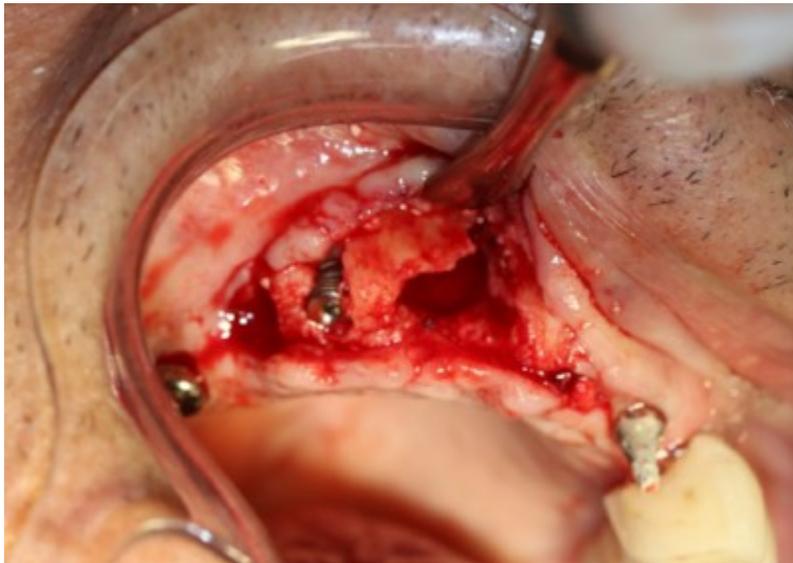


## Augmentation post-implant failure

Surgery by: Baranes David DMD

- 72 years old patient presents to the clinic for treatment. Exam reveal implants 8,9, and 7 were failing. It was decided to remove the implants.
- Intraoperatively it was determined that #7 can be immediately replaced. Area 8 and 9 had a large defect that extended to the medial aspect of #7 where several threads were exposed. The entire area, including the exposed threads of implant #7, was grafted with Bond Apatite® bone graft cement ( Augma Biomaterials).
- Three months following an uneventful healing period, at the opening of the site, one can appreciate the quantity and quality of the reformed bone in the entire previously deficient area, especially above the implant threads that were exposed during the implantation. Due to this complete regeneration, placement of implant #9 was possible.
- The procedure was done with a minimally invasive surgery according to the recommended protocols when augmentation is planned with Bond Apatite®.

- The gingival envelope flap is performed without vertical releasing incisions utilizing a crestal flap elevation no more than 3mm into the mobile mucosa.
- After removal of the granulomatous tissue, augmentation is performed by injection of Bond Apatite® and allowing it to fully set in the host site.
- Flap closure is done with tension by stretching the flap without any releasing incision, which makes this protocol unique and specific when Bond Apatite® is used.



Clinical view of the bony site prior to augmentation immediately following removal of the failing implants and granulomatous tissue, and placement of implant #7.

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The defect is filled with Bond Apatite® bone graft cement

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Flap closure with tension and without vertical releasing incisions

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Clinical view of gingival tissue 3 months from date augmentation

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Before



Clinical view of the regenerated bone ridge 3 months following augmentation



Radiographic view of the implants three months post augmentation