

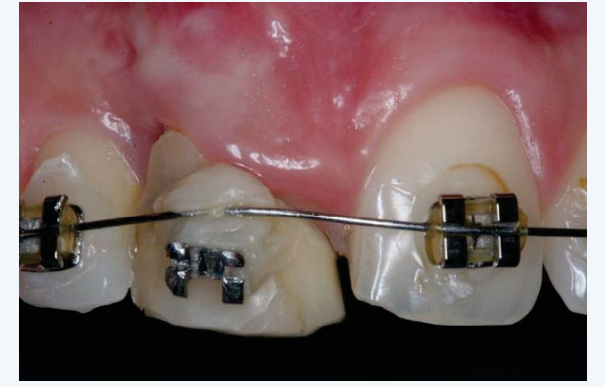


Keywords: Dental implant, single-tooth; dental implant; orthodontic extrusion; aesthetics, Dental; Bone regeneration; case reports

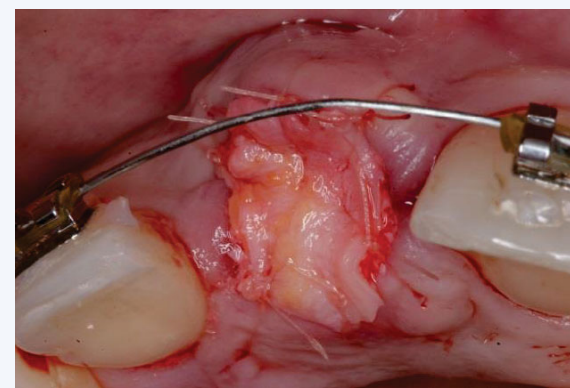
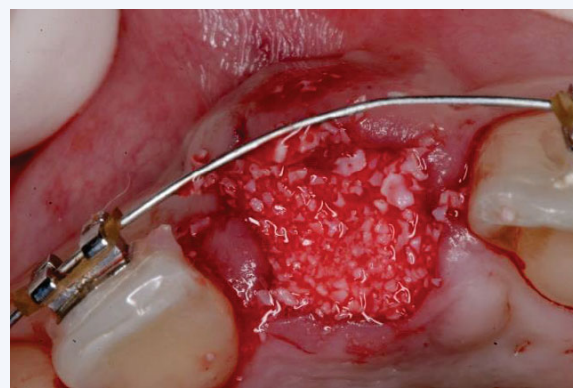
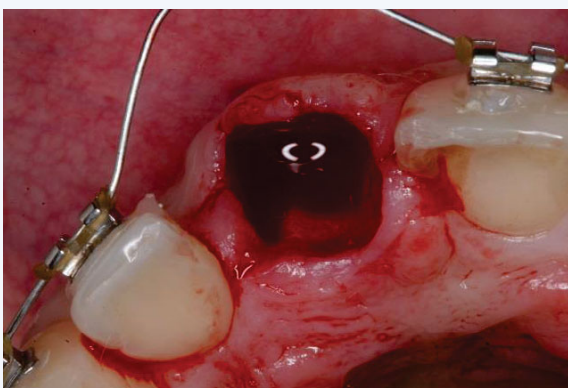
Case description

Female patient, 24 years without systemic pathologies, smokes an average of 15 cigarettes/day, had an internal resorption in tooth 11.

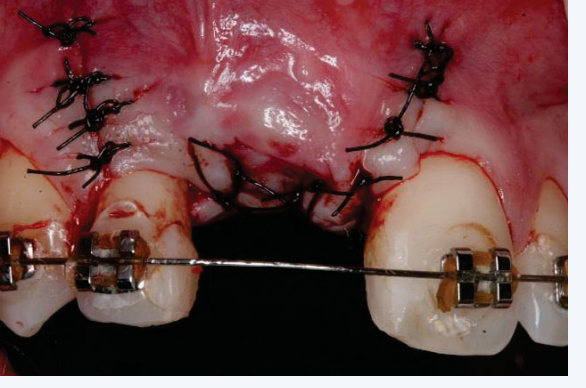
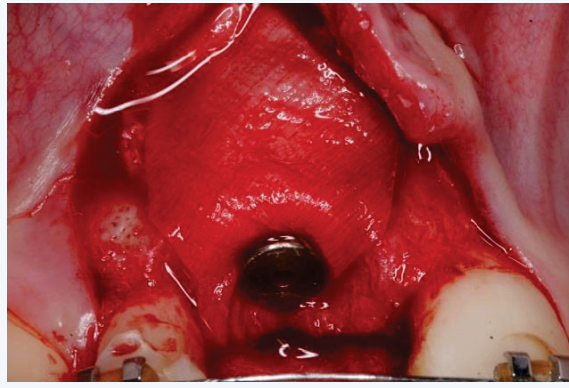
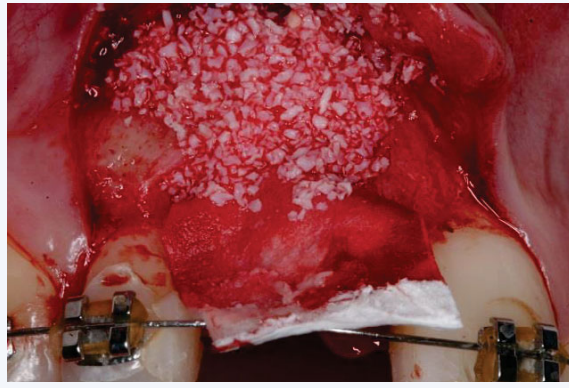
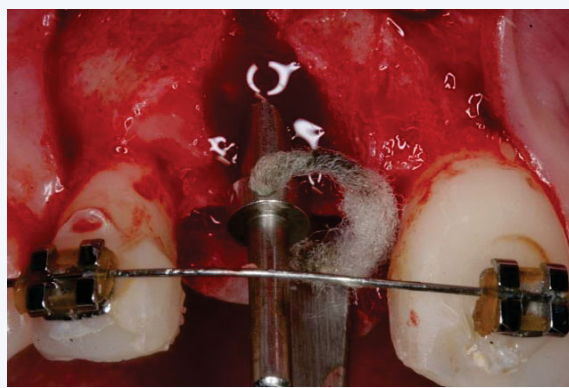
A slow orthodontic traction with downtime (7 months) to level the gingival margins and pull the alveolar bone was made..



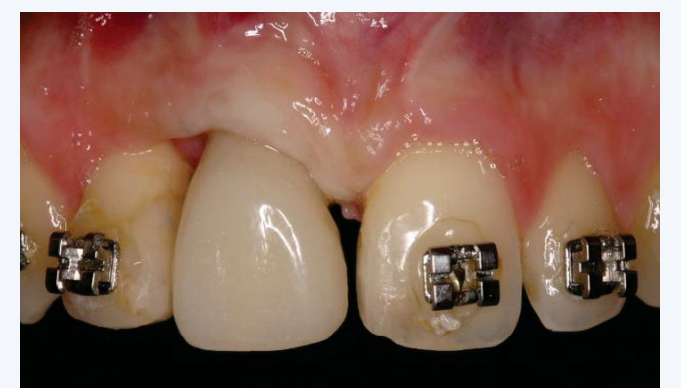
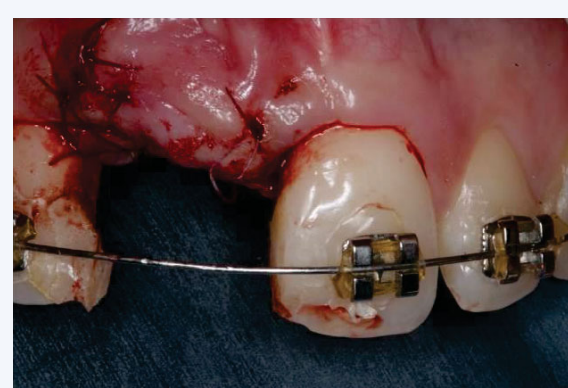
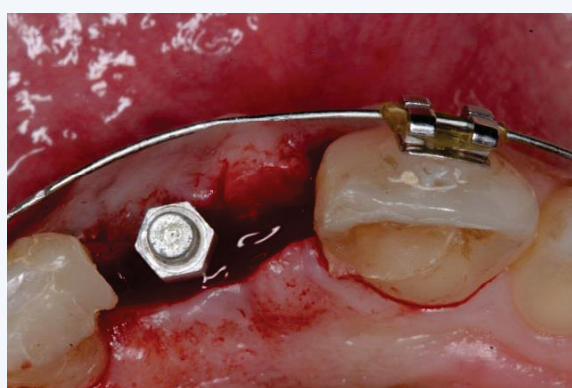
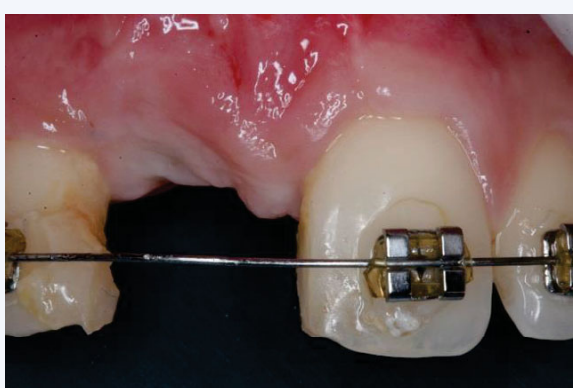
Finishing the orthodontics, it was performed the extraction and a socket preservation technique (bio-oss[®] and connective tissue graft).



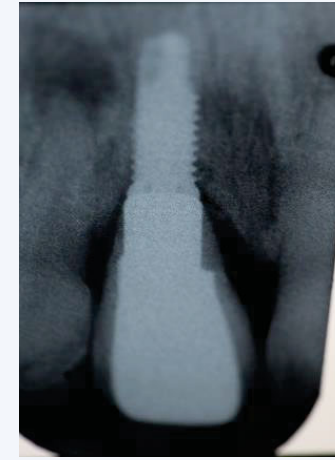
After 4 months was placed a 3i[®] implant (3,75 x10mm) and regenerated with xenograft and collagen membrane due to a buccal bone dehiscence.



In the second surgical phase (4 months), ISQ values were 79-80, simultaneously was performed a coronal repositioning flap with connective tissue graft. After a month was placed a temporary crown (8 months) to model the soft tissues.



The patient has a follow-up of 5 years with the hard and soft tissues stable..



Discussion

The slow orthodontic extrusion allows to pull the tooth, soft tissue and alveolar bone. The extrusive force should be slow and steady (15g on anterior teeth), maximum 2mm/month and performed a stabilization period equal to the activity.

The use of mucogengivalis techniques in implantology is sensed to improve the profile and to increase soft tissue volume and keratinized tissue.

The provisory crown helps shape the emergence profile and maximize soft tissue.

Conclusion

Although is a longer treatment, at 5 years presents aesthetic results and stability for hard and soft tissue.