



Immediate implant placement after removal of a failed implant: clinical and histological case report

ABSTRACT

This article reports the clinical success of an implant placed immediately after the explantation of a fractured blade implant due to a fracture caused by biomechanical complications. A healthy 58-year-old male nonsmoker presented with a fractured blade implant that had been subjected to biomechanical overload. A gentle explantation was performed, and a new implant of the same shape was immediately placed. The peri-implant bone defect was grafted with a mixture of collagen gel and cortico-cancellous porcine bone (OsteoBiol® mp3®, Tecnos®, Giaveno, Italy) and covered with a bioabsorbable membrane (OsteoBiol® Evolution, Tecnos®).

Radiographic evaluation at 6 months after the treatment showed complete bone healing. No residual bone defect was observed or probed during the uncovering phase; moreover, no mobility, pain, suppuration, or presence of peri-implant radiolucency were observed at the second-stage surgery.

CONCLUSIONS

When an implant fails, it must be immediately removed. In case of a new implant placed in a fresh extraction socket, if the contact implant-bone is not ideal or portion of the implant wall is exposed because of a dehiscence in the bone, guided tissue regeneration techniques can be employed using barrier membranes with or without bone graft materials.

The present case report demonstrated the successful immediate replacement of a failed blade implant with a new implant of the same shape in the same location in combination with a graft material and a membrane.

DEHISCENCES AND FENESTRATIONS

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