

Making Unpredictable | Predictable

Case presentation poster

Author: Chris Dogterom, dentist-implantologist.
Institution: Mondzorg Dogterom, Koningin Julianaweg 40, 3241 XC Middelharnis, The Netherlands.

In daily practice most of us strive for predictable high-end results. That is why in implant dentistry we want to achieve:

1. Surgical strategies making bone grafting successful and without complications.
2. Soft tissue manipulation that guarantees results.
3. A systemised approach to delivering the high-end results we strive for.

An anterior maxilla front case with a seemingly insolvable starting position will be presented which shows all three features by using the PPF (Periosteal Pocket Flap) (1) technique for fulfilling PASS-principle (Primary woundclosure, Angiogenesis, Stability and Space maintaining). (2) for predictable bone regeneration with the use of **MinerOss** in combination with a **Mem-Lok** membrane, collaplug and a **Camlog** implant.

Finishing the case with a predictable computer designed temporary crown and a final crown which follows the design of the temporary crown.

- (1) Periosteal Pocket Flap-PPF; Steigmann M., Salama M., Wang H.L. Int.J.Periodontics Restorative Dent 2012;Jun;32(3)
- (2) PASS-Principle for predictable bone regeneration; Wang H.L. and Boyapati L.; Implant Dent. 2006

i Introduction

A young, healthy woman, 23 years of age, who had several problems: her tooth had recently been taken out she was wearing a flipper
"never ever an implant possible because there is no bone", the former implantologist told her



🔪 Surgery

In the first surgery the goal was to restore the bone and add some keratinised gingiva. After opening with PPF technique (1), the residual bone was cleaned, leaving a severe palatal bone defect in combination with a buccal bone defect.
This class-3 bone defect was filled with **MinerOss** and covered with a **Mem-lok** membrane. The **Mem-lok** membrane was stabilised with stiges from the palatal mucosa to the buccal periosteum. With a collaplug on top to get a semi-closed healing.
The second surgery after six months showed a well re-established alveolar bone. There was enough bone to place a **Camlog** 3.8 diameter implant with a healing abutment.

💡 Prosthetics

After 16 weeks a soft-tissue plaster model was made out of an implant level, closed tray impression to produce both temporary and definite crown.
Temporary crown made by CAD-CAM design (Forma CAD Transitional, **Elysee Dental**) on a **Camlog** standard titanium abutment.
Definite crown (Forma, **Elysee Dental**) made with a duplication of the emergence profile of the temporary crown and a porcelain finish on the buccal side.



*I'm very happy with my treatment.
I can smile again!*