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***.

CUSTOM HEALING ABUTMENTS

THE BACKSTORY

Logan is a 29 year old male who presented for an evaluation due to draining sinus tracts from #8-9. At the age of 17 he experienced trauma to his front teeth which resulted in mobility. He had multiple bonded retainers over the years to help stabilize the teeth but they had fallen off multiple times. At the time of our visit, the incisors had class 2 mobility with no bonded wire in place. He had seen an endodontist and was given treatment recommendations but chose not to pursue

OUR FINDINGS

The radiograph showed periapical radiolucencies at both central incisors. A CBCT showed resorption of the root tips as well as a fenestration in the buccal plates from the active infection. He had supraeruption of his mandibular incisors, fremitus on his maxillary incisors, and incisal edge wear of #8-9.

THE TREATMENT

Teeth 8 and 9 were extracted with gentle elevation and forceps with care taken to preserve the soft tissue architecture. Two vestibular incisions were made in the mucosa and a full thickness tunnel was prepared. Debridement of the socket took place through the tunnel to ensure a site free of granulation tissue. Dental implant placement was completed with a torque of 25 Ncm at each site. Due to occlusal concerns and an inadequate torque value, immediate implant provisional restorations were not considered. Custom healing abutments were fabricated using flowable composite and titanium temporary abutments to capture the natural emergence profile of the extracted teeth. This allowed us to maintain the papilla and gingival margin position while the implants underwent further osseointegration. Mineralized cancellous allograft bone was placed to graft between the implants and buccal plate. A resorbable membrane was placed through the vestibular access to close off the buccal plate fenestrations after placing bone graft. An Essix retainer was delivered and adjusted to provide clearance from the custom healing abutments.

After 10 weeks, implant provisionals were milled, finished, and characterized in-house and seated. Light enameloplasty was carried out on the mandibular incisors. We allowed 8 more weeks of soft tissue maturation prior to releasing him for final implant restorations.

THE OUTCOME

While immediate implant placement with immediate provisionalization is often ideal in the esthetic zone, not every case is appropriate. In this situation, prioritizing biologic stability over speed allowed predictable preservation of the gingival architecture while minimizing restorative risk. Delayed provisionalization provided additional time for osseointegration in a patient with occlusal risk factors. The provisional restorations also served as a valuable "test drive" prior to final restorations. Interproximal embrasures were intentionally left slightly open to encourage soft tissue fill and maturation, with additional refinements planned during the definitive restorative phase.

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!