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## **Delayed placement and restoration of double implants in aesthetic zone**

**Easy solution of the  
«The Soft Tissue  
Problem»**



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# Guidelines for “esthetic implantology” in the anterior region



When it is recommended to **AVOID** a post-extractive implant (delayed implant placement)

Thin biotype

Absence or dehiscence of the buccal bone plate

Absence of an amount of apical bone to the previous alveolus sufficient for a good primary stability of the implant

It is better....

If there are no bone defects around the tooth to be extracted

If there are no gingival defects around the tooth to be extracted

If there is a gingival level in harmony with the adjacent teeth

Two possibilities:

a) Tooth extraction and delayed implant placement (after 8 weeks) with GBR;

b) Tooth extraction and socket preservation and delayed implant placement (after 4-6 months).

Connective tissue graft to thicken the soft tissue biotype

Implant placement with GBR (submerged healing) or E.R.E. with CTG

**After the healing**, the implant has to be exposed with flapless surgery and it is better to perform again a connective tissue graft in the vestibular area.

The provisional abutment must be placed without compression of the vestibular soft tissue ( + CTG ).

Gradual compression on the soft tissue to obtain a correct gingival contour is suggested.



**Poor soft tissue / Absence or dehiscence of the buccal bone plate /  
medium biotype / poor apical bone  
medium smile line / high aesthetic expectations**







**Double extraction, CTG (tuber maxilla) to convert biotype and socket preservation with Bio-Oss and Collagen**





**Healing after 10 months**



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**Edentulous ridge expansion, implant placement and II° CTG**



**Healing after 4 months**





**Provisional restoration and definitive impression after  
10 months from E.R.E.**





**Definitive screw retained zirconia restoration and 21 laminate veneer**







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**12 months from delivery**

