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AN INNOVATIVE WAY FOR IMPLANT PLACEMENT AT ESTHETIC AREA – ROOT MEMBRANE TECHNIQUE

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Background: Single implant at anterior esthetic area always is the biggest challenge to dentists. Especially in Asia, most of the patients are thin biotype gingiva with underlying thin buccal plate. Once the tooth was extracted, the buccal plate and gingiva start to recess immediately, and the look of the anterior area is very hard to be harmonious. From the literature review and our experience, immediate implant placement with traditional Atraumatic extraction is not enough to keep the hard and soft tissue. Therefore, we are trying to find a new way to solve this problem.

Aim: The aim of these case reports is trying to use root membrane technique to keep the hard and soft tissue at anterior esthetic area after implant placement.

Materials & Methods:

Case 1:

- A 66 y/o female whose tooth #11 was fractured and the old post crown were loose.
- Remove the crown portion to the CEJ and left no caries or calculus.
- Separate the root mesial-distally.
- Remove the palatal part of the root.
- Different from Dr Hurzeler's method, we thinning the buccal part of root to 1mm to create enough room for further GBR procedure. Vertical reduction of the buccal part of the root to establish the biological width.
- Place the implant with CAD/CAM surgical template to make sure we place the implant at the accurate position and angulation.
- Perform the GBR procedure.
- Connect the abutment and preformed temporary crown
- After 1 year follow up, there is no obvious recession of bone or gingiva.

Case 2: A 40 y/o male whose tooth #23 was fractured. We use root membrane technique, following from step 1 to step 8 to treat the patient. After 1 year follow up, both from picture and X-ray, there was no obvious recession of the soft and hard tissue.

Result: We successfully preserve the "tooth-bone-gingiva" complex, and place the implant at the precise position to create sufficient space for GBR procedure. After 1-year follow up, the hard and soft tissue stay steady by using root membrane technique.

Conclusion: Single implant at anterior esthetic area always is the biggest challenge to dentists. According to the socket shield technique, we try our best to preserve the "tooth-bone-gingiva" complex to perform the At-

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raumatic extraction procedure, furthermore, the most important part is that we thinning the buccal part of the root and use CAD/CAM surgical template to create sufficient room for GBR procedure. After one year follow up, the soft and hard tissue show no significant change. The long-term follow up, large amount of cases, and histological studies were suggested, to evaluate the actual ability of this method for preserving hard and soft tissue.

BIOGRAPHY

Ho Chia-Ming has completed his DDS at the age of 26 years from National Yang-Ming University in Taiwan and MS from Johann-Wolfgang Goethe (Frankfurt) University in Germany. He is the instructor of TIDER (Taiwan Institute of Dental Education and Research) and the Director and diplomate of APAID (Asia-Pacific Association of Implant Dentistry). He is the President of Profession Dental Clinic in Taiwan.

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