

Philip L. Fava II, DMD, MDSc Robert A. Levine, DDS, FCPP, FISPPS 9880 Bustleton Ave, Suite 211 Philadelphia, PA 19115 PADentalImplants.com 215-677-8686

<u>Case of the Month</u>: Esthetic Zone Immediate Implant Placement #9 with 5-year Clinical & CBCT follow-up using the 10 Keys to Esthetic Zone Success Principles.

Periodontist: Robert A. Levine DDS, FCPP, FISPPS, FAO Email: rlevine@padentalimplants.com cell: 215-990-0406

Before Smile



After Smile (5 years)

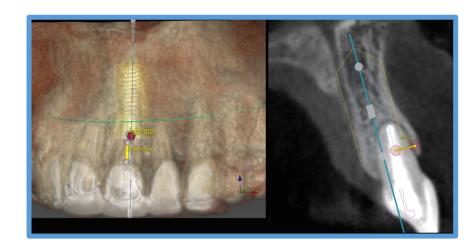


<u>From Publication:</u> Levine RA, Ganeles J, Kan JY, Fava PL. "10 Keys for successful esthetic-zone single immediate implants: importance of biotype conversion for lasting success." <u>Compendium Cont Ed Dent</u>. 2018; 39 (8): 552-529. Special Issue featuring the 30th Anniversary of the International Society of Periodontal Plastic Surgeons (ISPPS) Annual Meeting 2017.

Pretreatment of a failed maxillary central incisor (#9) in a healthy 45-year old non-smoking female (ASA II) due to severe internal-external root resorption.

3-d Pre-txt CBCT Planning with Straumann®
Bone Level Implant; note: thick >1mm Buccal

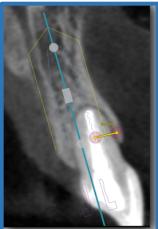




Esthetic Risk Profile (ITI Treatment Guide 1): High

From: Martin WC, Morton D, Buser D. ITI Treatment Guide Vol. 1: Implant Therapy in the Esthetic Zone: Single Tooth Replacements. Berlin: Quintessence, 2007:11-20.





| Patient Clum K. IMPLANT ESTHETIC RISK PROFILE | | | |
|---|--|--------------------------------|----------------------------|
| Esthetic risk factors | Low | Medium | High |
| Medical status | Healthy patient and intact immune system | | Reduced immune system |
| Smoking habit | Non-smoker | Light smoker < 10 Cig/D | Heavy smoker > 10 Cig/D |
| Patients esthetic expectations | Low | Medium | High |
| Lip line | Low | Medium | High |
| Gingival biotype | Low scalloped Thick | Medium scalloped Medium thick | High scalloped Thin |
| Shape of tooth crowns | Rectangular | Slightly triangular | Triangular |
| Infection at implant site | None | Chronic | Acute |
| Bone level at adjacent teeth | ≤ 5mm to contact point | 5.5 to 6.5mm to contact point | 7mm to contact point |
| Restoration status of neighboring teeth | Virgin | | Restored |
| Width of edentulous span | I tooth ≥7mm | I tooth ≤ 7mm | 2 teeth or more |
| Soft tissue anatomy | Intact soft tissue | | Soft tissue defects |
| Bone anatomy of alveolar crest | No bone deficiency | Horizontal bone deficiency | Vertical bone deficiency |



Pre-Surgical: fixed provisional in place #8-9

. . .

<u>Surgical Treatment:</u> Immediate extraction #9 with immediate implant placement using an anatomically correct surgical guide along the palatal wall; buccal gap is bone grafted with a slowly resorbing bone graft; palatal CTG placed in envelop flap to the MGJ under buccal flap (PROVISIONAL restoration now becomes a 2-unit cemented cantilevered acrylic bridge #8-9x (pontic)







<u>Delayed Contour Management:</u> Soft tissue emergence profile is developed in a screw-retained provisional connected to the implant #9 at 8 weeks post-surgery; note: gingival soft tissue symmetry is created on the distal & mid-buccal of #9 but needs more acrylic support on the mesial line angles of both #8 & #9 before going to completion with a screw-retained crown. This important provisional step is used for all esthetic demanding cases as it will act as a "blueprint" for the final restoration. The emergence profile will be duplicated using the custom impression coping to change.

impression coping technique.

Before





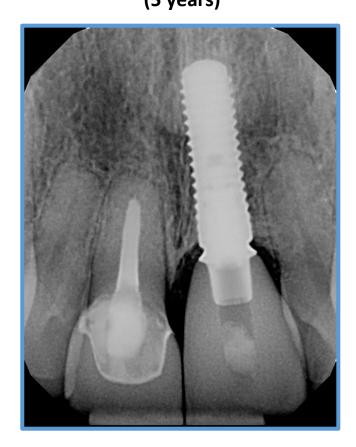
After at 5 years



Before



Straumann® Variobase **Abutment with E-max crown** (5 years)



The 10 Keys for successful esthetic zone single immediate implants is an evidenced-based summary for the treatment planning and replacement of a hopeless tooth in the maxillary anterior sextant. The goals of these 10 steps are to minimize soft and hard tissue complications for an optimal long-term esthetic implant restoration. Based on the 10 keys, the management of an immediate implant in the esthetic zone is considered a Complex-SAC procedure.



#9 due in part to

"biotype conversion"

5 years: Straumann® Variobase Abutment with E-max crown;

Note: >2mm thickness of the buccal plate is confirmed



Additional Publications of Interest:

- 1. Levine RA, Ganeles, J, Gonzaga L, Kan JY, Randel H, Evans C, Chen S. "10 Keys for successful esthetic-zone single immediate implants." Compendium Cont Ed Dent 2017; 38(4): 1-14.
- 2. Levine, RA, Ganeles J, Kan, J, Fava PL. "10 Keys for successful esthetic-zone single immediate implants: Importance of biotype conversion for lasting success." Compendium Cont Ed Dent 2018; 39(8):522-529.
- 3. Levine RA, Huynh-Ba, Cochran DL. "Soft tissue augmentation procedures for mucogingival defects in esthetic sites." *Int J Oral Maxillofac Implants*. 2014; 29 (suppl):155–185.
- 4. Morton D, Chen ST, Martin WC, Levine RA, Buser D. "Consensus statements and recommended clinical procedures regarding optimizing esthetic outcomes in implant dentistry." *Int J Oral Maxillofac Implants*. 2014; 29 (suppl): 216-220.
- 5. Cosyn J, Eghbali A, Hermans A, Vervaeke S, De Bruyn H, Cleymaet R. "A 5-year prospective study on single immediate implants in the aesthetic zone". J Clin Perio 2016; 43:702-709.





Robert A. Levine DDS, FCPP, FISPPS, FAO

Phil L. Fava DMD, MDSc

Robert A. Levine, DDS, FCPP, FISPPS, FAO

US ITI Section Membership Chair

Diplomate, American Board of Periodontology

Fellow, International Team for Implantology

Fellow, College of Physicians Philadelphia

Fellow, International Society of Periodontal Plastic Surgeons

Fellow, Academy of Osseointegration (AO)

Clinical Professor in Periodontology & Implantology

Kornberg School of Dentistry at Temple University

Clinical Assistant Professor in Periodontology & Implantology

University of North Carolina School of Dentistry Chapel Hill (UNC)

Clinical Assistant Professor in Periodontology & Implantology University of Illinois Chicago (UIC)

Phil L. Fava, DMD, MDSc

Diplomate, American Board of Periodontology Fellow, International Team for Implantology