Delayed placement and restoration of single implants in aesthetic zone

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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.
Fractured tooth / thick biotype / poor apical bone
High smile line / high aesthetic expectations
Flapless tooth extraction / socket pres. with Biooss, Collagen, CTG (tuber) / provisional bonded tooth / electrosurgery to improve profile gums
6 months from socket preservation
(Biooss + Collagen + CTG)
6 months from socket preservation: flapless implant placement with II° CTG provisional bonded tooth
4 months from flapless implant placement with CTG: provisional implant supported, and Mock Up on 21 to improve new aesthetic of central incisors.
3 months from provisional on 11 and Mock Up on 21
Definitive impression and laminate veneer on 21
Lithium disilicate crown and laminate; screw retained zirconia abutment