CLINICAL CASE

Guided bone regeneration with immediate implant placement

Using NobelReplace[®] CC, creos[™] xenoprotect and creos[™] xenogain

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Clinical situation

Implant treatment in tooth position 15 (FDI system) after failure of endodontic treatment.

Surgical solution

Immediate placement of NobelReplace CC implant and simultaneous guided bone regeneration (GBR) using creos xenogain as bone graft material and creos xenoprotect as barrier membrane to close fenestration and increase buccal bone. Creos xenogain was also used for socket grafting.

Restorative solution

Immediate provisionalization and delivery of the final prosthetics after 4 months.

Total treatment time

4 months - with 6 years follow up

Surgical procedure

Restorative procedure

Outcome

Pre-operative pictures



Clinical picture: Tooth removal after failure of endodontic treatment.

CBCT scan

Surgical procedure

Restorative procedure

Outcome

Guided bone regeneration and implant placement



Extraction of the tooth. Fenestration on the buccal aspect and thin buccal plate.

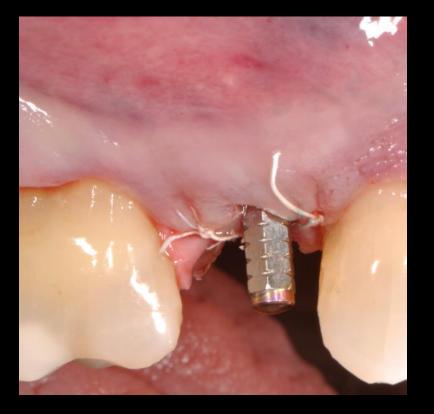
Immediate implant placement and simultaneous GBR to close fenestration and increase buccal bone as well as socket grafting. creos xenogain was used as bone graft. creos xenoprotect membrane was trimmed thanks to its good handling properties and stabilized interproximally using pins.

Surgical procedure

Restorative procedure

Outcome

Immediate provisionalization



NobelReplace CC implant, after suturing and placement of an immediate temporary abutment.





X-ray after implant placement

Immediate placement of a temporary crown.

Surgical procedure

Restorative procedure

Outcome

Final restoration



Placement of the final restoration after 4 months.

Placement of the final restoration after 4 months.

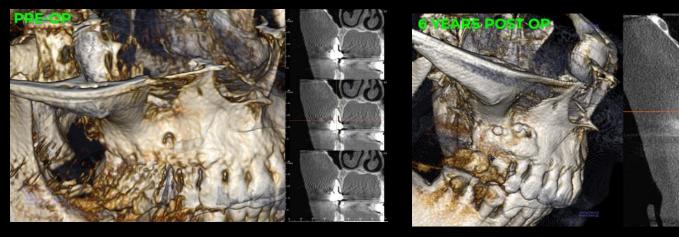
Follow up after 6 years, growing papilla and healthy soft tissues.

Surgical procedure

Restorative procedure

Outcome

CBCT scan before and after treatment



CBCT scan – pre-operatively

CBCT scan after a six years, showing increase in buccal wall thickness.

Case courtesy of Dr. Giorgio Tabanella



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