Case of the Month

Surgical treatment: Dr. Michael Sonick

Restorative dentistry: **Dr. Steve Rothenberg**

Total Autogenous Reconstruction Following the Removal of Failed Implants and Reconstruction Giving the Patient a Second Chance



Fig. 1-3. A 65 yo female presented with a RPD retained by 5 failing implants. Fig. 4. Radiographs reveal bone loss to the apices of the implants in close proximity to the nasal sinus.



Fig 5–7. Five implants were removed and grafted with FDBG. The soft tissue was allowed to heal for 2 months, in preparation for ridge augmentation. **Fig 8**. To eliminate the RPD, and decrease pressure on the future grafted ridge, a fixed prosthesis was fabricated from teeth 3 – 14.



Fig. 9-10. Two months later ridge augmentation and bone grafting were performed with bone allograft, rh-PRGF and titanium reinforced Gore-Tex membranes, stabilized with titanium tacks. **Fig. 11.** Eight months following ridge augmentation the GoreTex membranes were removed. 10 mm of vertical ridge augmentation was achieved (compare to Figure 9). **Fig. 12.** In 2005, external hex implants were placed.



Fig. 13. Implants were uncovered 4 months later and temp healing abutments were placed. There is an inadequate amount of vestibular depth and a lack of keratinized gingiva. **Fig 14 – 15.** A vestibular extention procedure was performed and a soft tissue allograft was sutured to place. **Fig. 16.** Soft tissue healing 3 weeks following gingival grafting. Note the increase in vestibular depth and the immature healing keratinized tissue. The provisional has been shortened to accommodate the vertical bone growth (compare to **Figure 8**, prior to ridge augmentation).



Fig. 17. Final restoration 10 years following bone augmentation. Over 10 mm of vertical bone augmentation has been achieved (compare to Fig 4). **Fig. 18 - 19.** Smile and facial view of completed restoration and the happy patient.



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