

# PATRICK V. NICOSIA

—D.D.S., M.S., INC.—

*Exclusively Periodontics & Dental Implants*

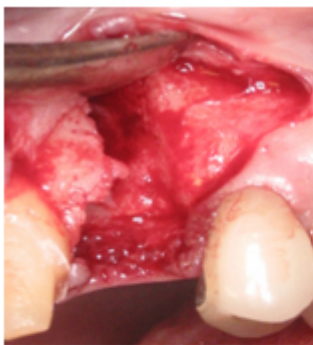
## ***Alveolar Ridge Reconstruction Prior to Implant Placement Following Extraction of A Chronically Abscessed first Premolar - A Predictable Procedure.***

*Endodontic failure of the mesial abutment of a three unit fixed prosthesis necessitated surgical removal of tooth #12, leaving a significant buccal defect (fig. 1 & fig. 2), seriously compromising the site for implant placement. A non-demineralized freeze-dried bone allograft, hydrated with porcine derived enamel matrix protein (Emdogain®), was used to fill the defect. An absorbable Type I collagen membrane (BioMend Extend®) was placed over the graft for guided bone regeneration.*

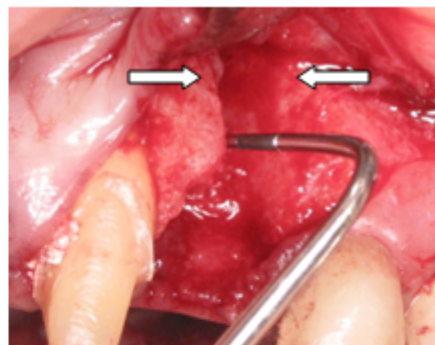
*Re-entry at approximately six months revealed significant bone fill and suitable ridge form (fig. 3) for placement of implants in sites #12 & #13. The pontic that was left in place over site #13 for provisional esthetics following the extraction of #12 was removed at this time.*

*Two implants were placed in very dense, Type I bone using Thommen S.P.I. 3.5 X 12.5mm SLA coated fixtures (fig. 4 & fig. 5). Osteotomy preparation in the grafted site demonstrated remarkable density, resembling mandibular bone. The 3.5mm diameter implants were chosen to insure adequate interradicular and inter-fixture bone and also to allow for proper emergence profile of the prosthetics.*

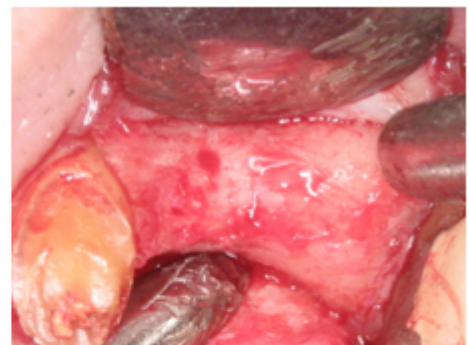
*These results are representative of this type of predictable procedure, but it should be noted it is more accurately termed a "process" rather than a procedure, due to time requirements, and a patient patient is a definite prerequisite.*



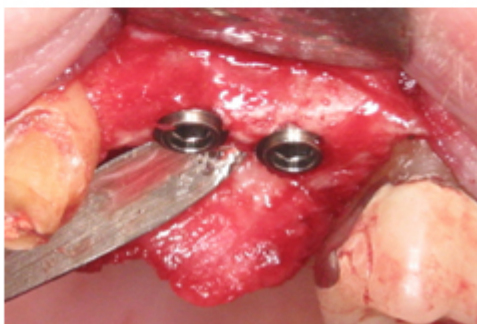
*Figure 1*



*Figure 2*



*Figure 3*



*Figure 4*



*Figure 5*

*Patient courtesy of Dr. Drew Lomonte. Bone courtesy of an even higher power.*