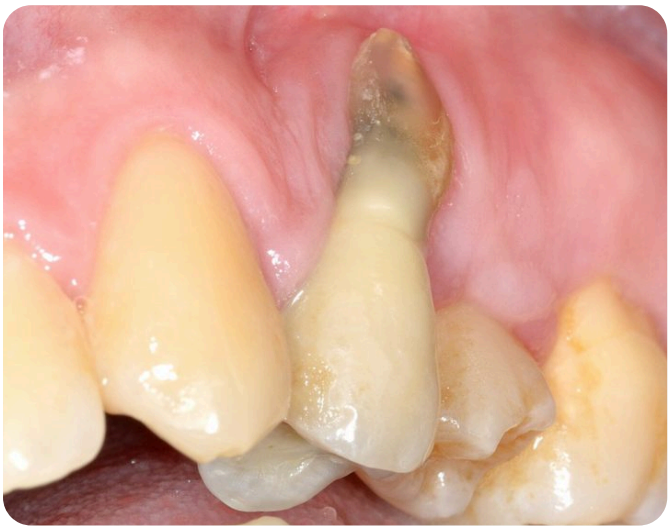
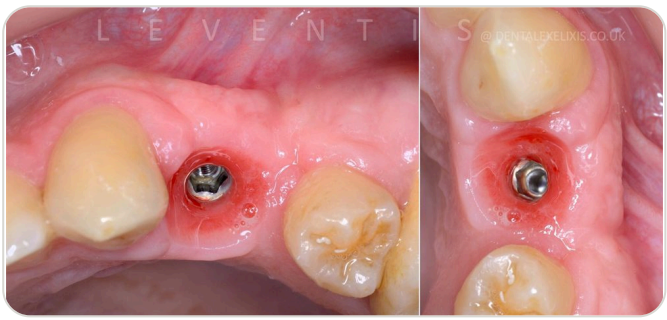
A deficient buccal site, treated without a soft-tissue graft

Dr. Minas Leventis

An everyday site made difficult: after extraction of a tooth with a small cyst there was no bone and no soft tissue on the buccal side. Treated without membranes or soft-tissue grafting, using the Cervico tools and an osteoinductive synthetic biomaterial.



Initial situation: infection, mobility and severe buccal recession at the failing tooth.



Three months after implant placement: anatomical emergence profile, ready for prosthetics.

SITE
Single tooth, severe buccal defect after cyst

IMPLANT
Keystone Paltop Dynamic 3.75 × 11.5 mm, 1 mm subcrestal

ABUTMENT
Custom Cervico healing abutment, Essential Mold

GRAFT
0.3 cc resorbable silicate b-TCP putty, no membrane

SOFT TISSUE
No connective tissue graft

RESULT
Emergence profile established at 3 months

WHAT IT SHOWS

The healing abutment was shaped for the tissue that was missing, not the tissue that was there. New hard and soft tissue, and the emergence profile itself, were generated in one minimally invasive procedure with no second surgery.

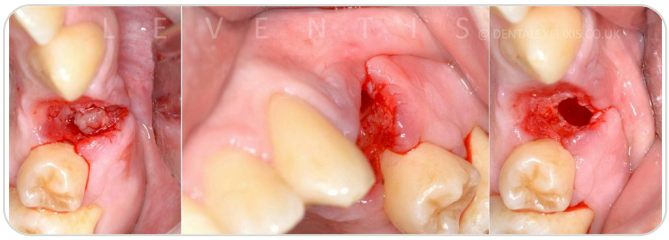
MATERIALS AND CREDITS

Keystone Paltop Dynamic implant · Cervico Guide and Essential Mold · Elsodent Purefill Bio+ flowable composite · Powerbone Putty b-TCP · SilverPlug · PTFE 5-0

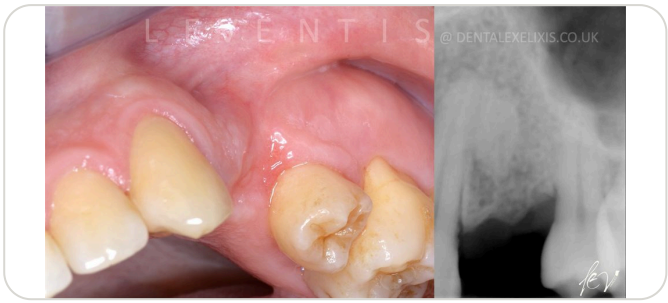
Case and images: Dr. Minas Leventis · Full case at vpicervico.com/cases

The minimally invasive protocol

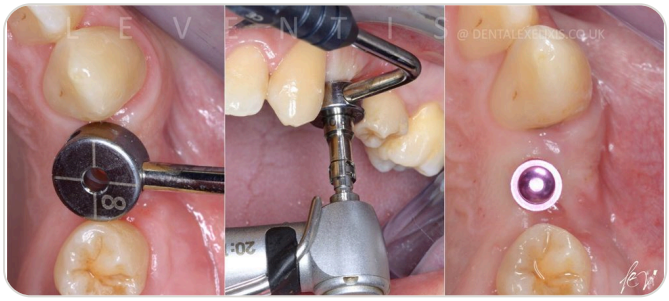
DR. MINAS LEVENTIS



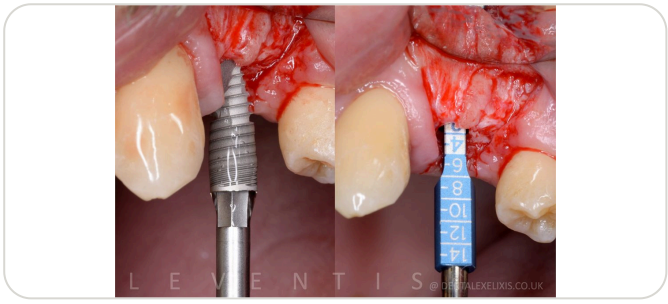
01 Simple extraction and enucleation of the cyst. No bone or soft tissue buccally. The site is left to heal by secondary intention so new hard and soft tissue regenerate spontaneously.



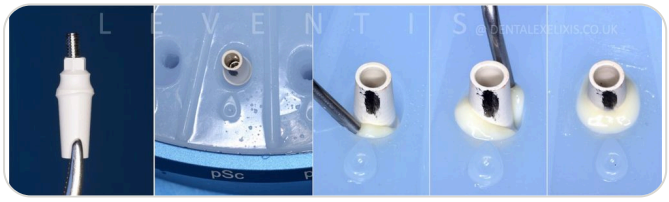
02 Clinical and radiographic view eight weeks after extraction.



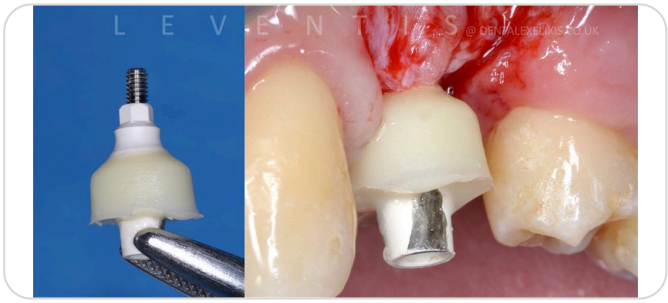
03 The Cervico Guide evaluates the site intraorally. The cylindrical tab measures the prosthetic space and then serves as the stent for the initial trephination.



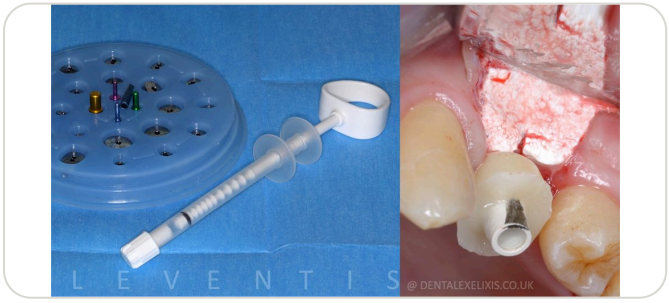
04 Site-specific full-thickness flap; 3.75 × 11.5 mm implant placed 1 mm subcrestal with high initial stability. The depth gauge reads depth and tissue thickness, targeting 4 mm from platform to future margin.



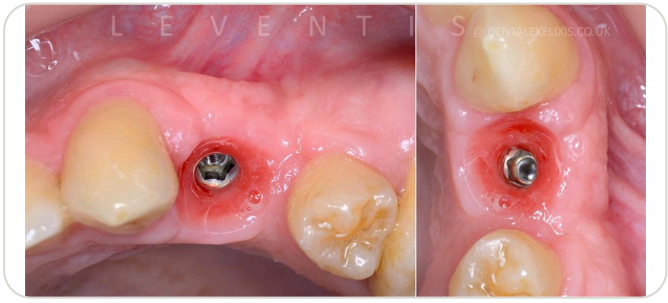
05 Essential Mold: the PEEK abutment goes into the chosen well, flowable composite is injected around it and light-cured. Elsodent Purefill Bio+ was used.



06 The custom healing abutment fitted and torqued. Its shape will generate the anatomical components of the transmucosal complex.



07 The area grafted with 0.3 cc of fully resorbable silicate b-TCP (Powerbone Putty). No membranes, no soft-tissue graft. Prosthetic canal sealed with SilverPlug.



08 Sutured with PTFE 5-0. Three months post-op: the proper emergence profile is in place and the patient returns to the referring dentist for prosthetics.