

## Clinical Case Study - June 2018

### **Extraction of an upper canine with loss of the buccal plate**

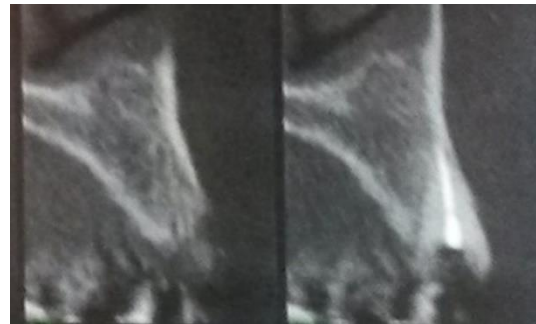
**by Bond Apatite®**

- Following the extraction an implant is placed with satisfactory initial stability. The deficient bone was augmented with Bond apatite bone graft cement.
- The augmentation technique with the help of cements is simple and evident in the surgical protocol, the deployment of the material as well as in the flap closure.
- For the purpose of flap elevation, two vertical releasing incisions were made medial and distal to the buccal bony defect. The incision is initiated from the cervical area and are carried through the non movable and up to 2-3mm in to the movable mucosa. The reflection of the flap is to exposed the entire defect in need of augmentation. Following the site exposure, removal of the tooth and debridement of the area, the implant was inserted. Primary stability is ascertained and is immediately followed by injection of the cement directly over the implant and host bone. The cement is adapted in to place by direct pressure for, no more then 3 seconds, using a sterile gauze pad. The flap is stretched to achieve maximal closure and sutured.

- In this case immediate load of the implant was done by attaching an acrylic provisional crown free of any occlusal and lateral contacts.
- Three months post-op impressions were taken for a final restoration

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### Clinical and radiographic views prior to extraction



**Clinical view following extraction and site debridement**



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**Provisional crown secured. Augmentation using Bond Apatite cement**



**Clinical view one week following surgery**



**Clinical and radiographic views 6 months post op**



