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 biotite / 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
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 weneer
12 months from delivery