

Immediate Graft™

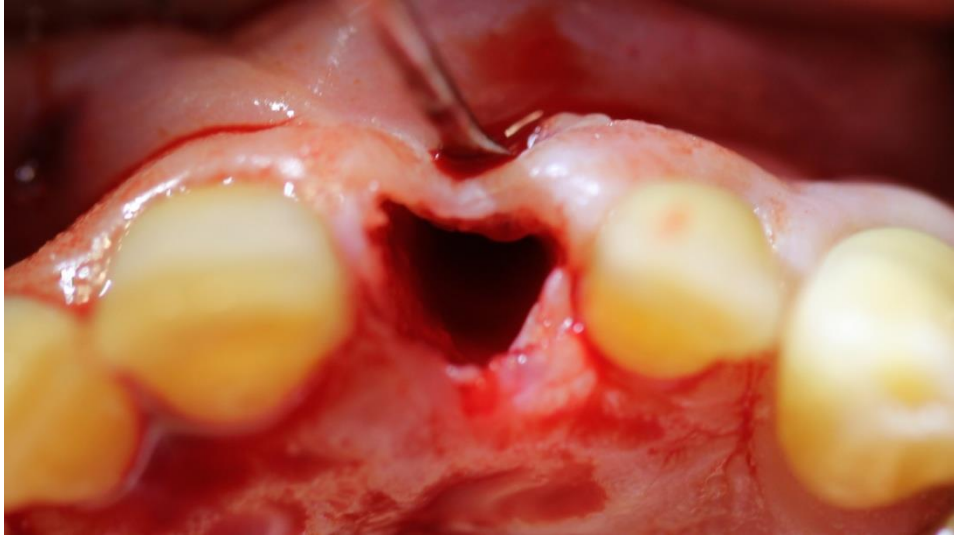
Case Presentation of immediate implant placement with the buccal wall missing in the esthetic zone using Immediate Graft™



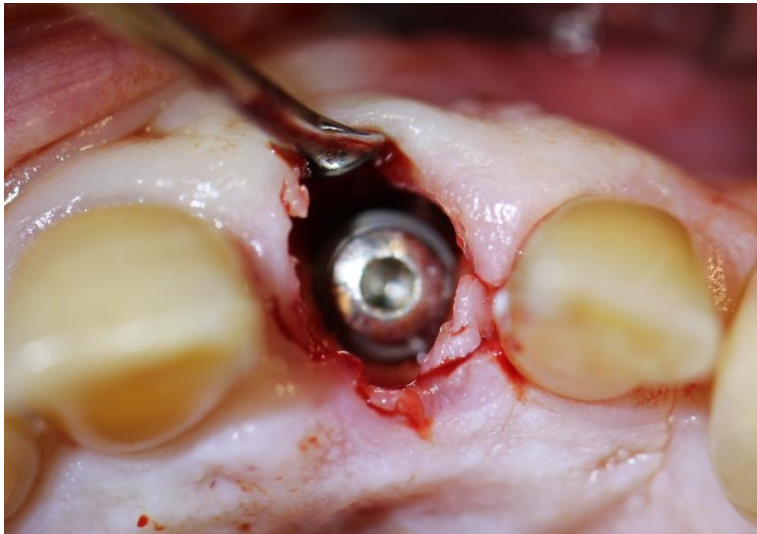
Patient presents with a draining fistula between 9 and 10.



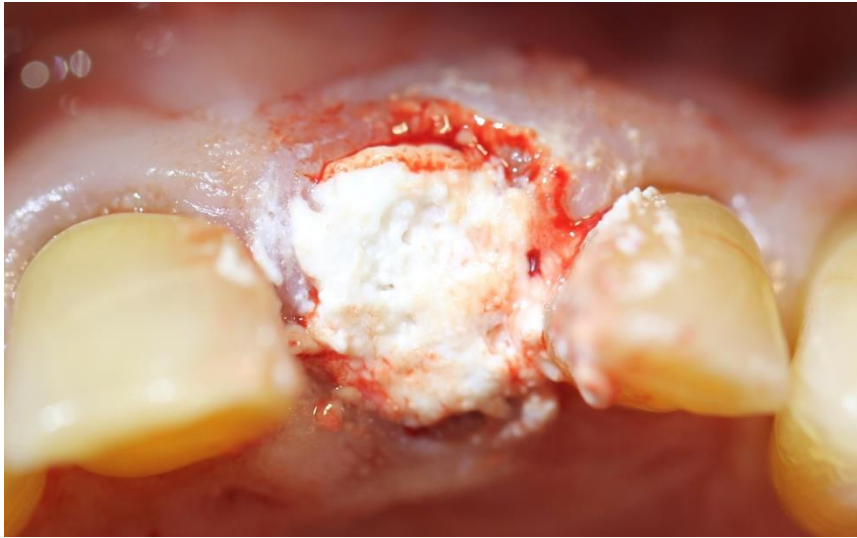
The diagnosis is a failed endodontic therapy tooth #9. Upon extraction, the root fracture is found



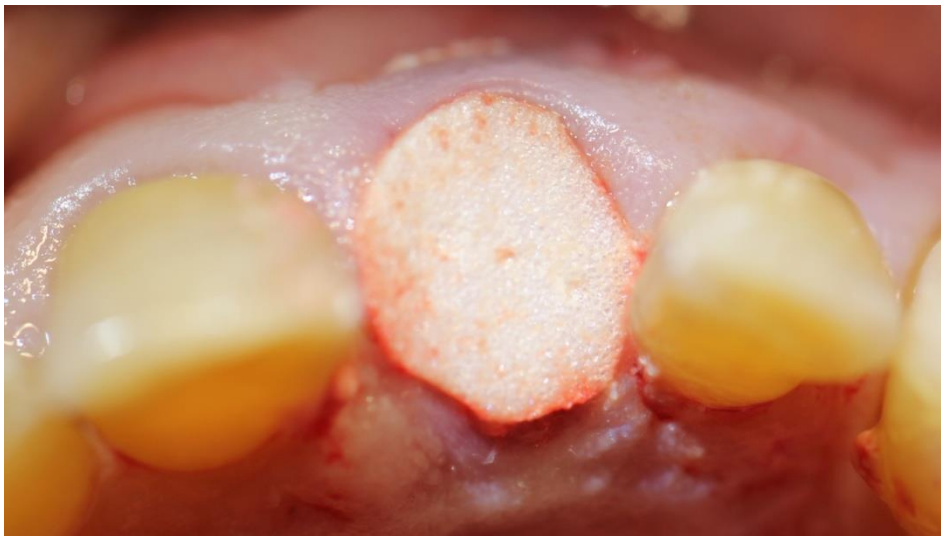
The root fracture destroyed the buccal wall of the extraction socket. Many practitioners advise against immediate implant placement when either active infection is present or the loss of a socket wall. However, with a graft material that is resistant to infection, not water soluble and provides a self membrane to unwanted cells, these lesions can now be predictably treated at the same time as immediate implant placement.



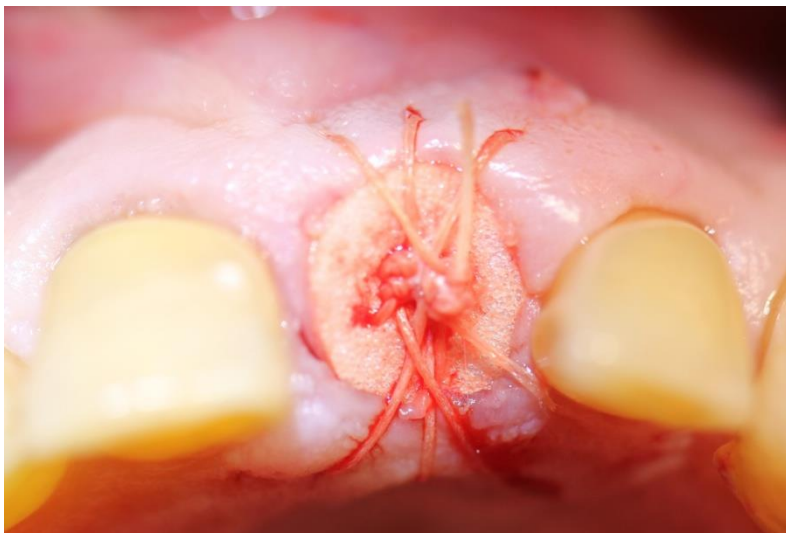
Void between implant and buccal gingiva and mucosa.



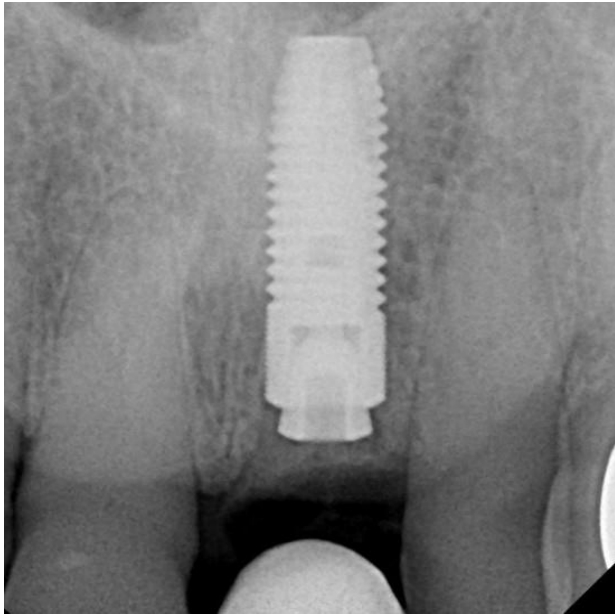
After grafting, excess graft material is removed from the extraction socket. The patient needs to be cautioned about applying pressure to the buccal surface in order to not displace the graft material



The extraction socket orifice is covered with a Socket Seal cut to fit.



Suturing the Socket Seal to close the extraction socket orifice, seal in the graft material and exclude keratinized gingiva, epithelium and oral pathogens.



Radiograph of surgery complete.



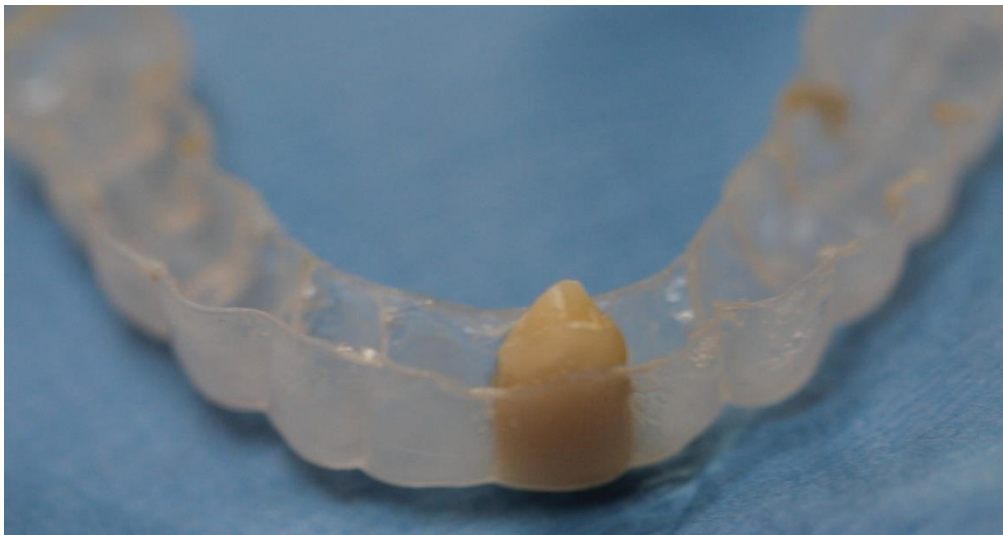
An Essex retainer is placed without contact with the pontic and Socket Seal. Immediate implants in the esthetic zone preferably receive immediate temporization. However, in this case with loss of the buccal wall immediate temporization would have increased the potential of implant failure.



Socket Seal removed at 2 weeks, buccal view.



Socket Seal removal at two weeks. The gingival void can now be filled with an ovate pontic. The hole is the implant cover screw hex.



At the two weeks post operative appointment, Socket Seal is removed and restorative material is added to the pontic. The retainer is placed into position with the added restorative material which creates an ovate pontic.



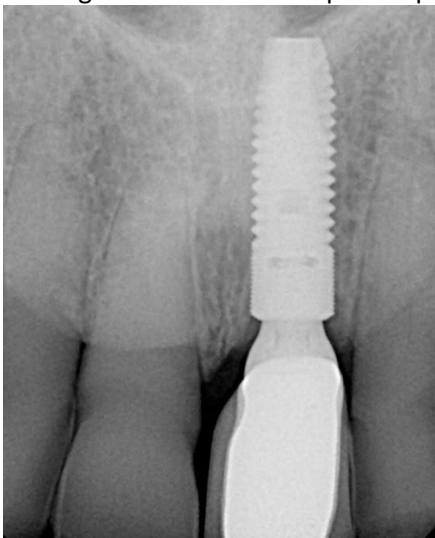
Essex retainer 5 weeks post implant placement.



Gingival contours 5 weeks post implant placement



Healing abutment 5 weeks post implant placement.



Final radiograph 14 weeks after implant placement.



The crown was cemented 9 weeks after implant placement. This photograph was taken 5 weeks after crown cementation and 14 weeks after implant placement. From a surgeon's perspective, the collaboration between the restorative dentist and laboratory technician has produced a remarkable esthetic result. Essex retainer and restorative dentistry courtesy Dr. Mike Gide.



The buccal view shows a slight loss of buccal contour on tooth #9. The crown is slightly over contoured in the apical third. However, this has not affected overall esthetics or the gingival margin.

In this case, the judicious use of new technology has allowed a patient to have a tooth replaced in a short period of time with excellent results without an incision being made. More traditional approaches to this case would have required the extraction and grafting of tooth #9 followed by ridge augmentation surgery then implant placement and finally restoration taking nine months to a year and significantly greater cost.