

Case Background

Female 60 years old Non-smoker Non-contributory medical history

Case performed by Dr Minas Leventis, University of Athens, Greece



2. Vertical incision made distally to lateral incisor. Using a thin periosteal elevator, a subperiosteal tunnel was created.



4. Clinical view immediately post-op.

1



TUNNEL GRAFT

CASE STUDY

 Initial clinical view. Note thin residual bridge and atrophy of the soft tissues.



3. 1cc of EthOss® injected into the tunnel using a graft gun.



5. 12 weeks post-op. Adequate soft bone regenerated enabling implant placement. Note expansion of the new bone.

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



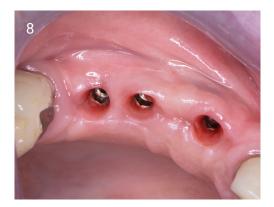


6. Additional grafting with EthOss.

TUNNEL GRAFT CASE STUDY



7. Tension-free closure.



8. 4 months post-op. Note augmented ridge and thick keratanized soft tissues.



10. Prosthetic implant abutments in place, torqued to 35 Ncm.



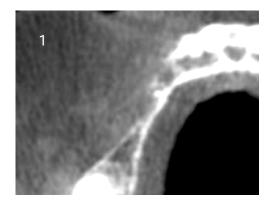
9. Penguin ISQ measurement showing excellent stability for all implants (ISQ: 70-71).



11. Final cement-retained restoration.

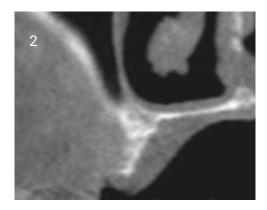
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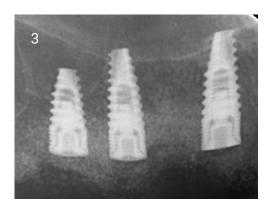


1. Axial CBCT view.

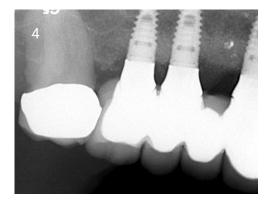
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2. Coronal CBCT view.



3. Periapical x-ray immediately after implant placement.



4. Periapical x-ray immediately after fitting the restoration.

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