

Restoring Bone and Patient Confidence

Bone Reconstruction and Implant Replacement Following Implant Failure

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Restorative dentistry by **Dr. Mark Samuels**

Fig. 1. Patient presented with missing upper right bicuspsids following two failed attempts at implant reconstruction.

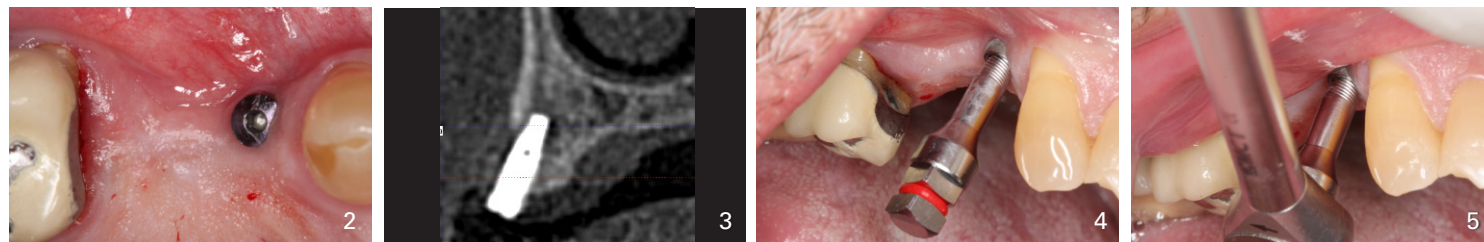


Fig. 2. Implant in 4 area failed and was removed prior to his initial visit. Implant in site 5 has periimplantitis and bone loss. Keratinized tissue has been lost and a mucogingival defect is present. **Fig. 3-4.** Buccal alveolar bone has been lost. Implant was most likely placed in inadequate bone and therefore positioned buccally. **Fig. 5.** Mispositioned implant was removed.

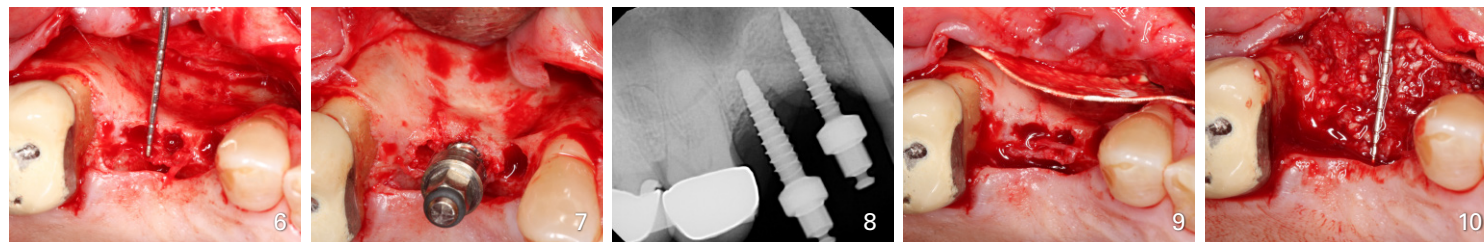


Fig. 6. Two mm of buccal - palatal width is present following implant removal. **Fig. 7-8.** Utilizing BTI rotary osteotomes the ridge was expanded and the maxillary sinus lifted. **Fig. 9.** Human pericardium was used as a buccal membrane. **Fig. 10.** A combination of cancellous autograft and putty was mixed with rh-PDGF (Gem-21) and placed labially beneath the membrane.

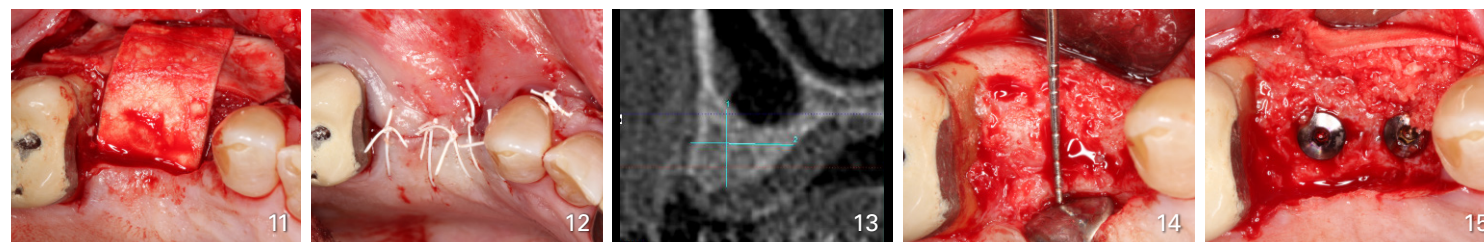


Fig. 11. An additional pericardial membrane was placed occlusally in an attempt to vertically augment the ridge. **Fig. 12.** Tension free primary closure following augmentation was achieved and is essential. **Fig. 13.** CBCT 8 months following ridge augmentation (compare to Fig 3). **Fig. 14.** Regenerated ridge at implant surgery. Over 10 mm of horizontal bone is present (compare to Fig 6). **Fig. 15.** Implant placement with additional augmentation utilizing autogenous bone from osteotomy site. An Osseoguard bovine membrane was buccally placed.

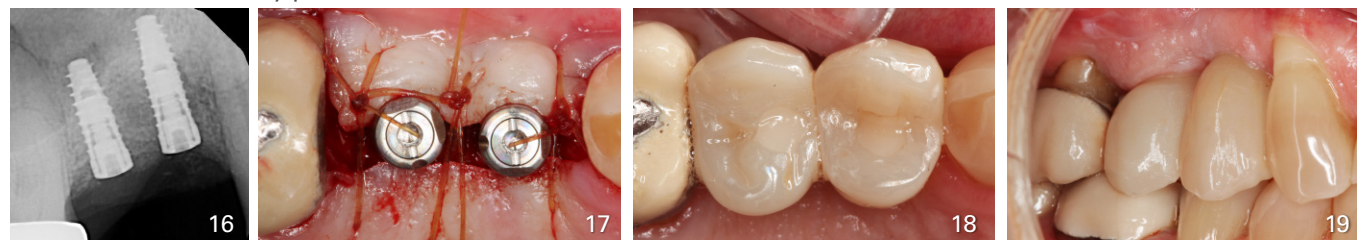


Fig. 16. Radiographs of recently placed implants. **Fig. 17.** Second stage surgery, 3 months later. Palatal incision and surgical approach allows for buccal soft tissue augmentation and reestablishment of the mucogingival junction in its proper place. (compare to Fig 2). **Fig. 18-19.** Final buccal and occlusal views.



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