Extraction socket preservation

Prof. Dr. Mariano Sanz
Universidad Complutense
Facultad de Odontología
Madrid, Spain

“*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 peri-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.
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.
Extraction socket preservation

The bone defect is revealed 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.
Extraction socket preservation

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

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