



Immediate postextraction implants: treatment of residual per-implant defects. A retrospective analysis

ABSTRACT

Very often, the placement of an implant in a fresh extraction socket is associated with a bone defect between the neck of the implants and the residual bone walls. This article is a retrospective analysis of the clinical success of immediately post-extractive implants in combination with regenerative procedures performed in order to treat the peri-implant bone defects. 50 patients were enrolled in the study and treated with an immediate implants. The marginal bone defects were treated in different ways. 20 sites were treated with collagen barrier membranes (OsteoBiol® Evolution, Tecnoss®, Giaveno, Italy) and cortico-cancellous pig bone particles (OsteoBiol® Apatos, Tecnoss®). 10 sites were treated with membranes and autologous bone. 5 sites were grafted with a stratified bone paste (OsteoBiol® Putty, Tecnoss®) and 6 sites were treated with a collagen membrane (Evolution). The second stage surgery was performed 6 months later for the prosthetic rehabilitation and in order to evaluate the residual peri-implant bone defects. Consequently, it was possible to assess that the 82% of the treated sites showed a complete bone healing without residual defects, while the 16% showed a residual bone defect.

CONCLUSIONS

At the moment of the second stage surgery, most of the peri-implant bone defects showed a complete healing and the residual bone defects did not require any further treatment procedure. Even if in this study it was not possible to evaluate the different behavior of the filling materials, the results of this study confirm the highly predictable success rate of post-extractive implants and of the regenerative procedure for the peri-implant bone defects treatment.

DEHISCENCES AND FENESTRATIONS

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Grafted with

BONE SUBSTITUTES
OsteoBiol® Putty
OsteoBiol® Apatos

MEMBRANE
OsteoBiol® Evolution