



IMMEDIATE IMPLANT PLACEMENT IN EXTRACTION SOCKET WITH PREVIOUS PERIAPICAL INFECTION

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Introduction:

Immediate post extraction implant placement is a well-accepted protocol due to the preservation of aesthetics, shorter total treatment time, maintenance of socket walls and reduced surgical time.

Aim:

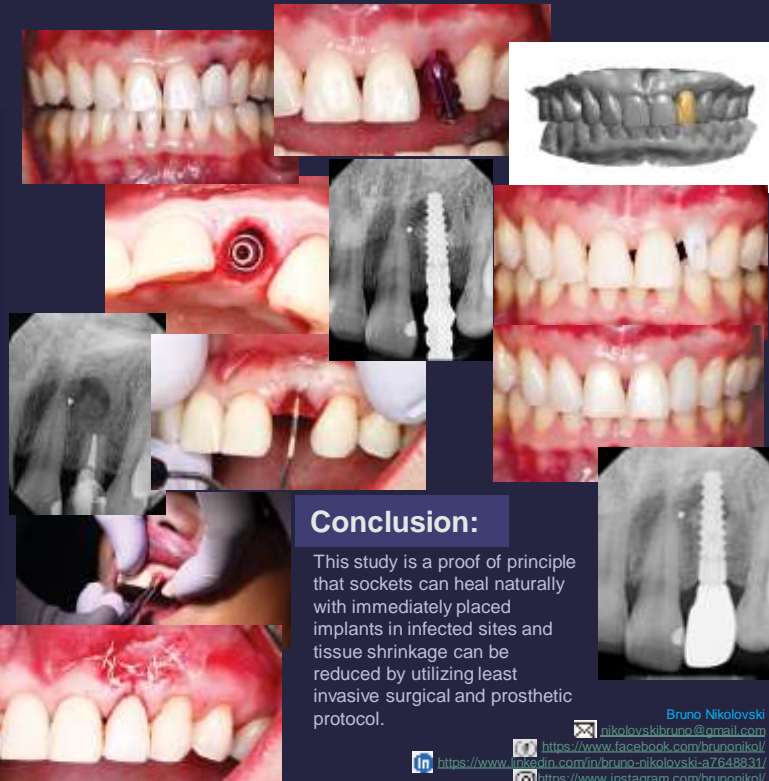
To evaluate the successes of the immediate implant placement in areas exhibiting periapical lesions, gaining aesthetics and function by establishing a successful protocol for safe implant embedding.

Case presentation:

A female patient presented with a maxillary lateral incisor crown on tooth #2.2 that was luted with temporary cement and had repeatedly debonded from the endodontically treated tooth with a presence of a periapical infection, along with a previous apicoectomy procedure. The filling of the root-end cavity was removed, the periapical defect was grafted with cortico/cancellous allograft material, and the site was allowed to heal before extraction and immediate implant placement in 4 months.



Immediate implantation would have been contraindicated without prior removal of amalgam remnants and elimination of the active infection. Further, grafting the periapical defect in advance of surgery maximized the amount of bone for the eventual implant, helping ensure the primary stability needed for a predictable outcome.



Conclusion:

This study is a proof of principle that sockets can heal naturally with immediately placed implants in infected sites and tissue shrinkage can be reduced by utilizing least invasive surgical and prosthetic protocol.

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