Case 1 : Fenestration defect treatment using autogenous bone and resorbable collagen membrane

Patient Characteristics

This case is a 47-year-old male who presented with fenestration defect in the maxillary anterior. The patient was reported of no specific medical and dental history.

In exposing the patient's gingival, a bone loss from buccal fenestration defect was observed (Fig.1). In order to maximize an esthetical outcome and healing, it was required to use a autogenous bone graft and resorbable collagen membrane (T-Gen).

Treatment

Autogenous cortical bone graft was placed on and into the defect, as it can cover the defect completely and secured with two pins bucally (Fig.2 and 3). Then T-Gen is applied to cover the entire site, in order not to reveal the bone graft and defect (Fig.4). A tension-free primary closure was achieved with 6-0 nylon sutures. At 1 week of post operation with suture removal, it was observed of a soft tissue healing without any inflammatory sign.

Results

At 4-months of post operation, a complete closure of soft tissue was observed (Fig.5). In exposure of the site, a complete recover of bone loss and an esthetical formation of bones were observed (Fig.6). Implant placement was performed at 4-months of post-operation (Fig. 7).

Summary

A simultaneous application of a resorbable collagen membrane (T-Gen) in fenestration defect provides maximized result in effective and esthetical bone formation, not to mention its excellent adaptation during operation due to its flexibility and tear resistance. Also it can provide a dramatic regeneration of gingival without any immune or sensitivity reactions.

As a primary management for the implant surgery, the resorbable collagen membrane (T-Gen) provides a successful solution to the treatment.

Resorbable Collagen Membrane

Bioland
Nature, Science & Life

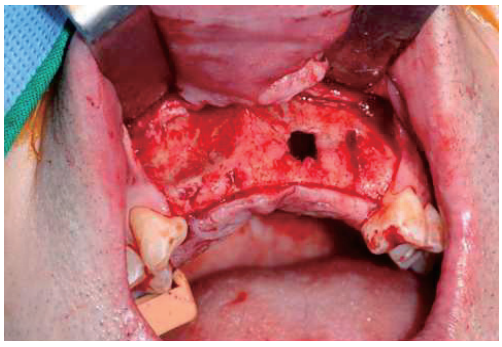

Fig.1. Bone loss was exposed by fenestration defect

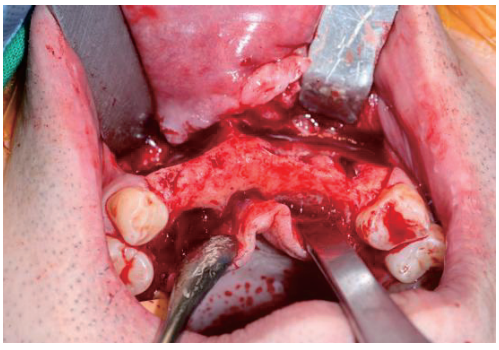

Fig.2. After exposing the gingival flap, bony defect was observed.

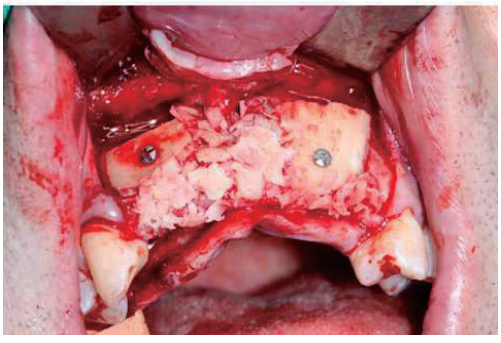

Fig.3. The defects were filled with autogenous bone graft.

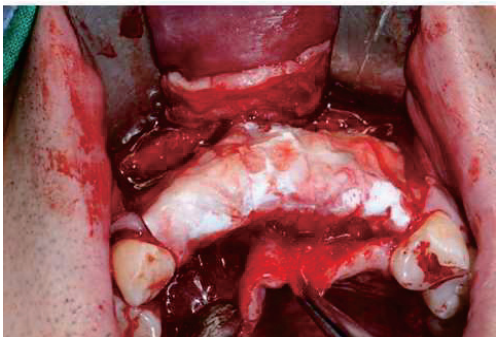

Fig.4. Entire site was covered with T-Gen.

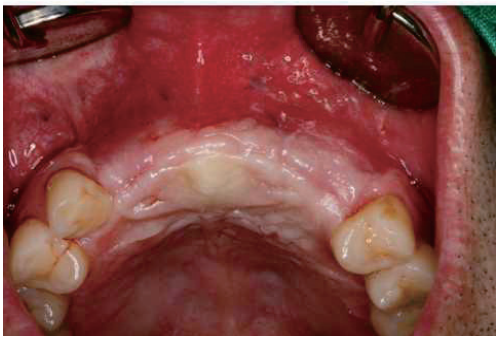

Fig.5. Uneventful healing was observed at 4 month post-operation.

Fig.6. Re-opening after 4 months, good bony healing of defect.

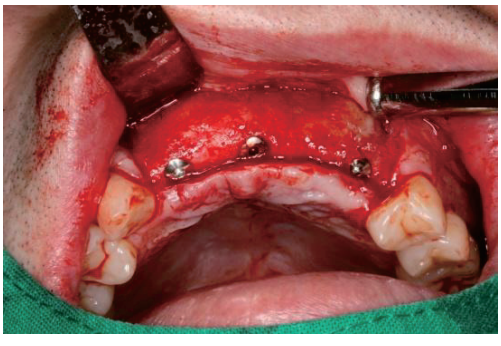

Fig.7. Implant placement was performed at 4 month post-operation.

162 GWAHAKSANEOP 3-RO, OCHANG, CHEONGWON, CHUNGBUK 363-885, KOREA * TEL:+82 43 240 8635, 8636 / FAX:+82 43 240 8699
www.biolandkorea.com / scpark@biolandkorea.com