Clinical Case Study - July 2019

Right maxillary fractured molar and replacement by an implant after GBR with biphasic calcium sulfate and vertical sinus lift.

Surgery by Stephane Berg, DDS

52 years old female presented with fractured right maxillary first molar 2018. in September It was decided to proceed with extraction and GBR with biphasic calcium sulfate cement (Bond Apatite®, Augma Biomaterials Ltd) in order to avoid the resorption of the alveolar bone and to maintain the crestal width. The exposed graft was covered by collagen secured sponge in place. On March 2019, the regenerated bone allows the placement of an implant in conjunction with a crestal sinus lift and sinus filling by biphasic calcium sulfate cement (Bond Apatite®).



Periapical radiographic image before extraction



Clinical appearance before extraction



Clinical appearance after extraction



Bond Apatite syringe Sterile gauze and collagen sponge ready to use Prior to augmentation



Bond Apatite® Injected tin to place



Bond Apatite® Bone graft cement In place



The graft is well compacted In place by placing a sterile gauze above and applying firm pressure for 3 seconds



The exposed graft is covered by

Collagen sponge secured in place by

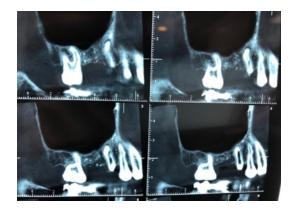
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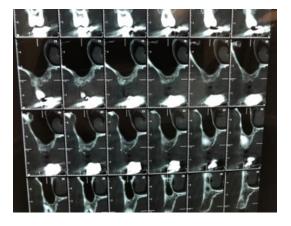


Clinical appearance with collagen sponge secured in place



Radiographic appearance day one After graft placement





CBCT after the first healing stage, before crestal sinus elevation approach







Mid crestal incision, site exposure and osteotomy preparation for crestal sinus elevation





Bond Apatite is ejected into a sterile dish and left To harden for 3 minutes



After 3 minutes Bond apatite® semi hard block Is crushed into small particles and reloaded into bone carrier syringe



The graft is injected into the osteotomy and pushed by osteotome to elevate the Sinus membrane















Do you have questions about Dr. Berg surgery that you would like to direct him?

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