

A novel approach to obtaining adequate soft tissue coverage with immediate implant placement

Ahmed Yaseen Alqutaibi

PhD (C), Department of prosthodontics, Faculty of Oral and Dental Medicine, Cairo University, Cairo, Egypt. Assistant Lecturer, Department prosthodontics, Faculty of Oral and Dental Medicine, IBB University, IBB, Yemen.

Background

One of the most important problems encountered with the immediate implant placement is **insufficient soft tissue to completely cover the GBR site**, which usually makes it necessary to perform primary closure of the socket in order to protect the healing site from the oral environment. The use of membranes usually necessitates primary closure over the socket, a requirement that increases surgical complexity. Moreover, although it is considered advisable to use a pedicled flap or a connective-tissue graft to achieve primary closure, this technique is not easy and is uncomfortable for the patient. **The aim of**

this approach is to provide adequate soft tissue coverage.

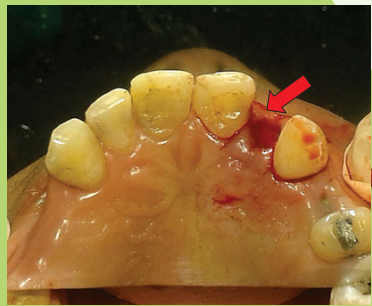
Prosthetic procedures



Pre-implant preparation

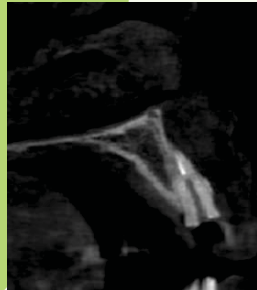


Occlusal view (retained root 22)



Reduction of retained root to 2mm below gingiva

3 weeks later showing gingival healing

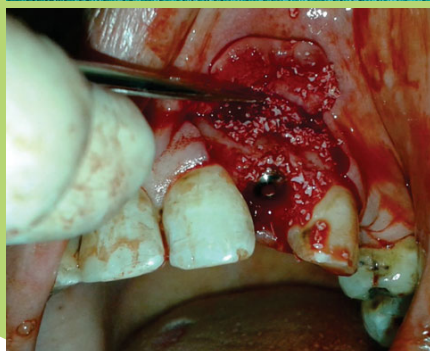
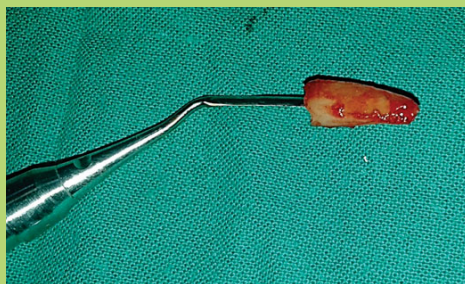


Surgical procedures

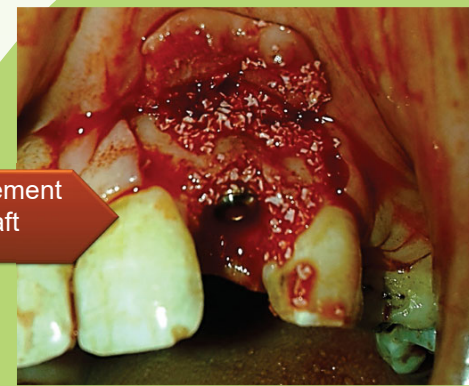
Flap reflection



Atraumatic extraction with periosteum



Implant placement with bone graft



Suturing with enough soft tissue coverage without tension



References

1. Koh, R. U., I. Rudek and H. L. Wang (2010). "Immediate implant placement: positives and negatives." *Implant Dent* 19(2): 98-108.
2. Schulte WKH, Lindner K, Schareyka R. The Tu'bingen immediate implant in clinical studies. *Dtsch Zahnarztl Z.* 1978;33: 348-359.
3. Khaled zekry „personal communication, April 2014

With acknowledgment to Prof. Dr. Khaled Zekry