

Implant replacement in aesthetic zone

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Clinical evaluation/ Diagnosis

The patient L.A. (31y) comes to our attention referring mobility of the element 2.1 and complaining of an annoying pigmentation of the vestibular mucosa that has worsened over the years. From the clinical and radiographic examination, induced plaque gingivitis is diagnosed and treated.

Treatment goals

Post extractive implant with load at 48h and performing best aesthetic. From the evaluation of the residual cortical bone and from the presence of favorable peaks the treatment plan consists to extraction of the implant 2.1, immediate insertion of a new correctly positioned implant and contextual guided bone regeneration. To integrate the treatment plan, ceramic veneers are also programmed on elements 1.2, 1.1 and 2.2.

Description of clinical/surgical procedures

The vestibular flap design begins with a first distal vertical incision to the element 2.2, continuing intrasulcular to the elements 2.2, 2.1, 1.1 and ends with a second distal vertical incision to the element 1.1. A total flap is elevated to expose the implant to be extracted. Once extracted, it is possible to appreciate conserved bone peaks. Preparation of the prosthetically guided implant site and insertion of a new implant with an internal connection of length 12.5 mm and platform 4.5mm. The residual vestibular dehiscence is treated with GBR with allogeneic bone graft and a reabsorbable expanded polyethylene membrane. The membrane is anchored to the palatum by suture in reabsorbable polyglycolic acid 6.0 and vestibularly by two osteosynthesis tips. After performing the periosteal incision for the coronal sliding of the flap, a double vertical mattress suture is performed to stabilize the mesial and distal papillae. The vertical incisions are sutured with single points.

Clinical outcomes

A new implant was successfully inserted with GBR auxilium. Three veneers was successfully cemented on elements 12, 11, 22. Gingivitis was treated with ultrasonic instruments and AirPolishing.