

Immediate implant placement and graft in extraction socket

PATIENT BACKGROUND

55 year old male
Non-smoker

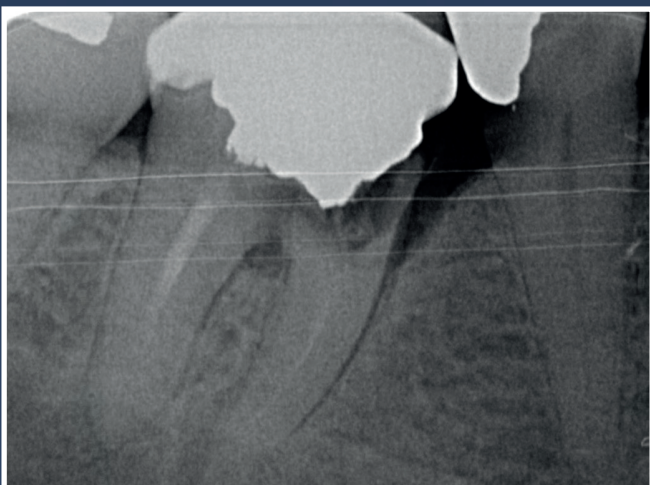
This patient presents with failing LR5 (45) & LR6 (46) due to secondary decay. The teeth were extracted, and the infected tissue was removed.

EthOss® Bone Graft was used to circumferentially build up the jump gap around the socket and the healing abutment.

This case demonstrates the option to leave EthOss Bone Graft uncovered in the clinical situation, as shown with excellent long-term hard and soft tissue outcomes.



 Dr Dominic O'Hoolley

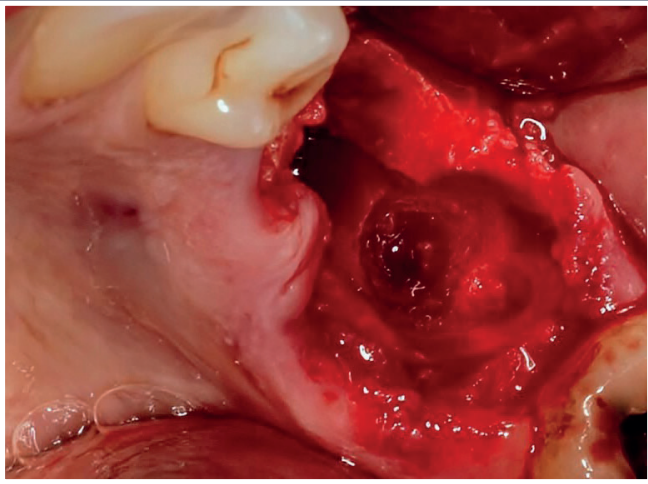


1. Pre-op radiograph

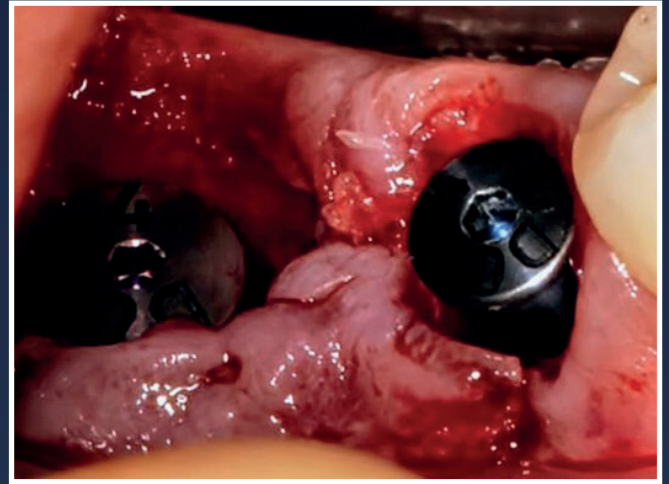


2. Pre-op CT scan

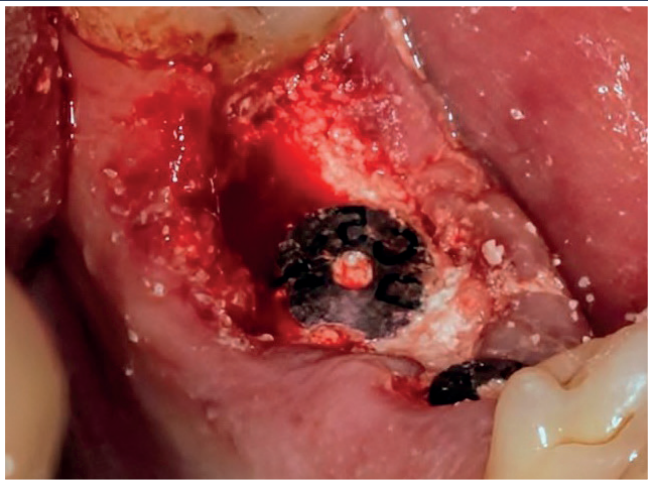
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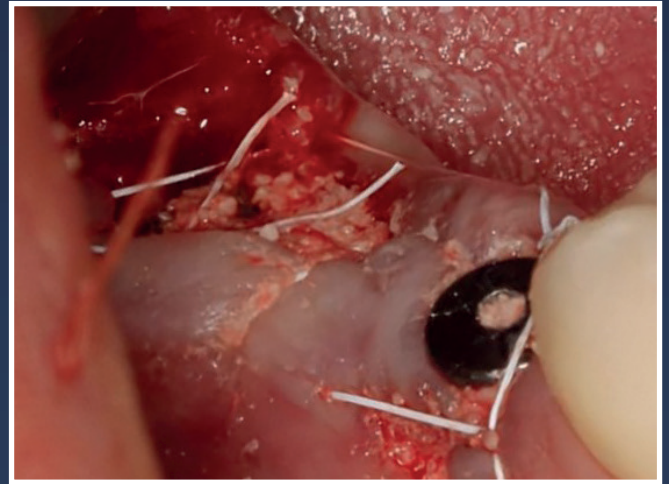
3. Extractions, removal of infective tissue, flap design. Large defect



4. Implant placement - 2 Southern implants with deep conical connections



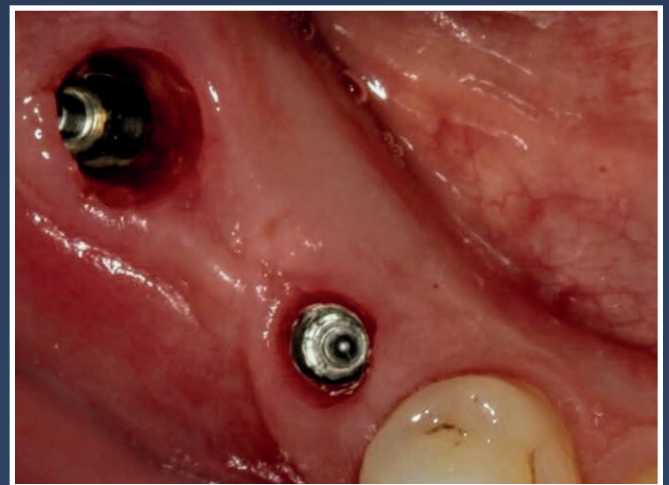
5. EthOss® Bone Graft placement, 1cc into jumping gaps and defect



6. Transmucosal closure with PTFE sutures



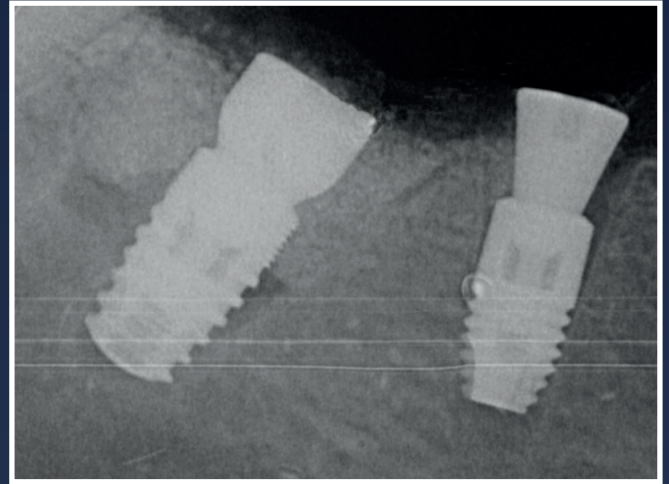
7. Healing at 12 weeks



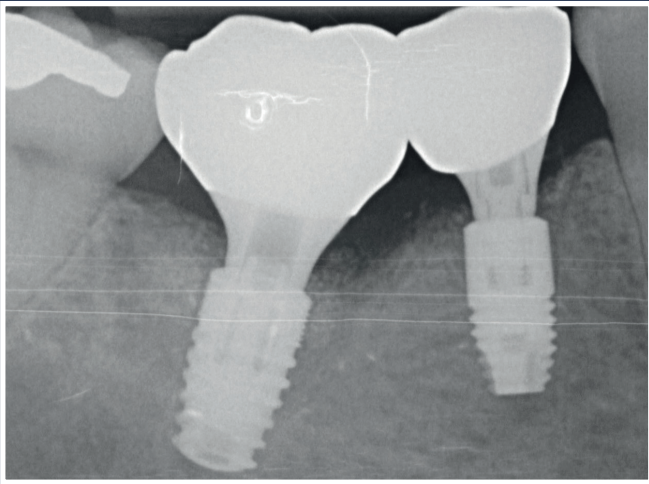
8. Implants and gingival collars



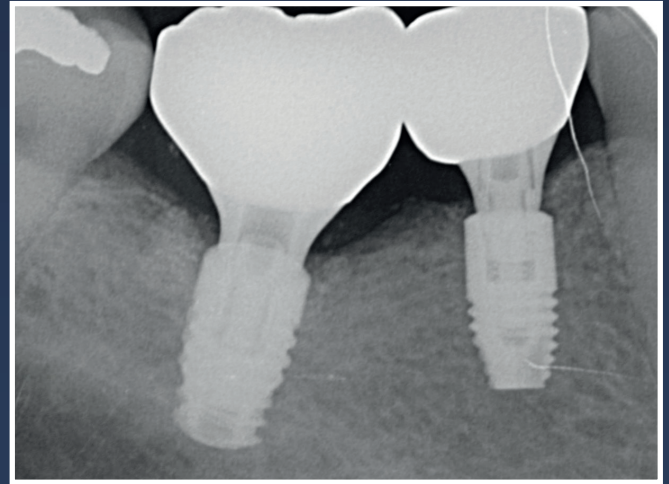
9. Fitted crowns



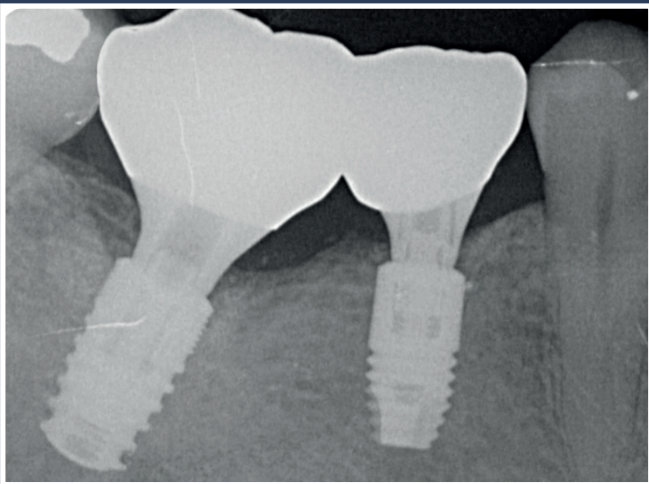
10. Radiograph at placement showing EthOss Bone Graft



11. Radiograph at placement showing fit of crowns



12. Radiograph - 1 year post-op



13. Radiograph - 3 years post-op

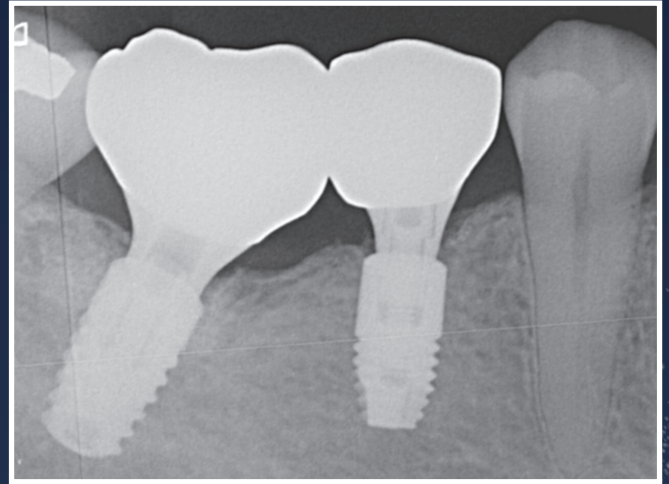


14. Review - 5 years post-op

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15. Review - 5 years post-op



16. Radiograph - 5 years post-op