

Extraction socket preservation

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“It is fundamental to use a bioabsorbable barrier membrane when performing lateral bone augmentation with the GBR approach. This membrane is stable, clinically manageable and fully biocompatible.”

Patient information:

54-years-old male

Indication:

Periapical infection and an open fistulous track toward the root of upper central incisor (tooth #21). It presents a perio-endo lesion and tooth extraction is indicated. Loss of the buccal bone plate, lateral bone augmentation procedure is needed.

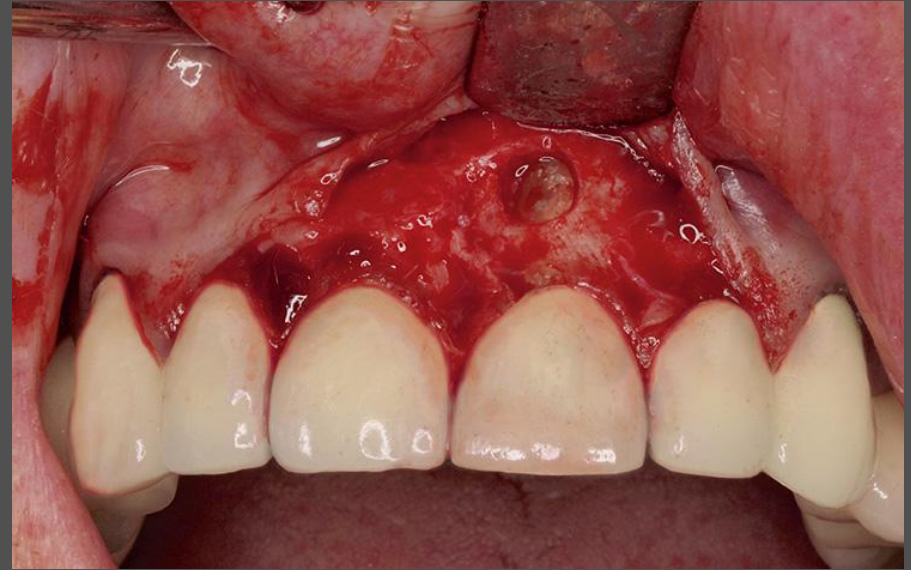
Solution:

Deproteinized bovine bone mineral (DBBM) is used as scaffold and creos xeno.protect collagen membrane as a protective barrier. Dental implant placed after 6 month of uneventful healing.

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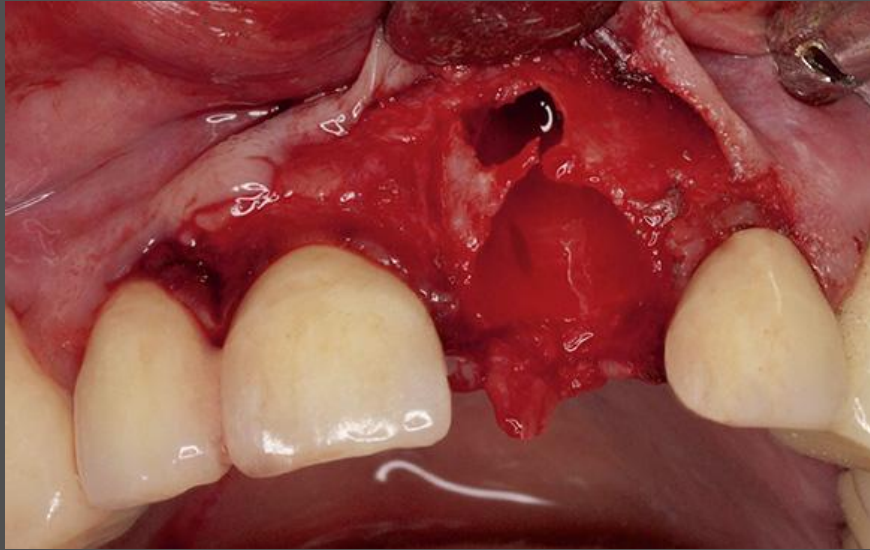


In the initial visit the patient presents a periapical infection and an open fistulous track toward the root of upper central incisor

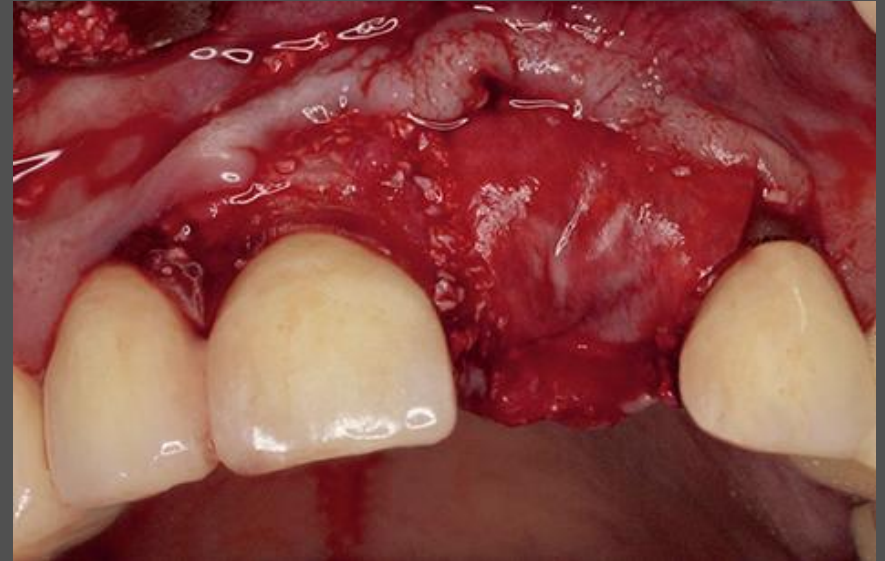


The tooth is carefully extracted.

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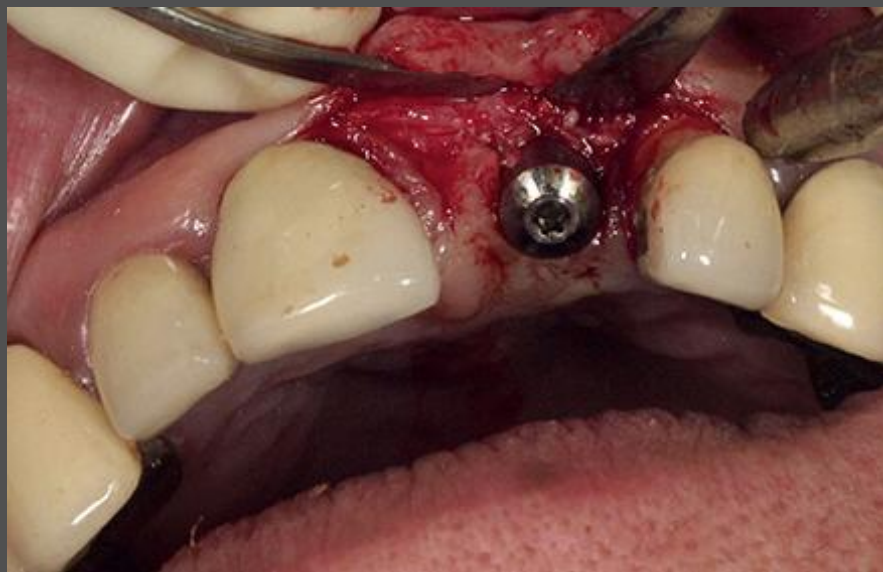


The bone defect is revealed after after extraction. The entire buccal bone plate has been lost.



The bone defect is filled with a xenogenic Bone graft material (DBBM) and covered with a creos xeno.protect collagen membrane

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6 months later an implant is placed in its ideal position.



After 3 months of healing the implant is ready to be restored..