

Immediate Implant Placement with Simultaneous Guided Bone Regeneration

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This case illustrates immediate placement of implants utilizing a bone graft substitute for implant alignment and stability.

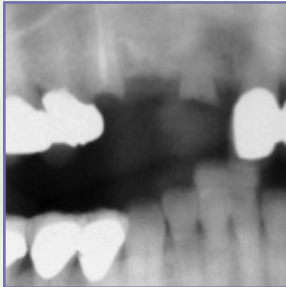


FIGURE 1
Pre-operative panoramic radiograph



FIGURE 2
Unrestorable cuspid and central incisor



FIGURE 3
Syringing DynaBlast into sockets



FIGURE 4
Placement of implants into filled sockets

A 70 year old male patient presented for extraction of unrestorable, fractured maxillary cuspid (#6) and central incisor (#8). (FIGURES 1 & 2) The extractions would then be followed by immediate placement of Nobel Biocare™ dental implants in the maxillary right cuspid, lateral and central incisor sites (#6, #7, & #8).

The extractions proceeded without complication or damage to the labial plate. However, it was then obvious that the conical shape of the cuspid root was larger than the Nobel Biocare 4.3mm x 13mm Replace® Select dental implant. Prior to placement of the dental implants, DynaBlast™ Paste (Keystone Dental, Inc., Burlington, MA) was injected into the implant sites (FIGURE 3). DynaBlast is a pre-mixed combination of osteoinductive DFDBA and osteoconductive cancellous chips in a reverse phase medium, which allows for easy handling and accurate placement. The dental implants were then threaded directly into the filled sockets (FIGURE 4). Once in place, the viscosity of DynaBlast reduced the risk of dislodgement of the graft during final implant placement, irrigation and site closure.

The area was allowed to heal for four and a half months. A removable transitional appliance was used to temporarily restore the edentulous area. The post-operative panoramic radiograph (FIGURE 5) and periapical radiograph (FIGURE 6) illustrate the excellent fill of the socket site including the crestal portion.

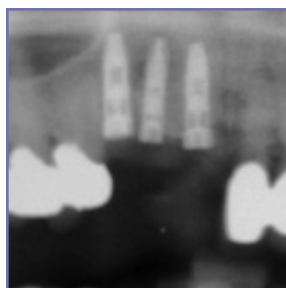


FIGURE 5
Post-operative panoramic radiograph

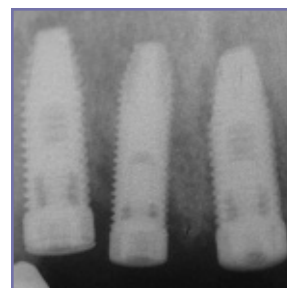


FIGURE 6
Post-operative periapical radiograph



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