

Guided Bone Regeneration With Simultaneous Soft Tissue Thickness Augmentation in the Posterior Mandible



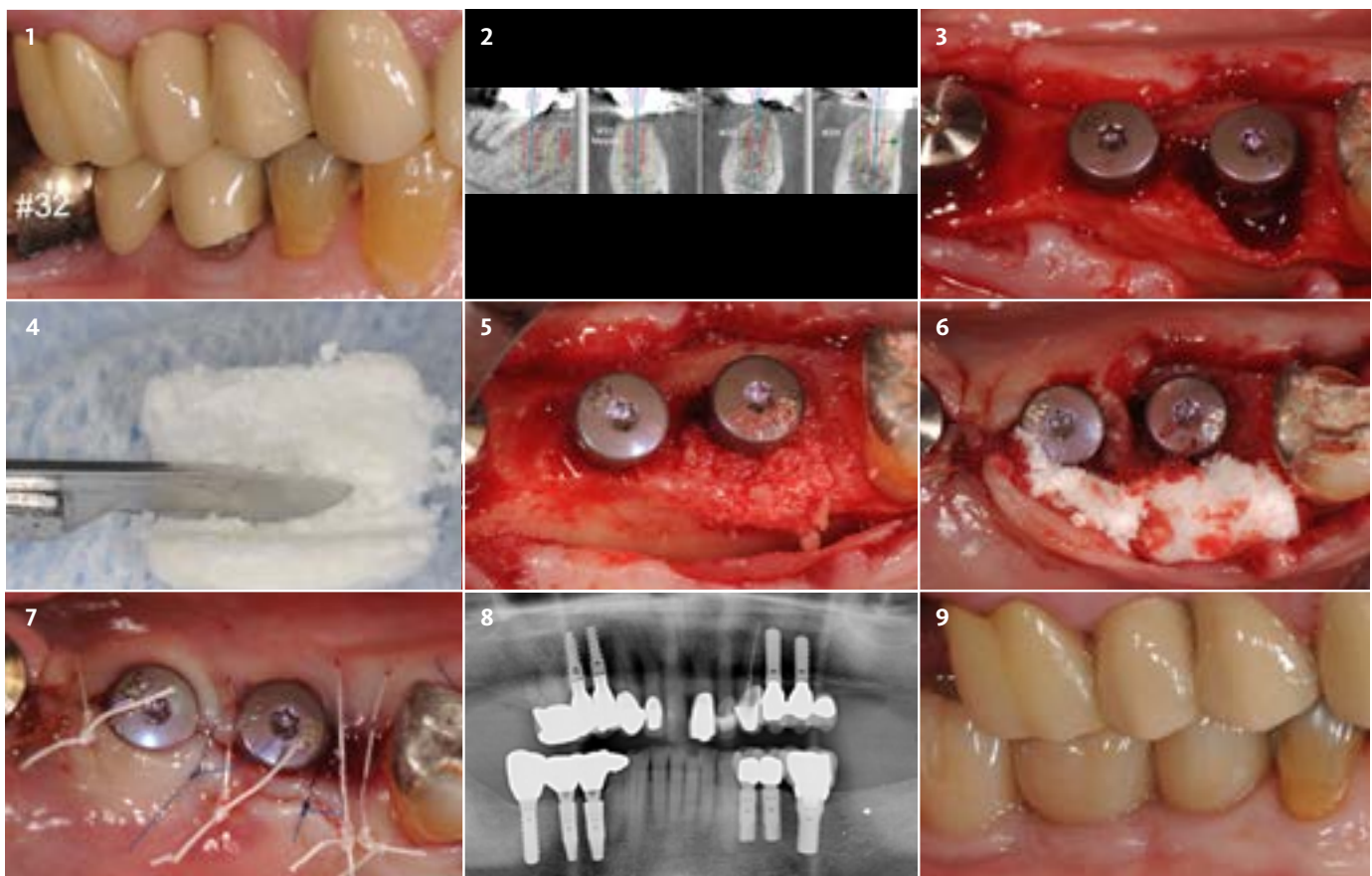
“Geistlich Fibro-Gide® can easily be used for thickening the soft tissue while performing immediate implant placement.”

Dr. Robert Levine | Philadelphia, Pennsylvania



Objective: Increasing the thickness of soft tissue around dental implants with Geistlich Fibro-Gide® while performing immediate implant placement.

Conclusion: Treatment was successful in achieving a complete resolution of the buccal concavity associated with #30 edentulous site utilizing Geistlich Fibro-Gide® to increase tissue thickness.



- 1 Lower right #29 and #32 are hopeless as part of a 3-unit fixed bridge. Pontic site #30 presents with a facial concavity. Surgical Plan: extraction #29 with IIP, and implants sites #30 and #31.
- 2 CBCT Virtual Planning with goal of 4.1mm implants. A buccal gap is pre-planned for site #29 at >2mm (green arrow).
- 3 The implants have been placed in sites #29, #30 and #31 with the aid of an anatomically correct surgical guide template for screw-retention. #29 measured a buccal gap of 2.5mm.
- 4 Geistlich Fibro-Gide® is trimmed dry to 3mm with a #15c blade. The matrix is squeezed together prior to placement and placed dry, to be used as a membrane as well as for phenotype modification for both sites #29 and #30.
- 5 Buccal gap is packed firmly with Geistlich Bio-Oss Collagen® + PDGF. The buccal bone at #30 site was 1.5mm, phenotype modification without contour grafting to increase tissue thickness was the clinical goal. Geistlich Fibro-Gide® was trimmed to fit the defect size.
- 6 Geistlich Fibro-Gide® in situ being adapted dry. Goal: phenotype modification for both sites with the matrix acting also as a membrane barrier over the bone grafted buccal gap #29.
- 7 Passive flap closure with 4-0 dPTFE and 6-0 polypropylene thru Geistlich Fibro-Gide®. The patient is reminded that the matrix acts as a sponge and to expect swelling locally. Non-resorbable sutures were removed in 3-4 weeks.
- 8 2 year post-op. Straumann Bone Level Tapered implants #29, #30 and Tissue Level implant #31. Note: all other implants were placed in the past due to caries from medication-induced xerostomia (MIX) treated by the author since 2008.
- 9 2 year post-op shows maintenance of phenotype modification of both sites #29, #30 with probing depths of <3mm for all sites. Patient has been in an alternating 3 month SPC frequency with his General Dentist.