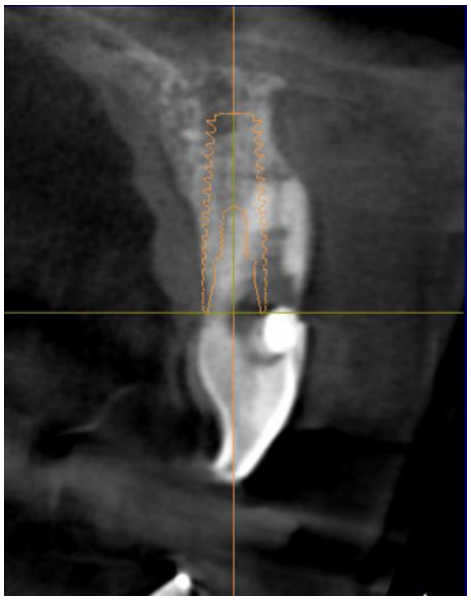
PARKER PERIO PRESENTS

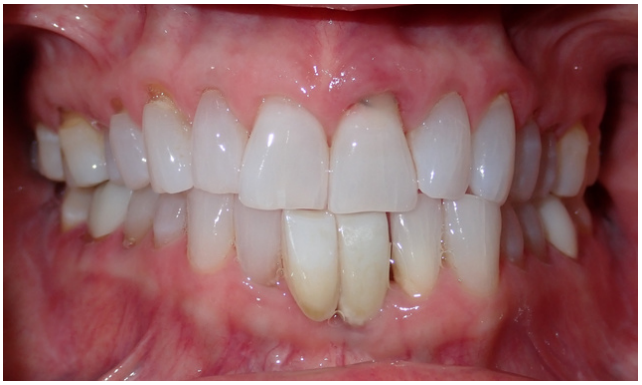
The goal of our e-newsletter is simple:
Take cases that seem ***impossible***
and show you how Parker Periodontics makes them ***possible***.

IMMEDIATE IMPLANT SOLUTIONS

THE BACKGROUND

Celeste presented with significant external resorption associated with tooth #9. An implant cantilever bridge replaces teeth #24 and #25





THE OBSTACLE

Thin gingival tissues and mild gingival recession are observed facially throughout the maxillary arch. The cantilever bridge is displaced facially and is difficult to clean. Tooth #9 has a facial dehiscence and is displaced facially.

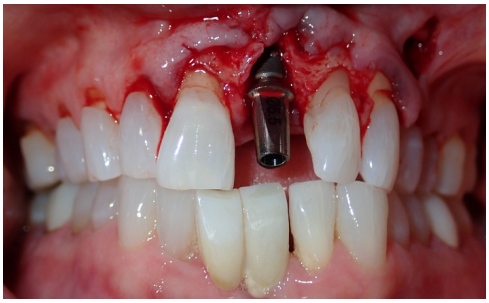
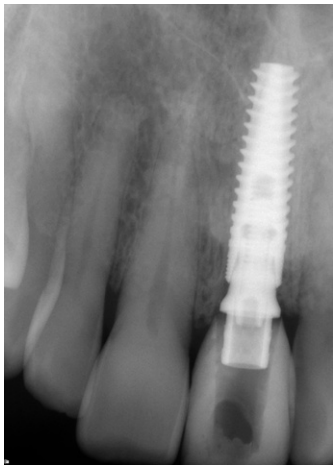
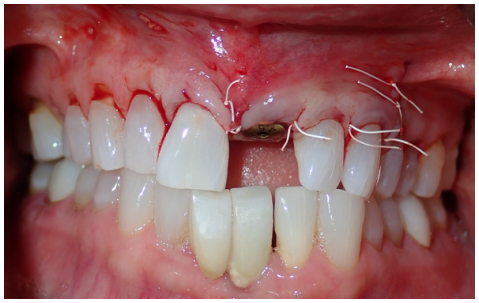
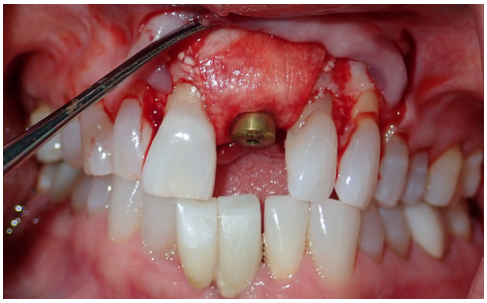
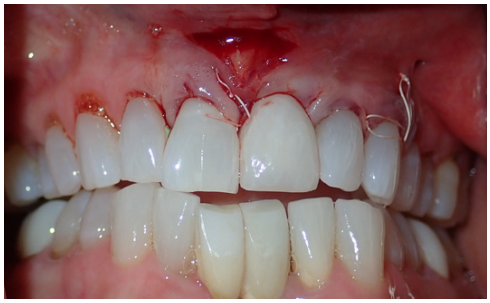
THE CONSIDERATIONS

Celeste would like to avoid an Essix appliance or "flipper" if possible. The position of the mandibular anterior teeth and implant restrict the position a future maxillary implant can occupy. Additionally, it is not clear whether initial implant stability can be achieved to a level that would allow for immediate fixed provisionalization. Celeste reported a gag reflex during dental treatment such as radiographs and impressions.

THE TREATMENT

After Celeste was sedated and numbed, we took an alginate impression. This allowed us to create an Essix appliance that easily mimicked the tooth form while mitigating her gag reflex.

A full thickness facial gingival flap was raised including a vertical releasing incision between #11 and #12. The tooth was extracted exposing a 0.7cm x0.4cm facial dehiscence. The palatal mucosa was reflected sufficiently to allow for collagen membrane placement. An Astra DS Prime Taper implant (4.3 x13mm) was placed within the palatal wall of the extraction socket. Initial stability registered 45N/cm. The site was grafted with mineralized cortical human allograft to fill the residual socket and repair the dehiscence. A collagen membrane was trimmed and a four millimeter diameter biopsy punch was utilized to create an entry point for a healing abutment. Primary closure was attained using monofilament eptfe sutures. At this point, the healing abutment was replaced with an impression post and a PVS impression was taken. A custom shaded screw retained provisional crown was fabricated in 30 minutes and delivered while the patient rested comfortably. Finally, a maxillary midline frenectomy was performed.

THE OUTCOME

After 12 weeks of healing, the implant can be definitively restored. It is possible that a soft tissue allograft will be placed prior to the definitive restoration utilizing the Pinhole technique.

While we strive to treat patients as efficiently as possible without compromising the final results, a soft tissue graft and a frenectomy were not compatible procedures in this case. Once we can assess the foundational gains from hard tissue grafting, we will determine iF a soft tissue graft is necessary for long-term health and appearance.

LIKE IT? LOVE IT?
WANT TO KNOW MORE ABOUT IT?
HAVE A CASE YOU'D LIKE US TO DISCUSS?

FEEL FREE TO CONTACT US AT WWW.PARKERPERIO.COM TO REVIEW MORE CASES LIKE THIS ONE!

PARKER
PERIODONTICS & IMPLANT DENTISTRY