

Lower anterior case with significant grafting using EthOss



By Dr Nick Kulkarni (AU)

Patient Medical History:

A fit and healthy 65 year old male attended our practice for replacement of missing lower anterior teeth. 31 and 41 were extracted by his dentist two months prior due to endodontic failure after long term trauma. A CBT revealed significant granulation tissue in the infra-bony defect. After a detailed discussion of all treatment options, the patient chose to replace missing dentition with dental implants.

Procedure:

Pre-prosthetic planning involved placement of a single implant to replace two teeth with a screw retained prosthesis to allow for adequate space for hygiene. Soft tissue healing over the defect was satisfactory to carry out the procedure. Under local anaesthetic, a full thickness flap was elevated. Granulation tissue was curetted with EthOss degranulation burs. A 4.3/10mm interactive implant was placed with insertion torque of 35N and the large buccal defect was grafted with 1cc of EthOss. Following the manufacturer's instructions¹, the material was allowed to pat-dry before closing the flaps with 5-0 Nylon sutures. Post-operative healing was uneventful. At 10 week interval an open tray impression was made to deliver implant supported screw retained prosthesis.

The patient was satisfied with the overall outcome of the procedure, although it was noted that there could have been room for improvement with shade selection.

Conclusion:

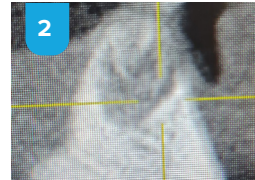
EthOss, which is a combination of Calcium Sulphate and β -TCP has reported to have 50.28% of new bone in grafted site. EthOss is easy to use and there is no need for barrier membranes

References

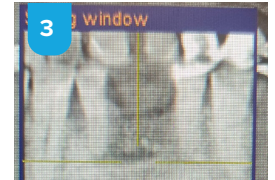
1. Protocol for Bone Augmentation with Simultaneous Early Implant Placement: A Retrospective Multicenter Clinical Study. Fairbairn P. and Leventis M. International Journal of Dentistry. Vol 2015; Article ID 589135, 8 pages, 2015. <https://doi.org/10.1155/2015/589135>



1. Pre op. Case was referred. Extractions were done 6 weeks prior.



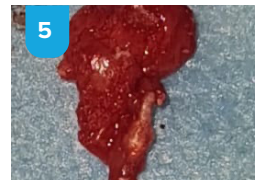
2. Pre op scan. It's obvious that no attempt at curettage was done during extraction.



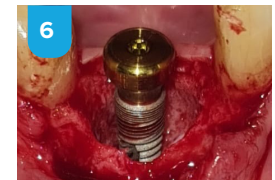
3. CBCT frontal view.



4. After degranulation.



5. Granulation tissue with remnants of GP.



6. Implant placement. 35N insertion torque. Healing abutment.



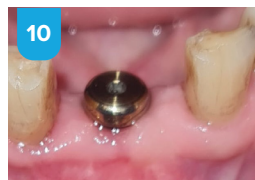
7. EthOss placement.



8. Sutured with Nylon 5-0.



9. Immediate post op.



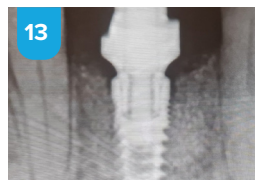
10. Healing at 8 weeks.



11. Soft tissue cuff. Ridge width maintained. Good keratinised tissue.



12. Open tray impression coping.



13. Confirmation of seating of impression coping. Also graft maturation.



14. At insertion of pros. Could have done a better colour match.



15. Seating of pros. Screw retained with good access for hygiene.