

Background

Male, 50 years old.

Non-smoker.

Non-contributory medical history.

Non-restorable lower right second premolar.

Case performed by Dr Minas Leventis, PhD,UK



2. Initial periapical x-ray.



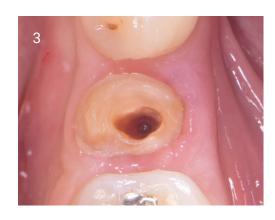
4. Site-specific flap raised, small amount of bone removed and root cut into pieces.

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

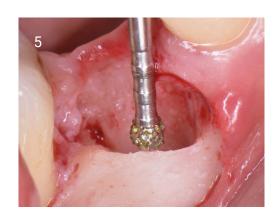
EARLY PLACEMENT CASE STUDY



1. Initial Clinical view.



3. Root to be removed.



5. Debridement of the extraction socket. Degranulation burs used to remove all soft tissues and smooth socket walls.

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6. Clinical view of the extraction site following degranulation.



8. Clinical view of the site 1 month post-extraction.



10. Periapical x-ray 1 month postextraction.

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7. Flap repositioned and sutured with 5-0 absorbable sutures.



9. Clinical view of the site 1 month post-extraction.



11. Site-specific flap raised.



12. Area debrided from all soft



tissues.



14. Precise placement of the implant using fully guided surgery.



16. Clinical view of the site 3 months post-op.

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

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13. Precise placement of the implant using fully guided surgery.



15. Grafted with EthOss®. No additional collagen membranes used.



17. Surgical re-entry. After 3 months, the site was covered by newly formed regenerated bone.

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18. The cover-screw was exposed using a round bur.

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19. Three weeks after uncovering, the soft tissues have matured around the healing abutment.



20. High ISQ measurement of 75 showing excellent secondary stability.



21. The implant was successfully restored with a screw-retained crown.



Inital situation.



After extraction.



1 month post extraction implant placement and grafting.



3 months post-op.



At loading.



3 months loaded.