

Case 5 : Extraction, immediate ridge preservation in the esthetic site

Patient Characteristics

This case is a 55-year-old male who presented with severe bone loss in the maxillary anterior (Fig.1). The patient was reported of no specific medical and dental history.

Due to the lack of residual bone, it was required of an extraction at #22 tooth and an immediate ridge preservation in order to perform an implant placement.

Treatment

The patient was treated of #21 tooth extraction, then the socket and defect were filled with xenograft bone (Fig.2 and 3). T-Gen was applied to cover the entire site in order not to reveal the bone graft material (Fig.4). A tension-free flap closure was achieved with 4-0 monosyn sutures (Fig.5). 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, it was observed that successful and esthetical healing of soft tissue was achieved (Fig.6 and 7). And during an implant placement as a 2nd stage, it was confirmed to achieve complete bony healing.

Summary

It is important to operate the ridge preservation procedure in post-extraction site along with a reparative treatment for bone loss. For this purpose, it is obvious that a simultaneous application of a collagen membrane (T-Gen) with GBR can protect from a resorption of hard tissue ridge. Moreover, T-Gen gives an excellent adaptation during the operation due to its flexibility and tear resistance. Also it can provide a dramatic regeneration of gingival without any post-operative infection and adverse reaction.

As a supportive management for the extraction socket and bone loss defect, the resorbable collagen membrane (T-Gen) provides a successful solution to the treatment.



Fig.1. Pre-operative clinical view

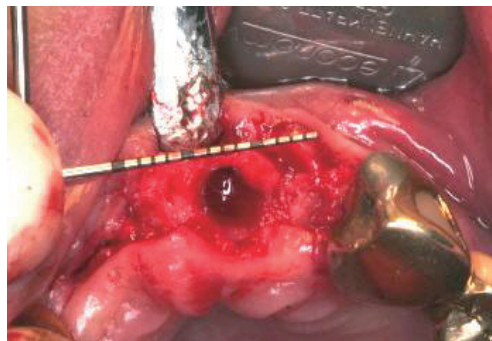


Fig.2. #21 Tooth extraction



Fig.3. The defects were filled with xenograft bone (Bio-Oss®).

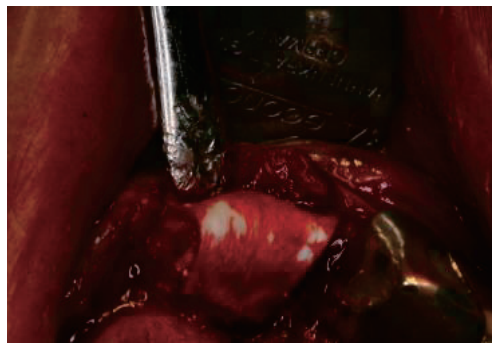


Fig.4. Entire site was covered with T-Gen.



Fig.5. A tension-free flap closure is created with 4-0 monosyn sutures.



Fig.6. After 4 months, good bony healing of defect (occlusal view).



Fig.7. After 4 months, good bony healing of defect (vestibular view).