MAXILLARY RIDGE PRESERVATION PRIOR TO IMMEDIATE IMPLANT INSERTION

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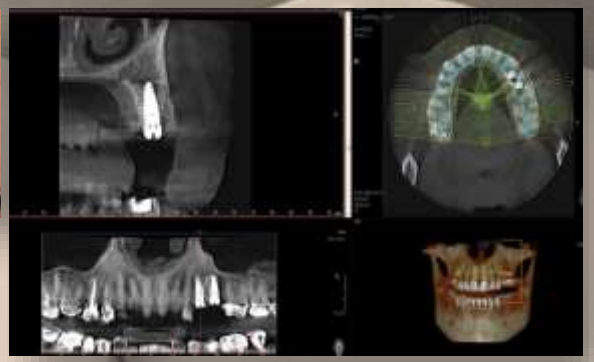
The **AIM** of this article is to present the treatment and the one-year clinical follow-up of a patient with inserted single tooth implant immediately after extracting a failing tooth in the posterior region.

CASE PRESENTATION

A 61-year-old female presented to the practice with symptomatic maxillary left first and second bicuspids with failing endodontic treatment. The porcelain of the old PFM crowns had fractured *(Figs. 1a, 1b)*. Endodontic evaluation indicated fractures and a poor prognosis for further treatment of the teeth *(Fig. 2)*.

After the atraumatic extraction of the both maxillary premolars, we did a procedure for alveolar ridge preservation using a mixture of cortico-cancellous allograft and xenograft, and resorbable membrane (Maxgraft® and Mucoderm® by Botiss biomateratials GmbH, Germany) to enlarge the ridge and correct facial and socket defects, as well as thickening the peri-implant tissue.

We used endosseous titanium self-tapping dental implants with conical shape, immediately placed after the act of extraction. The platform-switching helps preventing crestal bone loss, increases the volume of soft tissue around the implant platform and improves the esthetic end result. Bone and soft tissue defects were healed over time by wearing a long-term temporary crowns, titanium custom made abutments and final BruxZir® solid zirconia crowns.



CONCLUSION: With proper techniques, predictability can be achieved in dental implant integration, attached gingiva health and final prosthetic excellence