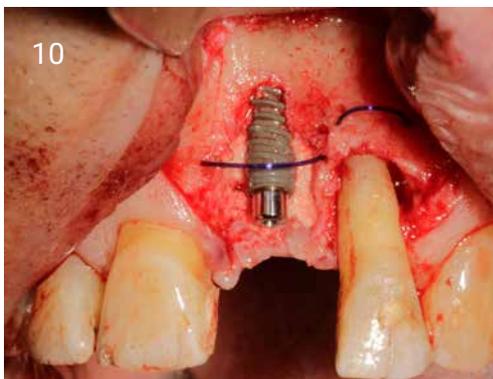
7. Palatal defect repair with EthOss<sup>®</sup>.



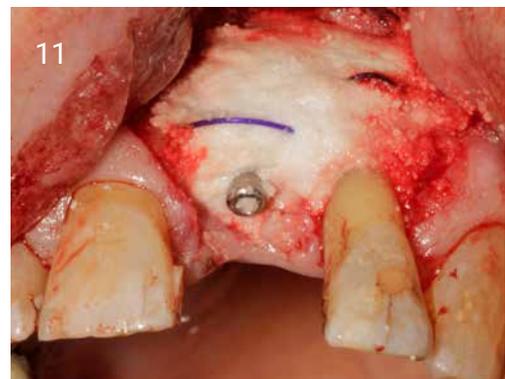
8. Implant placement with 2 mm cover screw.



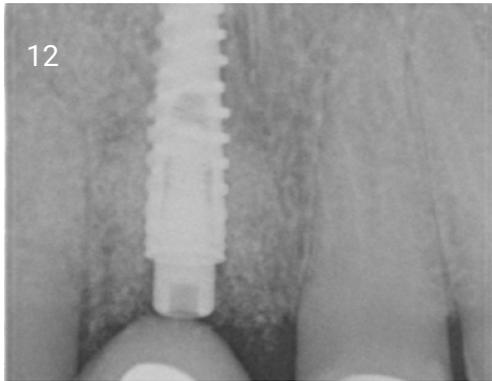
9. Implant placed in ideal position for cement-retained prosthesis.



10. Placement of 2-0 PDS tenting sutures to create “dome device” to prevent micromovement of the graft material.



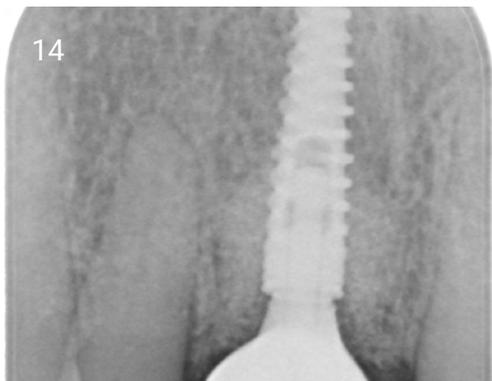
11. Placement of a “wetter” mixture of graft material in stages under the dome device, carefully drying and compressing with each stage.



12. Control radiograph at twelve weeks healing.



13. After two weeks healing post second stage.



14. Twelve months control, following crown cementation.



15. Probing the distal of tooth 12 shows 1 mm pocket depth indicating adequate healing response.



16. Final tissue maturation at twelve months, shows stippling, contour and volume consistent with underlying bone health.



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