

# Extraction socket augmentation



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**Patient information**

55-years-old female, ASA I

**Clinical indication**

Fractured first maxillary left premolar,  
tooth extraction needed

**Solution:**

GBR procedure and delayed implant  
placement

**Surgery date:**

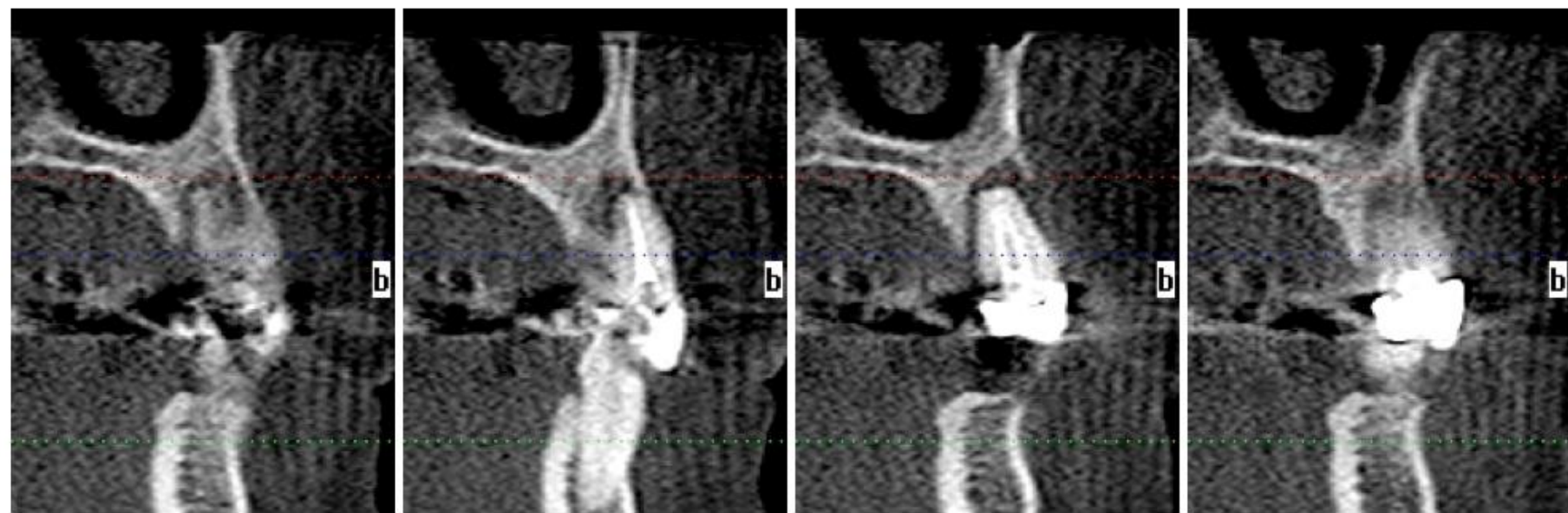
September, 2013

**Time for total treatment:**

3,5 months

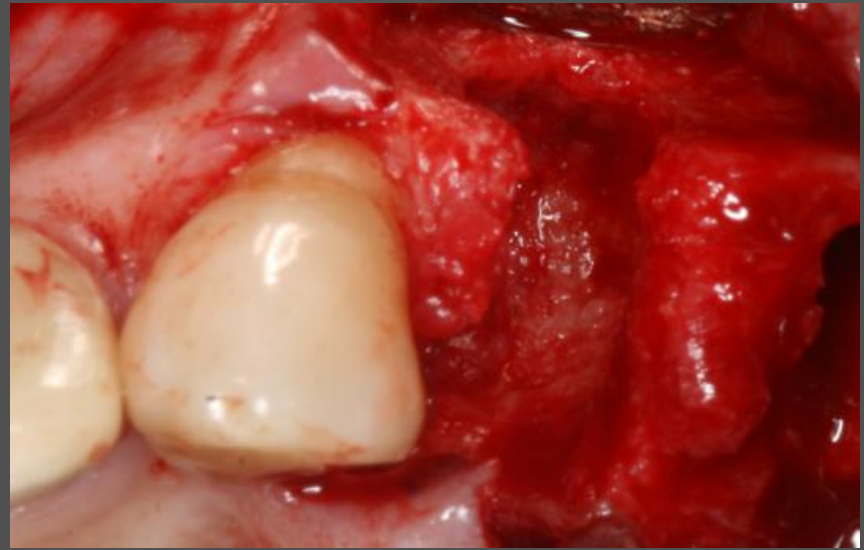
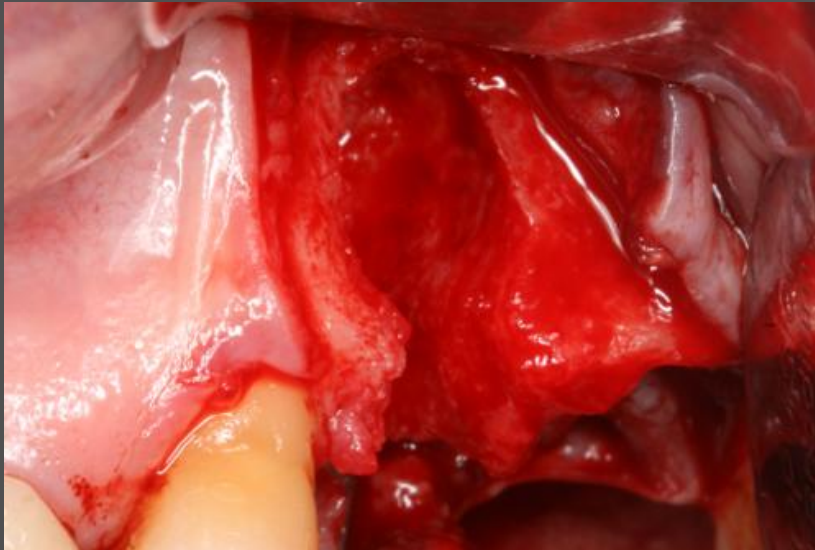
*“Based on my clinical experience with the creos xeno.protect membrane, I would highlight the ease of handling and the satisfying regenerative outcomes when used for GBR procedures”*

# Extraction socket augmentation



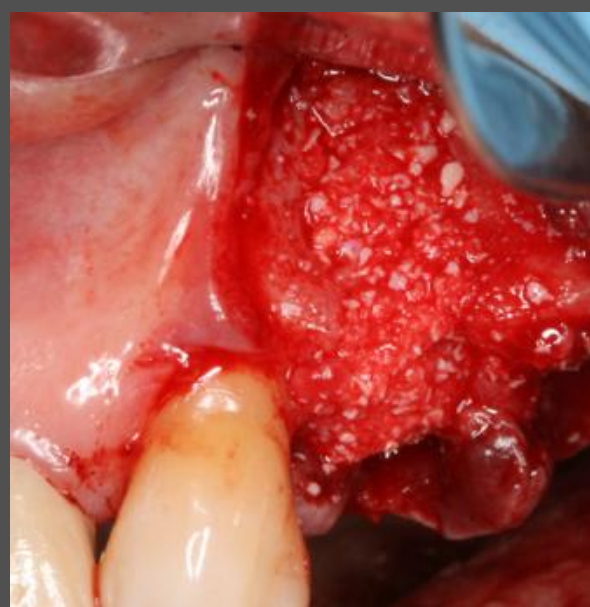
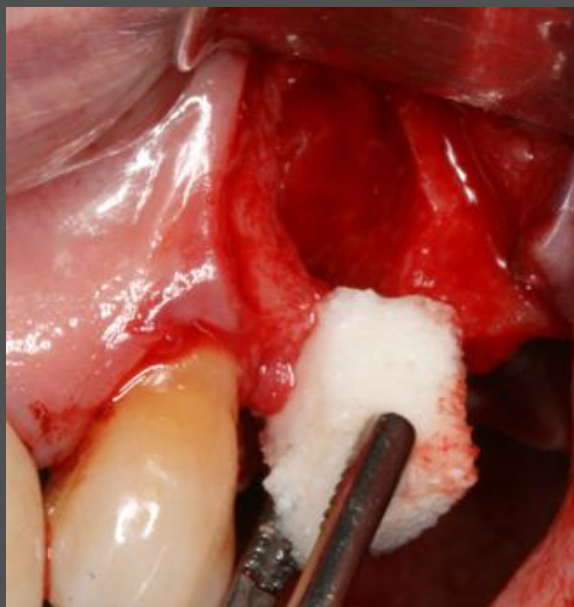
A 55-year-old woman presents at the private practice to treat a fractured first maxillary left premolar. After clinical and radiographic evaluation, the tooth is extracted. The patient agrees to an implant-supported restoration and given the residual bone after extraction, a GBR procedure is planned.

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Following the careful tooth extraction, the palatal plate is evaluated. An accurate curettage of the defect area is performed, both buccal and palatal bone are affected.

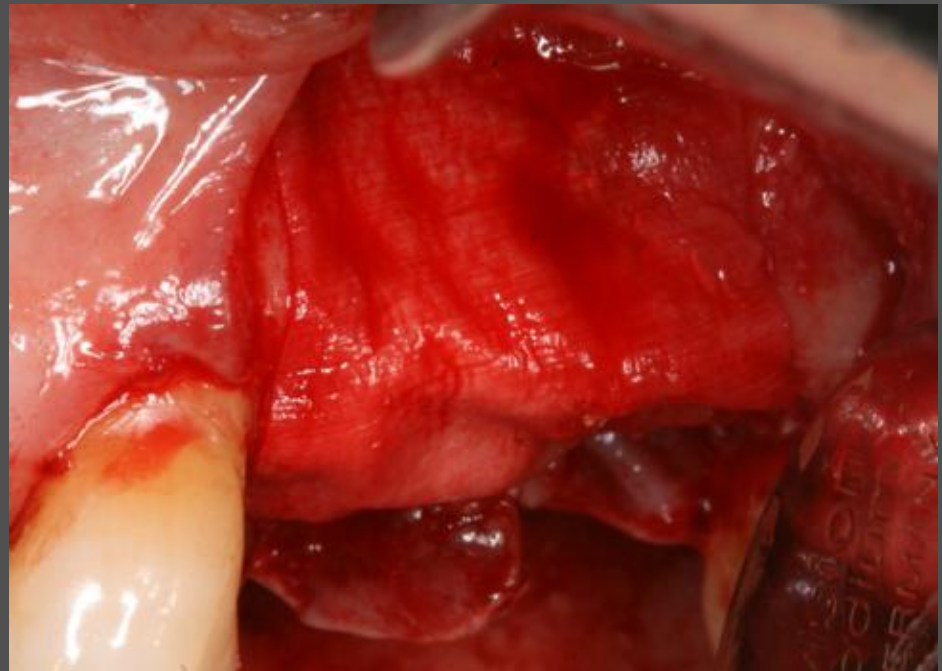
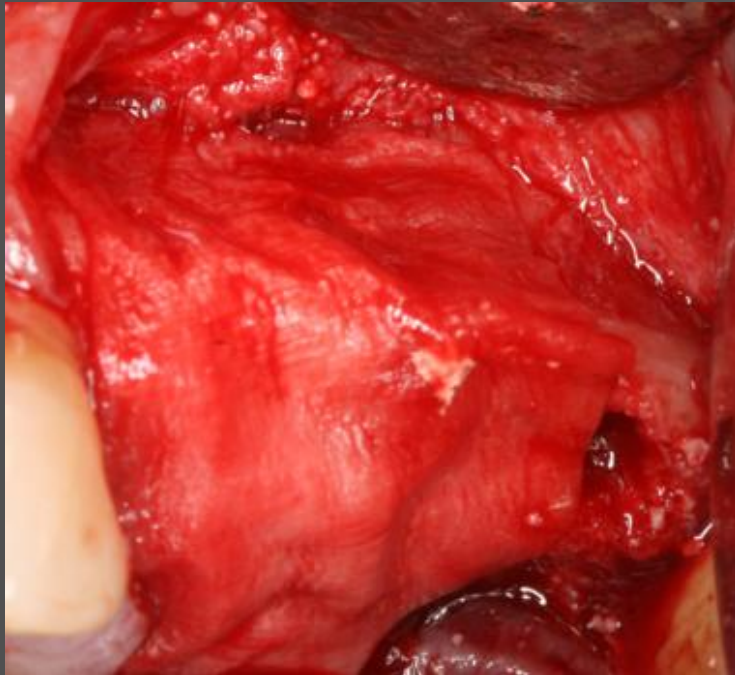
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The defect is fully filled by using a bovine hydroxyapatite / porcine collagen composition.

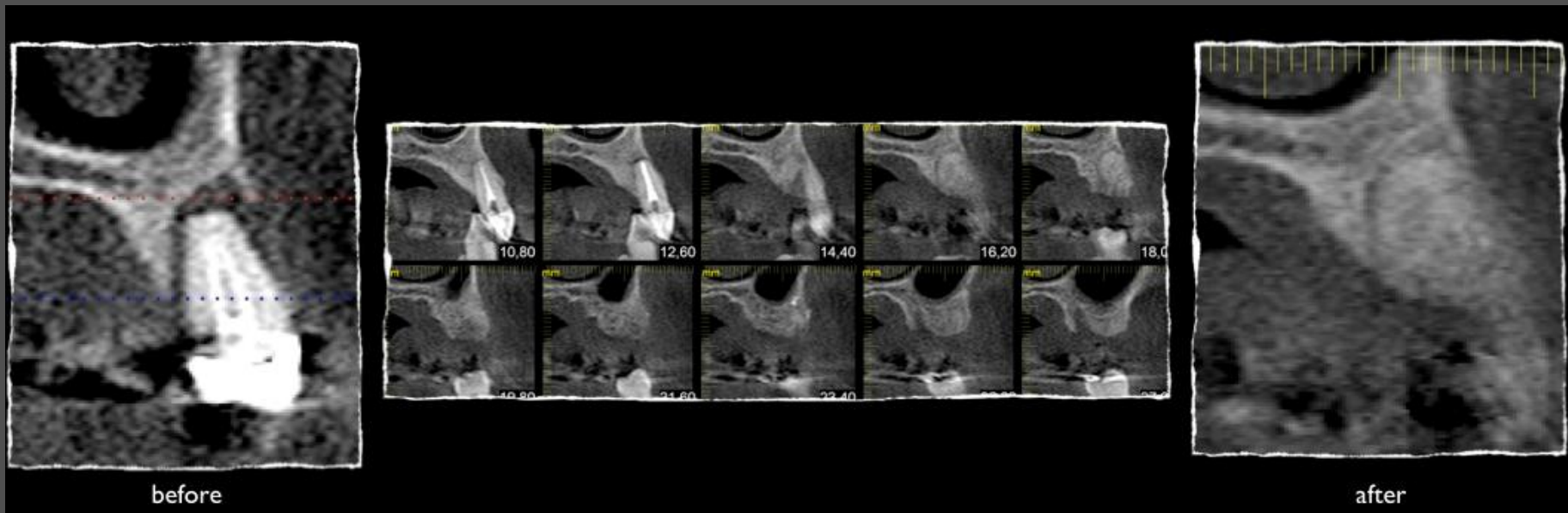


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The resorbable porcine collagen membrane creos xeno.protect (Nobel Biocare) is trimmed and appropriately adjusted to cover the defect and the applied bone substitute. Blood from the surgical area is used to obtain a perfect adaptation of the membrane to the bone defect. Suture is used to complete soft tissue coverage of the area.

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After 16 weeks, a radiographic CBCT examination shows successful bone regeneration of the defective socket.

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Re-opening of the treated area shows complete bone regeneration of the previous defect and a satisfying regenerative result.

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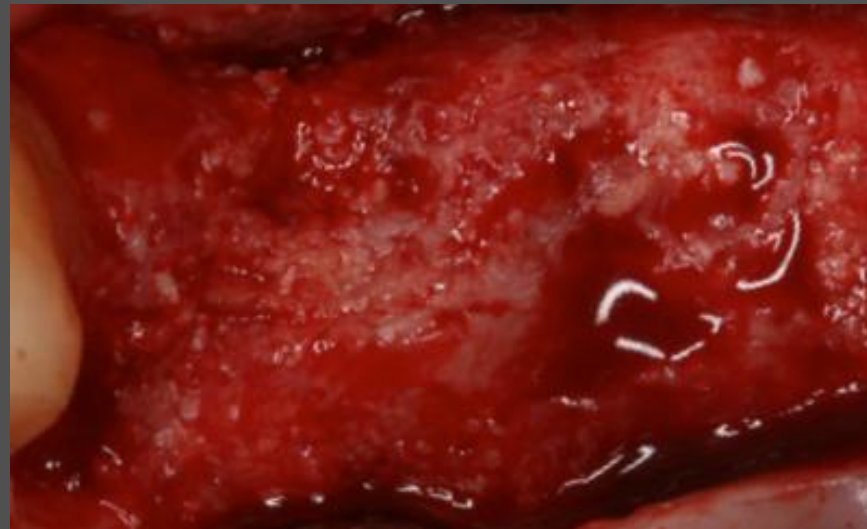
Implants are placed in the regenerated bone without any complication and primary stability is achieved.



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Before



After