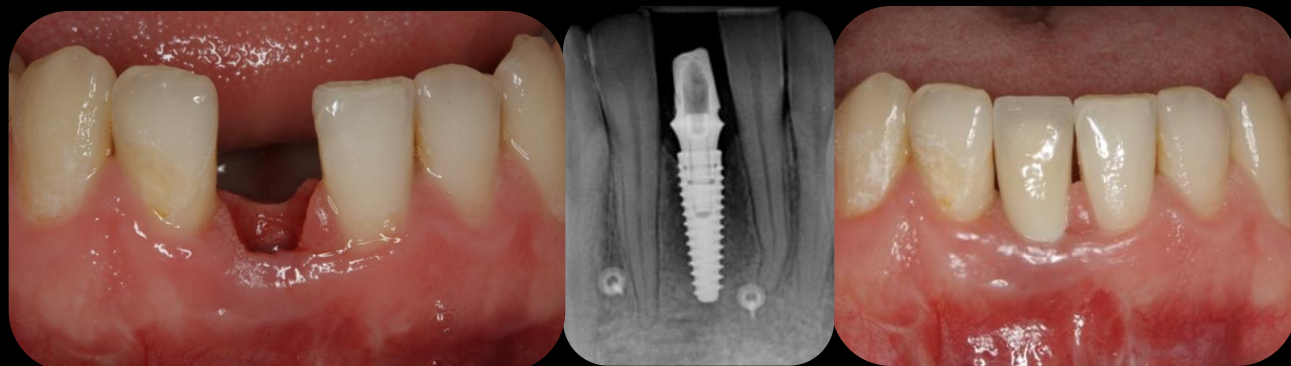


International Prospective
Multi-Center study for the

AnyRidge System



CASE REPORT



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fig. 1



fig. 2



fig. 3

32 years old man was referred for a radicular cyst at 4.1, after the endodontist removed the internal root filling and made an endoscopic examination.

At the clinical examination he had no acute symptoms. On the x-ray the root resorption is visible (fig. 1)



fig. 4



fig. 5



fig. 6

Para-gingival horizontal incision was performed to preserve the papilla and prevent the resorption of buccal plate; trapezoidal flap was raised (fig. 2). 3.5/13 mm AnyRidge Implant was placed at a torque of 45N/cm (fig.3)



fig. 7



fig. 8



fig. 9

Apico-coronal level of implant placement was 3 mm below CEJ (fig. 7). Autogenous bone was collected with bone collector from the area below the bone fenestration (fig 4); the fenestration was covered using double layer bone graft, "sandwich technique" (autogenous + xenograft) (fig. 5) and a collagen membrane covered the graft material (fig 6)



fig. 10



fig. 11



fig. 12

After six months the implant was uncovered and a provisional abutment and provisional crown were placed (fig. 8). After 2 months the provisional was removed and favorable healing of papilla was shown (fig. 9). Implant stability was checked with Osstell ISQ (fig. 11, 12) and the final impression was taken.



fig. 13



fig. 14



fig. 15

A zirconia abutment and zirconia crown were placed(fig 13, 15).Margin preparation was placed 1 mm below free gingival margin (3 mm above the cortical bone) Even though the contact was not placed ideally on mesial aspect (at 7 mm above the interproximal bone), the patient was happy and didn` t want to make any change.

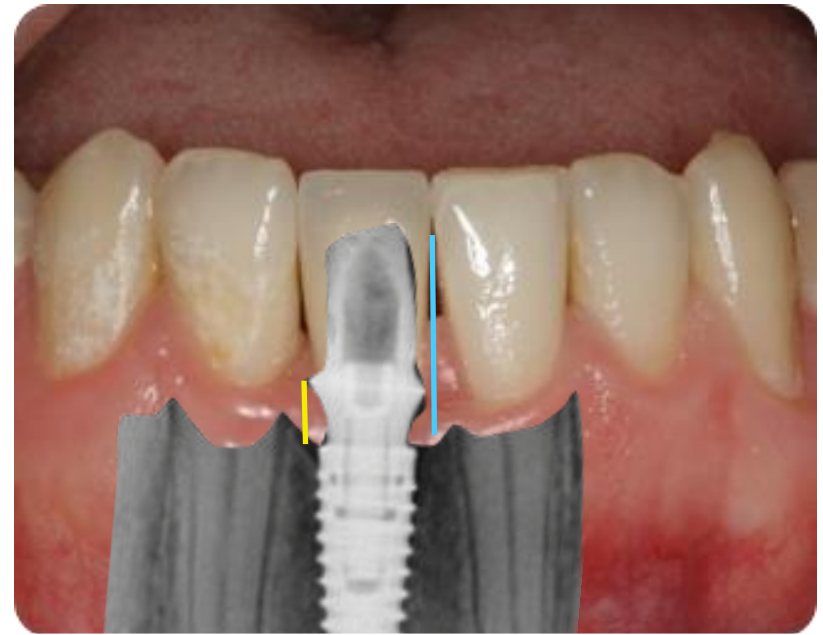


fig. 16



fig. 17



fig. 18



fig. 19

X-ray step-by-step: before surgery (fig. 17), after surgery (fig. 18), after final abutment placement/before crown cementation (fig. 19)



Distance from the interproximal bone to the contact point



Distance from the interproximal bone to the restoration margin.