

# Horizontal ridge augmentation



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*Dr. Russe has given more than four hundred lectures since 1984 in the field of surgery, anatomy and implantology, including international lectures and live surgery demonstrations*

## **Patient information**

32 year-old male

## **Clinical indication**

Trauma on both upper central incisors in 1994. Teeth were re-implanted and extraction done in November 2012.

## **Solution**

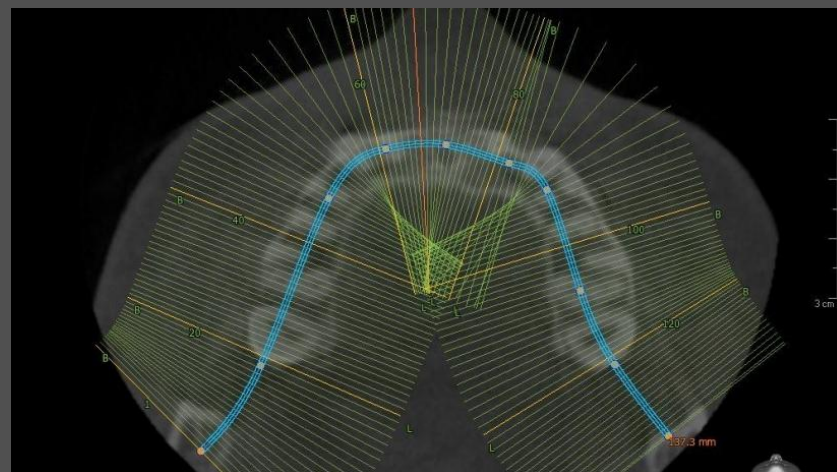
Horizontal ridge augmentation using processed allogenic bone graft and a creos™ xeno.protect porcine collagen membrane. Placement of two NobelActive implants after 6 months of healing.

**Surgery date:** May 31, 2013

# Horizontal ridge augmentation

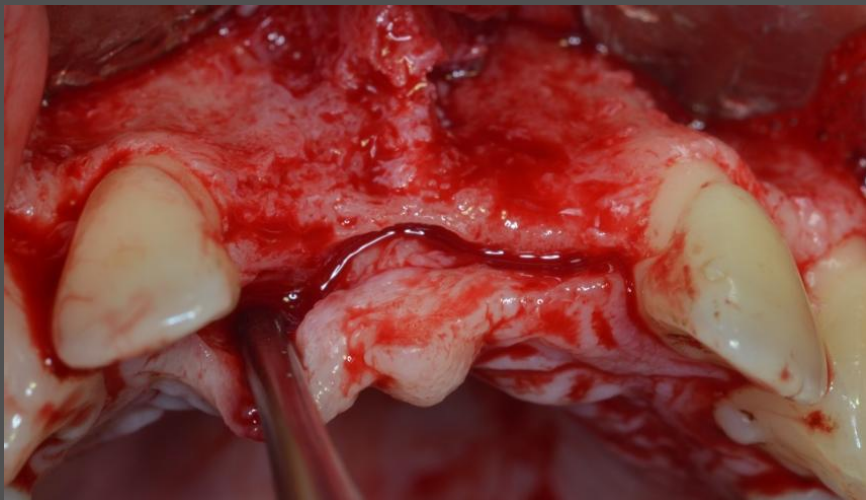


Pre-op occlusal view showing flattened maxillary arch due to post-traumatic infection.

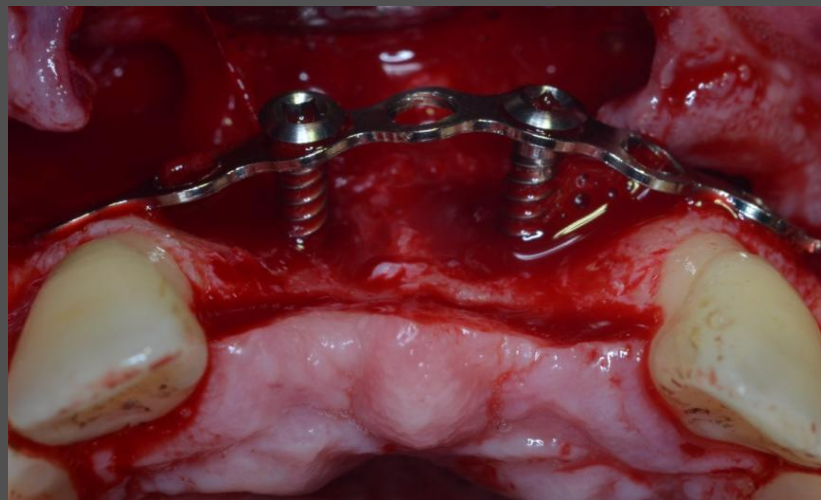


CT confirming clinical finding of limited bone volume in the anterior maxilla.

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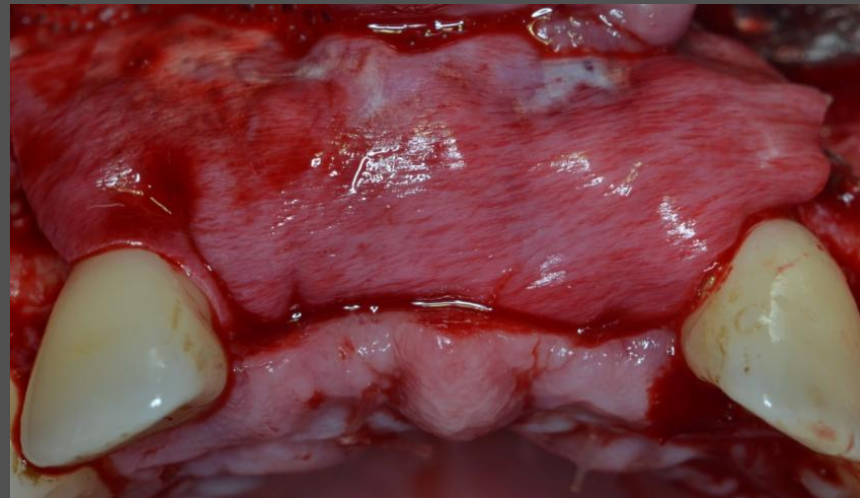


Occlusal view after flap elevation exposing the thin alveolar ridge.



Fixation system using microplates serving as space maintainer for the following bone augmentation.

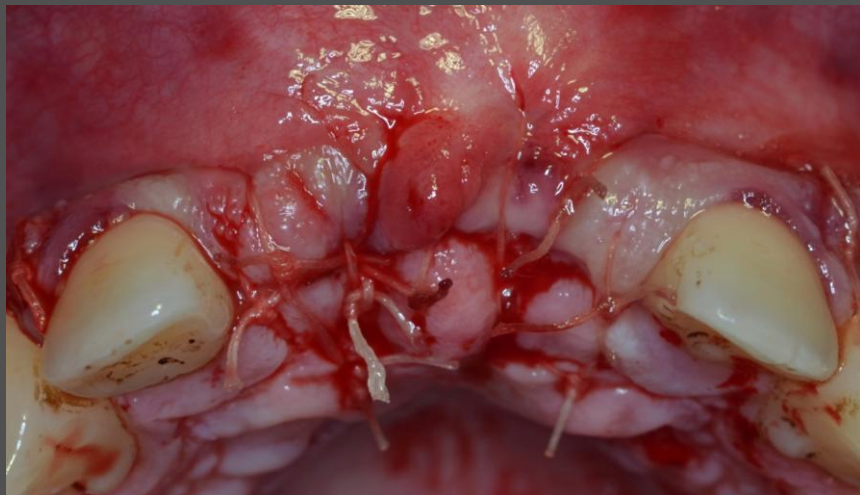
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Processed allogenic bone graft is rehydrated with PRF exudate and mixed with autogenous bone, scraped from the anterior nasal spine, and layered below the creos xeno.protect membrane.



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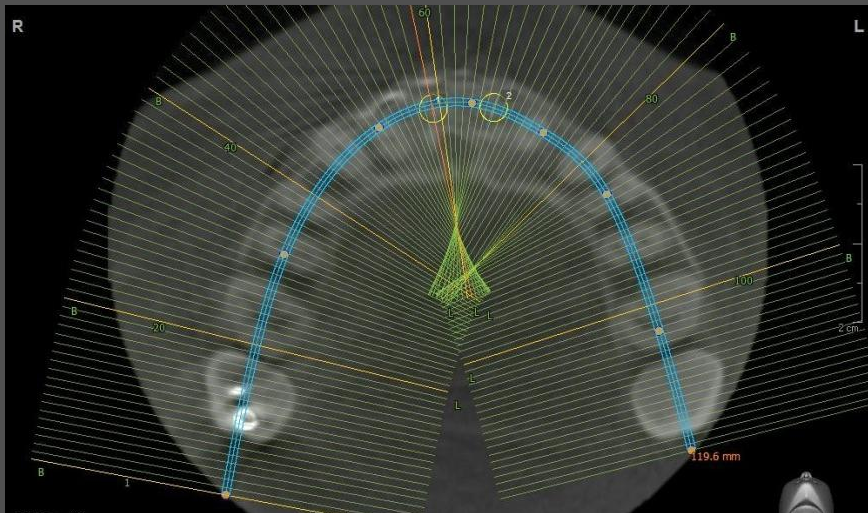


Primary closure established.



6 months post-op occlusal view showing proper curvature of the maxillary arch.

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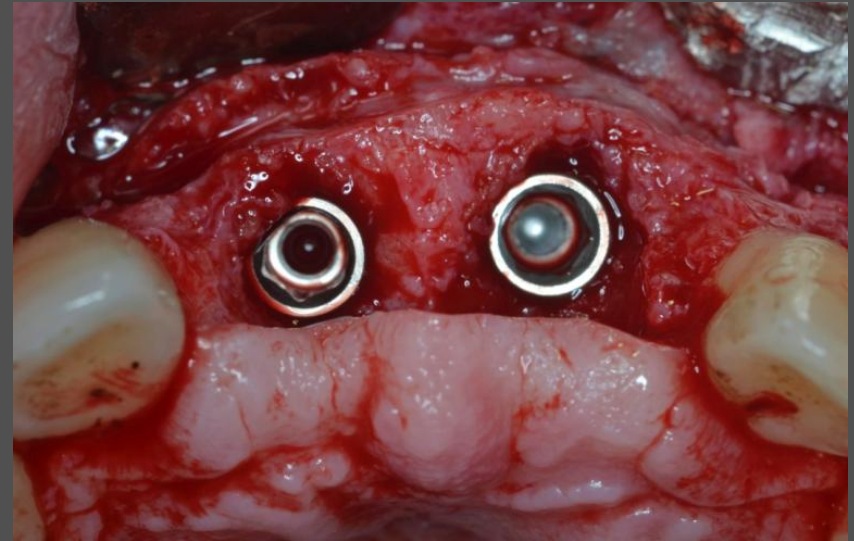
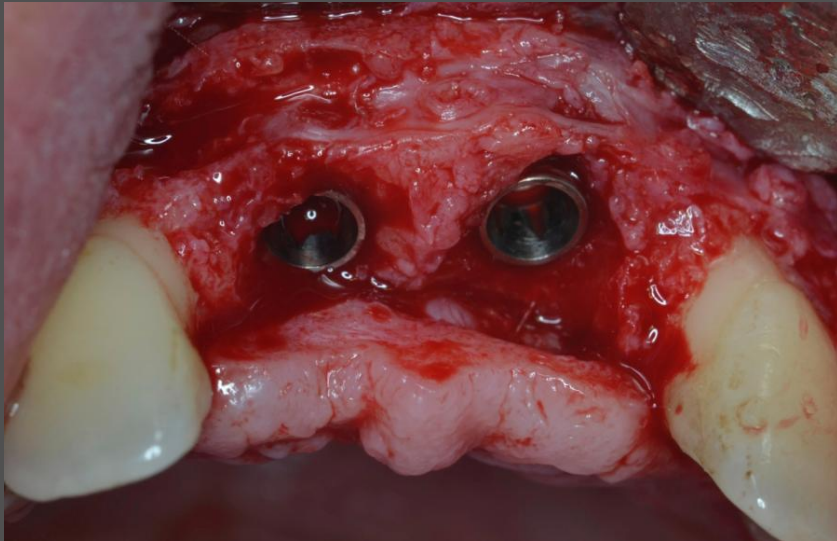


The CT confirms that bone volume is now sufficient for implant placement.



Exposure of augmented alveolar ridge.

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Placement of two NobelActive implants after 6 months of healing in the regenerated alveolar ridge.