

ethOss<sup>®</sup>

Grow  
Stronger<sup>®</sup>

Volume 1

CASE  
STUDY

## Foreword

I first started to experiment with mixing different materials as far back as 2001. My goal was always to create a graft with built-in stability, removing the need for a traditional collagen membrane. It has been a long road to get to the stage we are at today where EthOss is available in over 50 countries globally.

This concept of stabilising the graft itself, hence optimising the benefits regenerative effects of the periosteum, came from a philosophy "The body wants to heal – let's work with it" and this has been the basis of my last 20 years of both clinical and research work.

The protocol used routinely to optimise the outcomes has been developed over the years with myself having done over 6,500 successful grafts and resulted in the publication of a 10 year study in 2015 with my great friend and colleague Dr Minas Leventis. After working with a number of other companies on these concepts, I decided that the best way to move forward was to develop my own material, from a clinicians direction. This is important as EthOss was developed to fit the way I liked to work clinically, not the other way around.

We are still always learning and refining techniques and it is critical to learn from all our colleagues. This book is a great example of this, showing a range of different techniques utilising the regenerative capabilities of EthOss. We are all working towards the same thing – a common goal of improved regenerative outcomes with a minimal, ethical approach, for both us as dentists and our patients who we care for.

Enjoy this book which is about our work, all of us.

Regards  
Dr Peter Fairbairn, Clinical Director




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PATIENT MEDICAL HISTORY

Female  
63 years old  
Non-smoker

Occasional mild pain, chronic inflammation under buccal roots

Case from Dr Rainer Rannula,  
Tallinn, Estonia



Dr Rainer Rannula



1. Initial situation before extraction



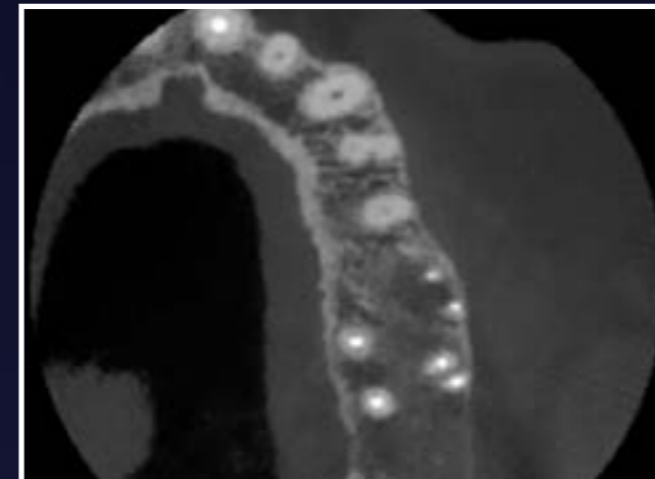
2. Initial situation before extraction



3. Radiograph showing initial situation



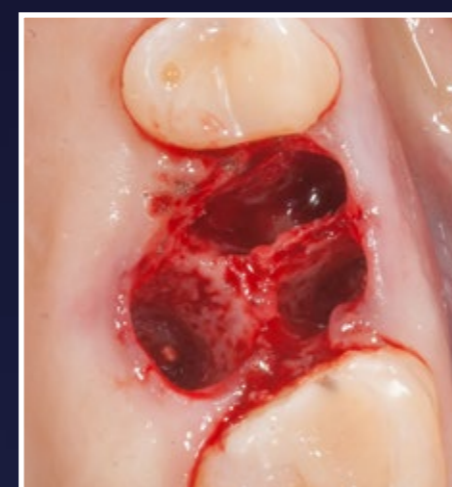
4. Inflammation under buccal roots and reaction of sinus membrane can be seen



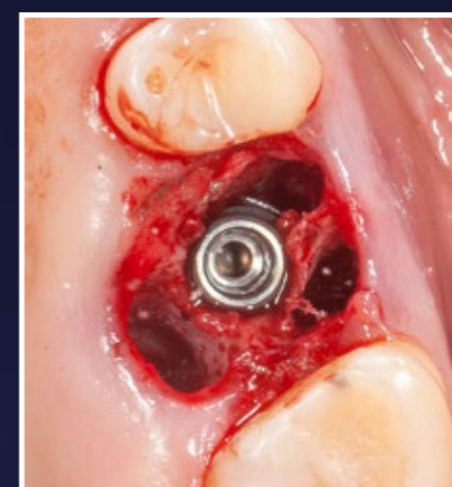
5. Occlusal view CBCT



6. Occlusal view CBCT



7. Post extraction. The alveolar sockets are degranulated



8. Implant placed



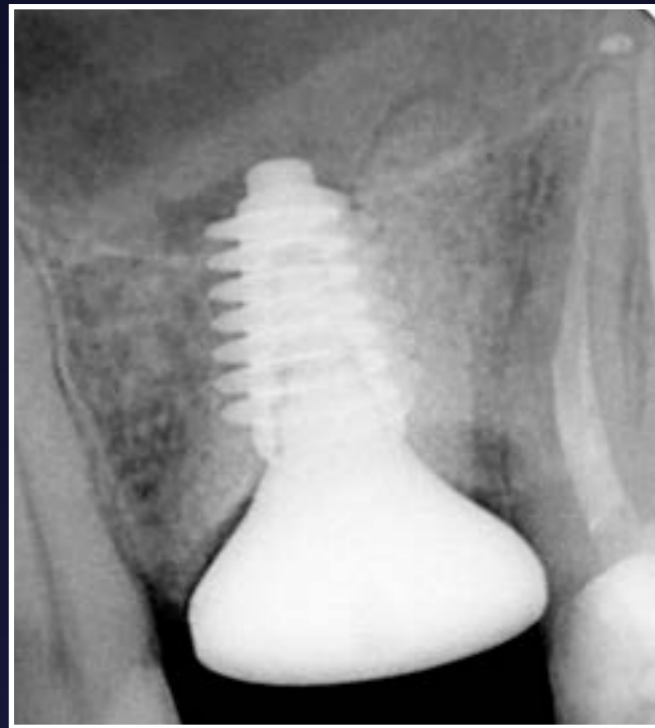
9. Socket grafted with EthOss bone graft material



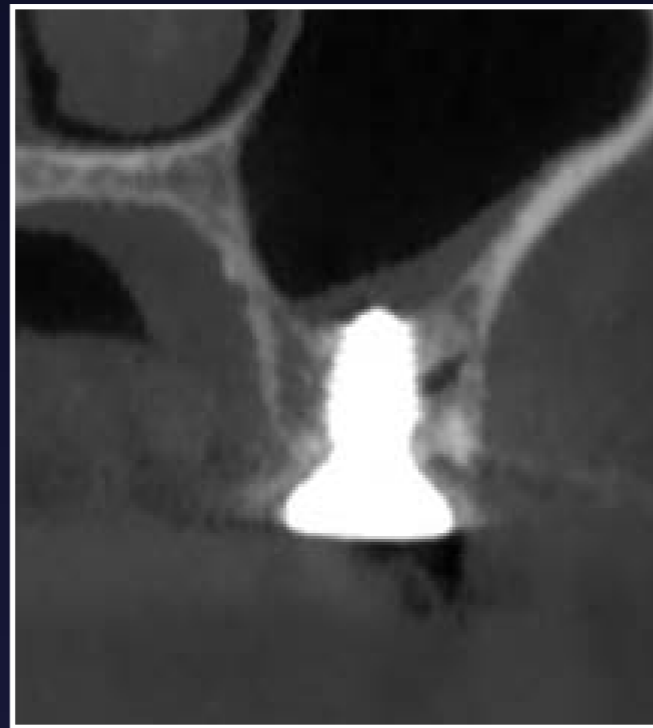
10. EthOss covered by collagen fleece and healing cap fitted



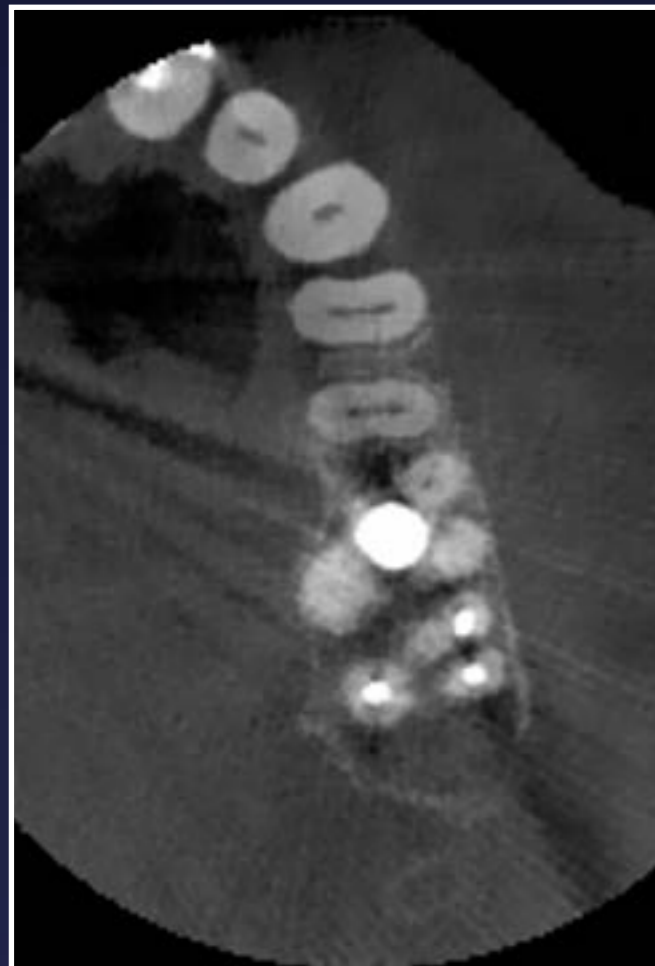
11. Couple of sutures to adapt marginal gingiva



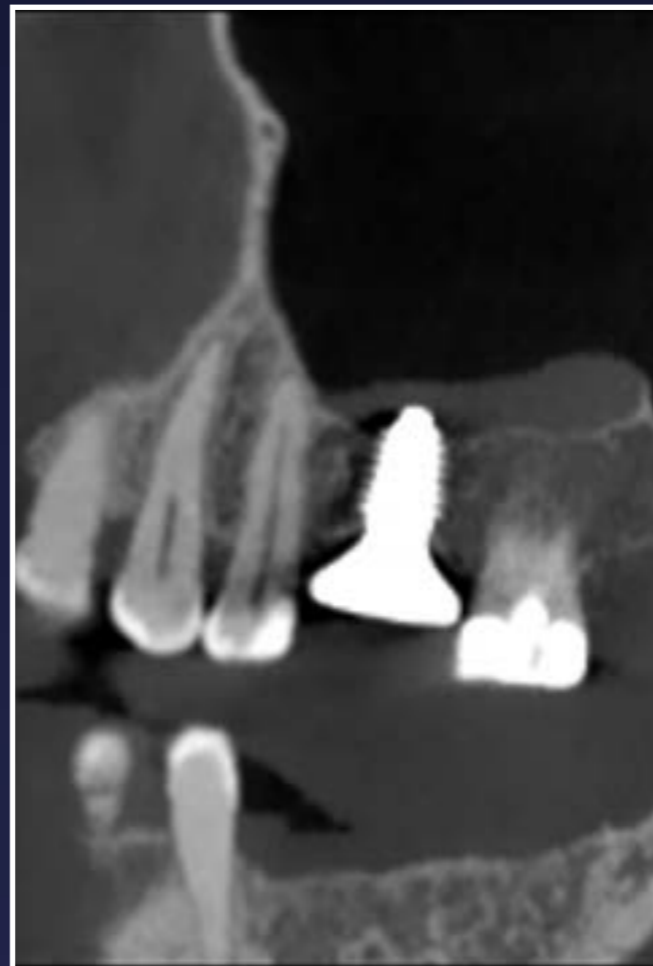
12. Intraoral radiograph after implantation



13. Sectional view CBCT



14. Occlusal view CBCT



15. CBCT

RESULTS



16. 3 months post surgery - excellent soft tissue healing



17. 3 months post surgery



18. E-max crown is fitted



19. 3 months post surgery



20. Intraoral radiograph after crown placement

PATIENT MEDICAL HISTORY

Male  
45 years old  
Non-smoker

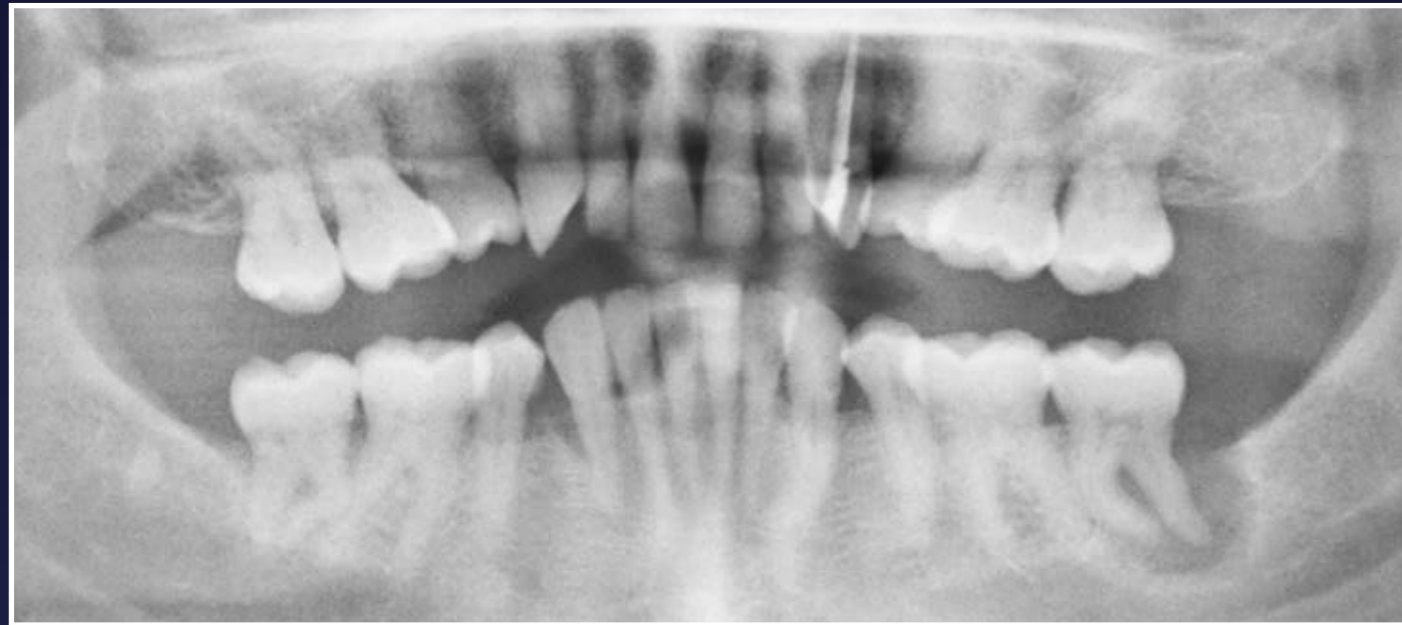
Incidental finding of periodontal pocketing and bone loss distal LL7 aspect on OPT

Referring GDP feared implant replacement would not be possible due to extensive bone loss

Case from Dr Jonathan Cochrane, Bristol, UK



🇬🇧 Dr Jonathan Cochrane



1. Panoramic radiograph showing defect



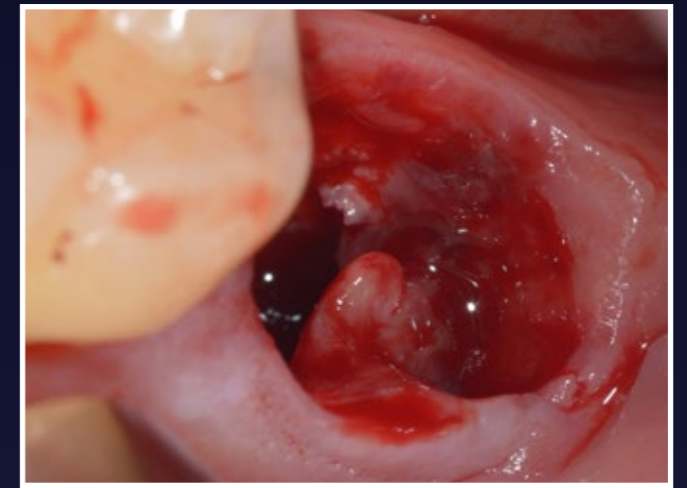
2. No visible problems



3. No visible problems



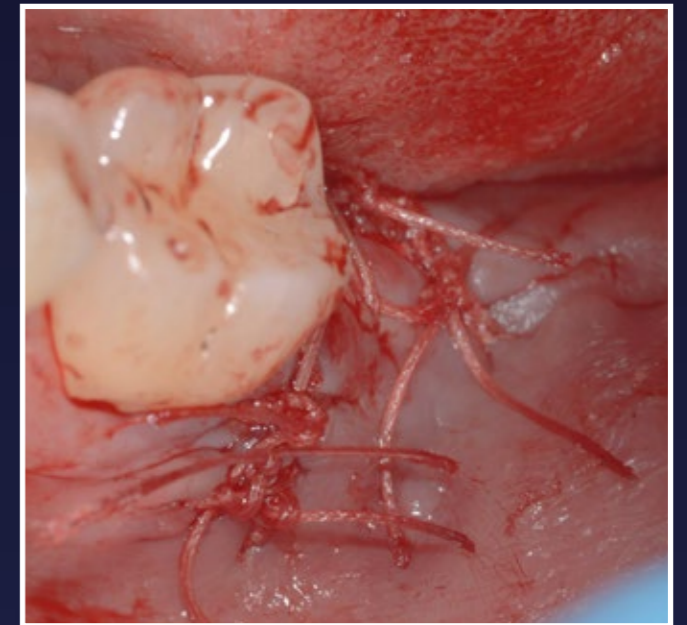
4. LL7 post extraction - problem is now visible



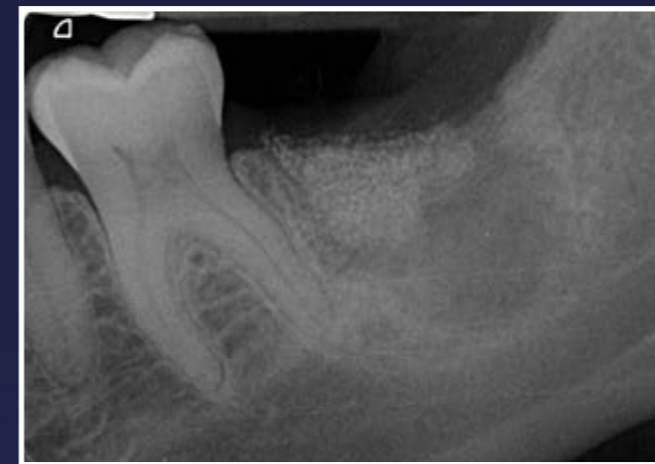
5. Extraction socket prior to degranulation



6. EthOss bone graft material is placed and dried with a sterile gauze for 5 minutes



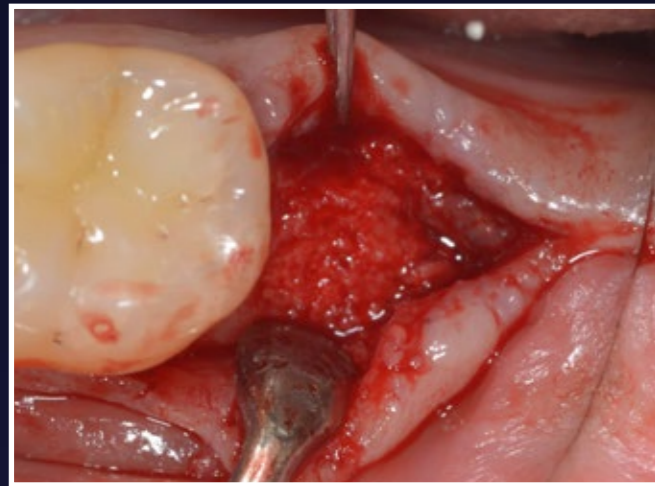
7. Flap released and sutured shut



8. Radiograph showing 10 weeks post-op



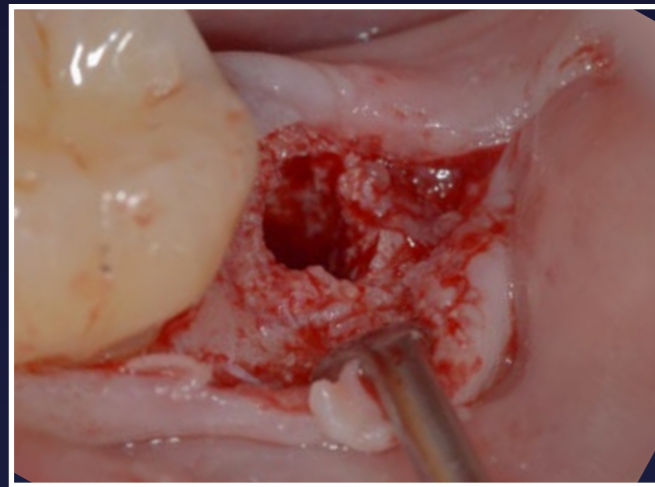
9. Healthy soft tissue and very wide ridge



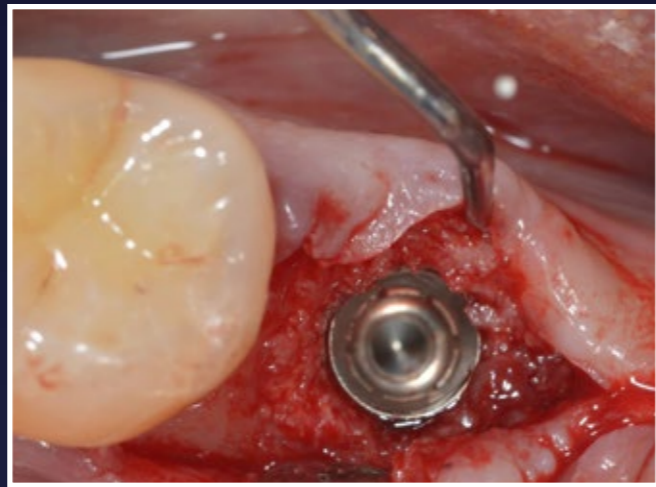
10. Flap raised showing new host regenerated bone



11. Radiograph prior to implant placement



12. D4 quality bone formation



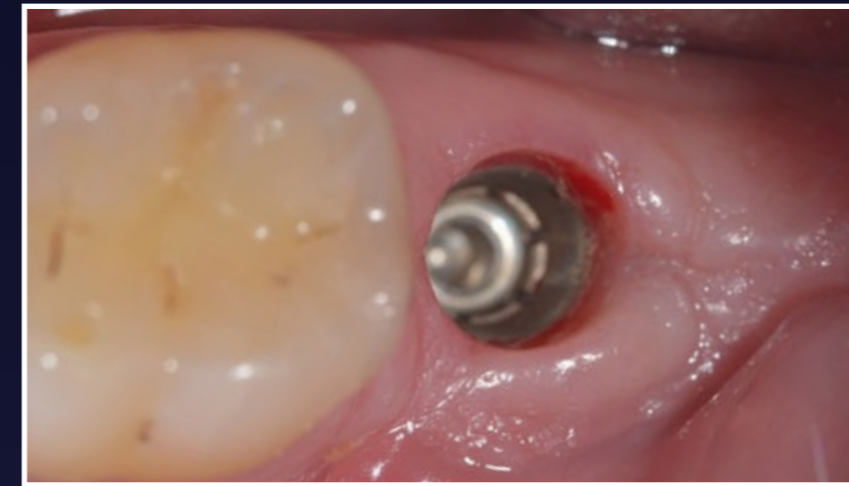
13. 4.8mm diameter Astra EV implant is placed



14. Sutured closed with vicryl. Note new (buccal) keratinised tissue formation



15. 10 weeks further healing



16. Healthy soft tissue maturation



17. Zirconia crown in place

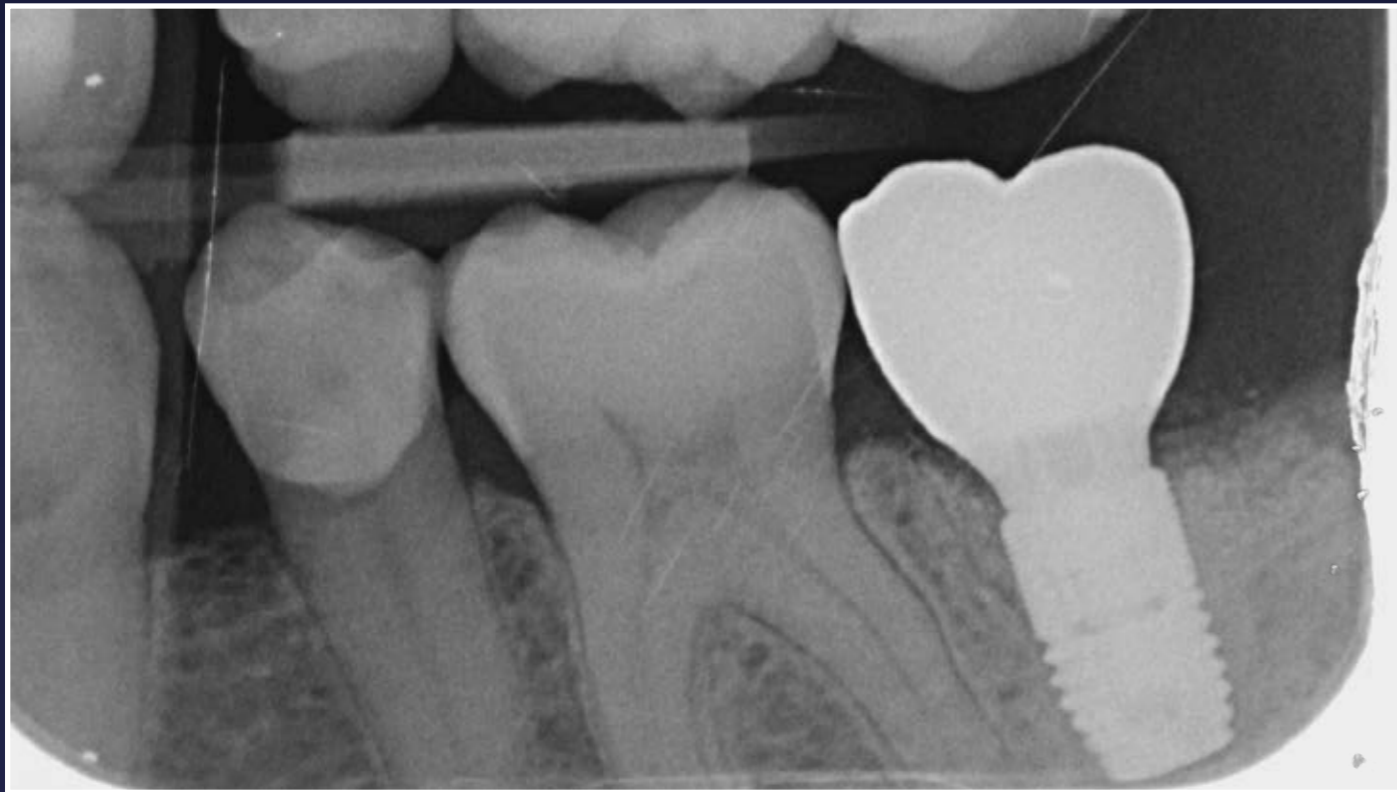


18. Happy with the outcome

RESULTS



1. Final PA showing excellent results



2. 1 year recall showing bone levels maintained

**GROW  
STRONGER**

PATIENT MEDICAL HISTORY

Female  
41 years old

Failed root canal therapy UR1

Endodontic retreatment carried out twice by specialist endodontist to no avail

Dr Mark Worthing,  
Hereford, UK



🇬🇧 Dr Mark Worthing



1. Pre-op



2. Pre-op occlusal view



3. Pre-op



4. Decoronation

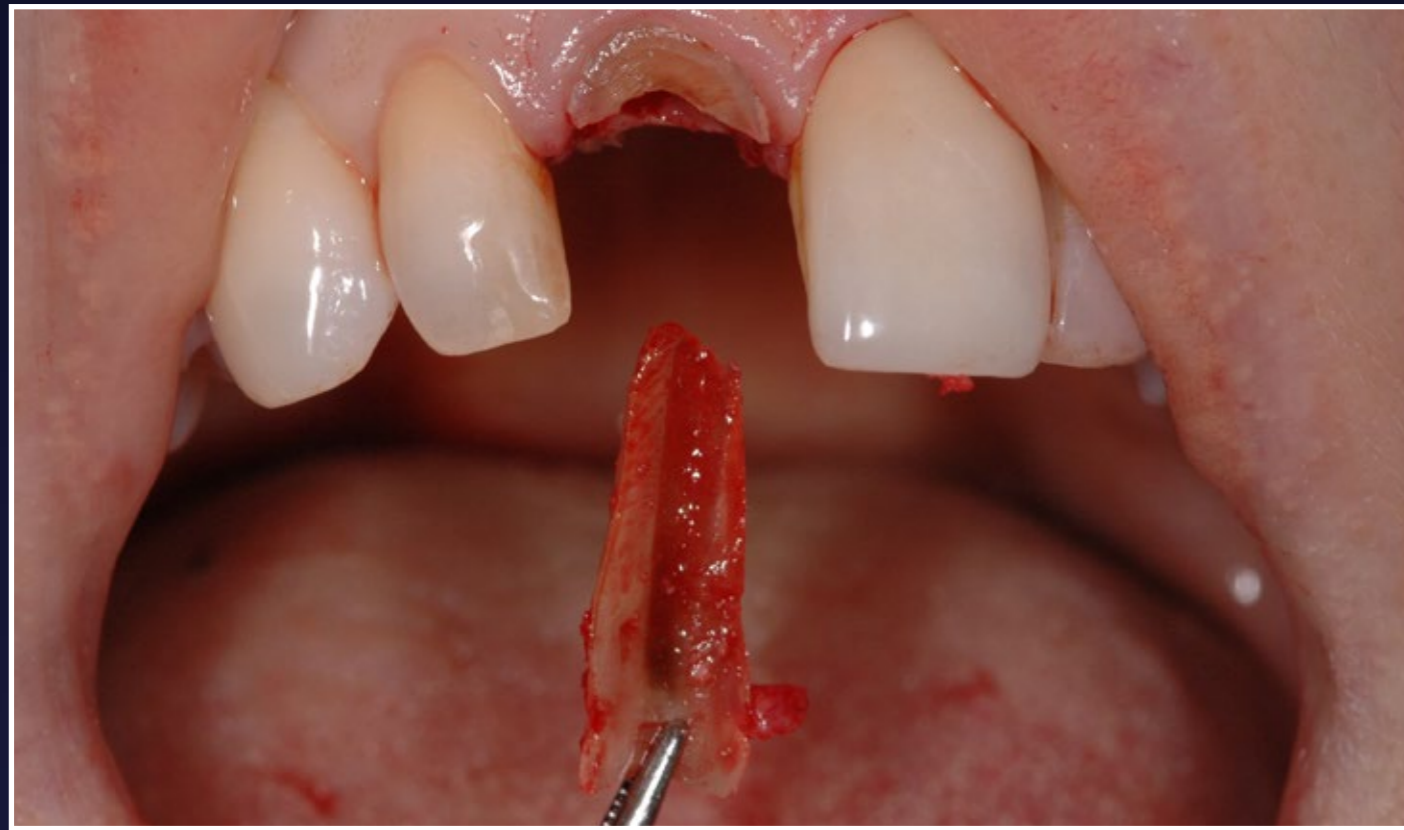


5. Check radiograph for partial extraction therapy

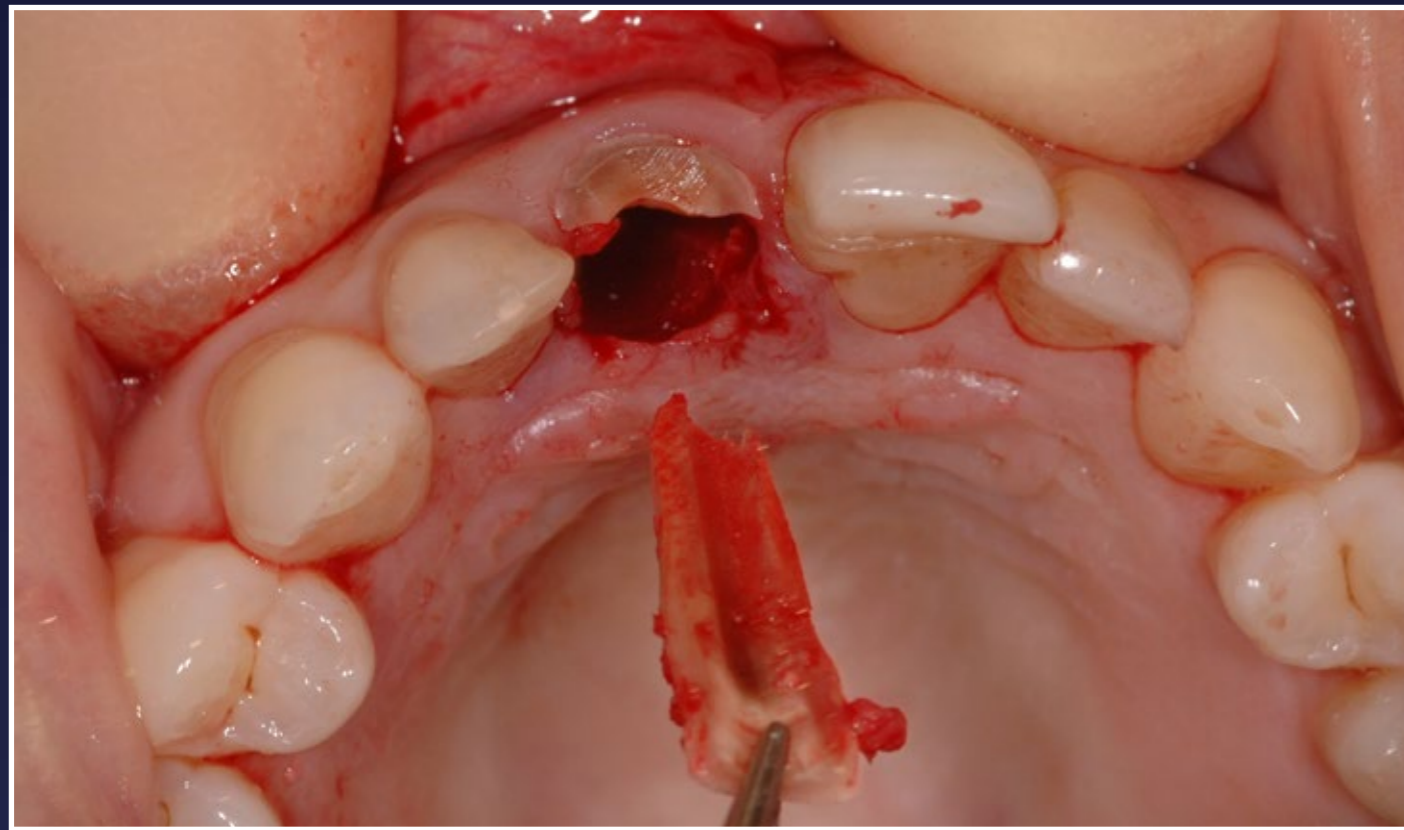


6. Partial extraction therapy preparation

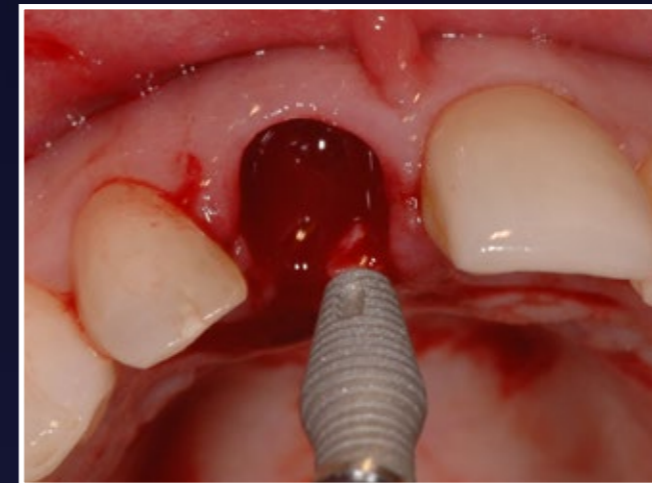




7. Partial extraction therapy



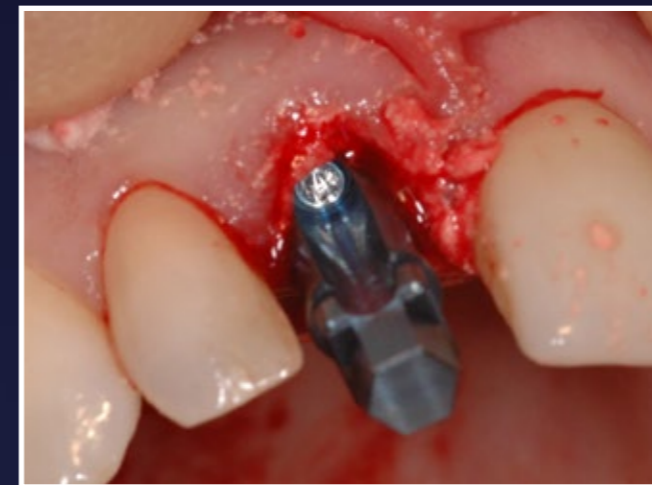
8. Partial extraction therapy



9. Fixture placement INVERTA by Southern Implants



10. Fixture placement INVERTA by Southern Implants



11. Fixture placement INVERTA by Southern Implants



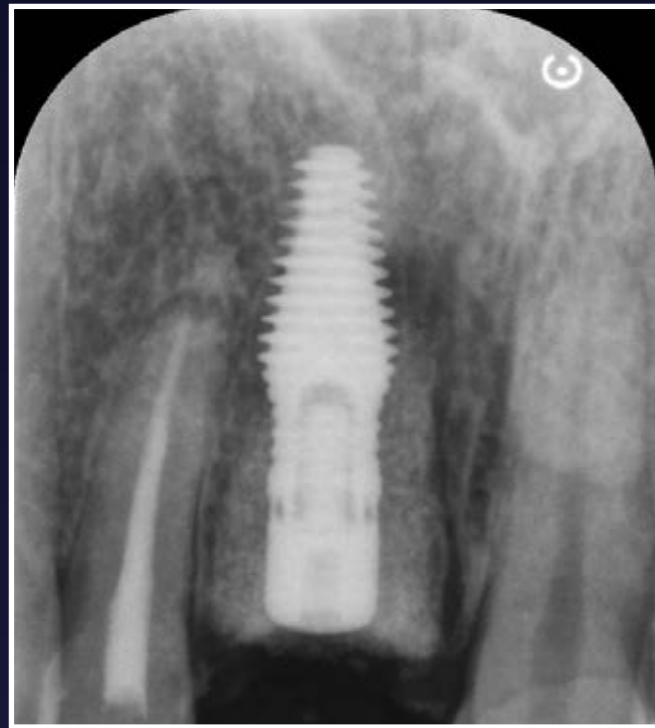
12. EthOss in jump gap



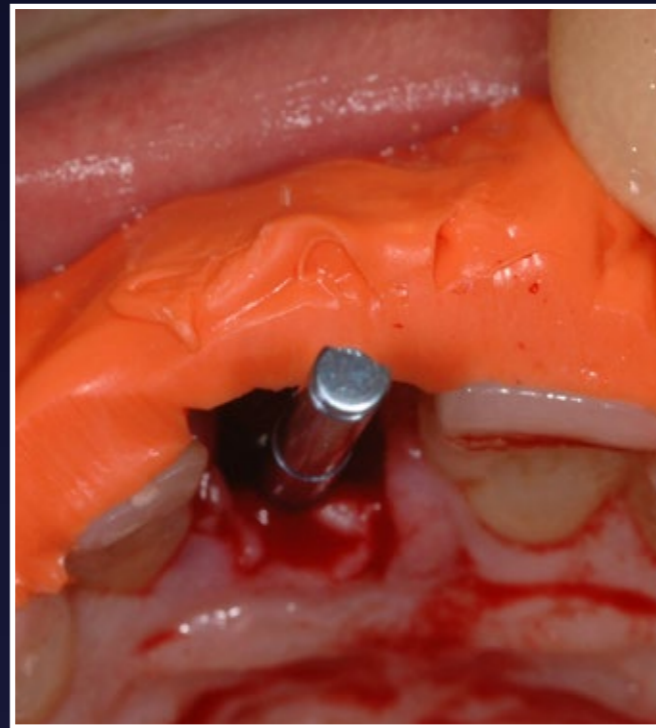
13. EthOss is placed



14. Additional EthOss is placed



15. Fixture placement INVERTA by Southern Implants



16. Silicone key to assess for screw emergence



17. Immediate restoration



18. Immediate restoration



19. Immediate restoration



20. Final crown

# GROW YOUR UNDERSTANDING



21. Final crown



22. Restored

PATIENT MEDICAL HISTORY

Female  
58 years old  
Non smoker, non diabetic

Case referred from endodontist  
LR7 had a poor prognosis due to fracture in MB root

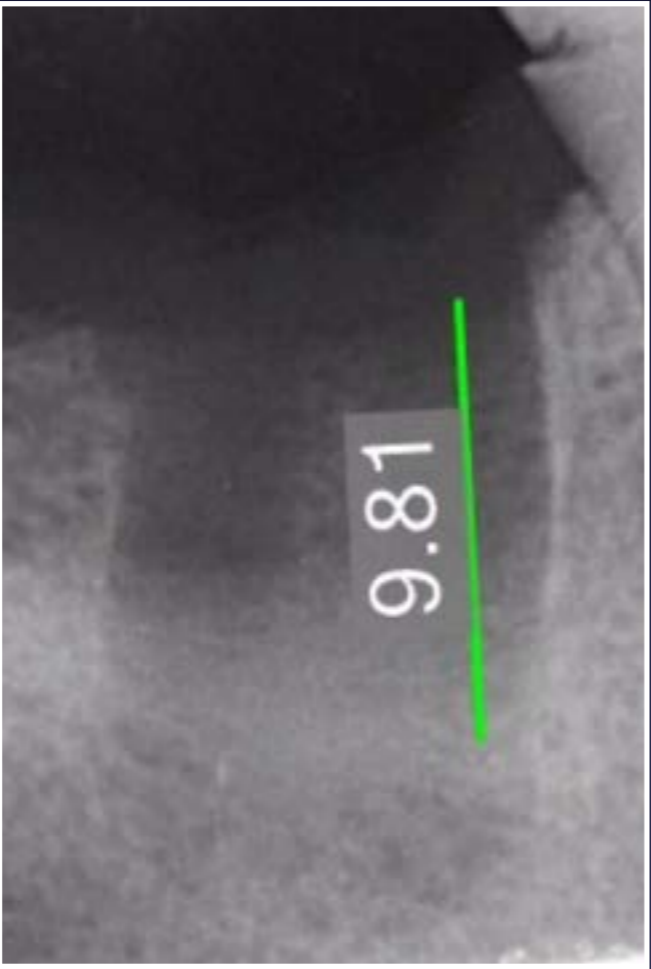
Case from Dr Peter Fairbairn,  
London, UK



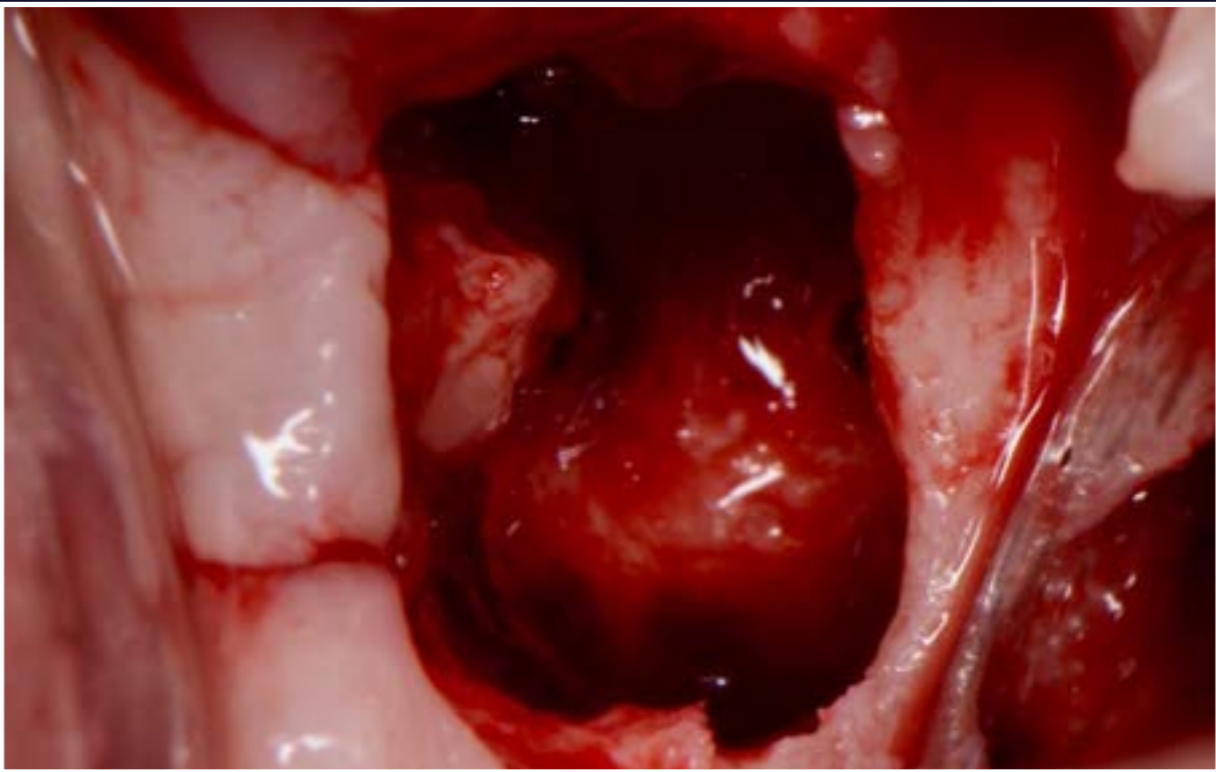
🇬🇧 Dr Peter Fairbairn



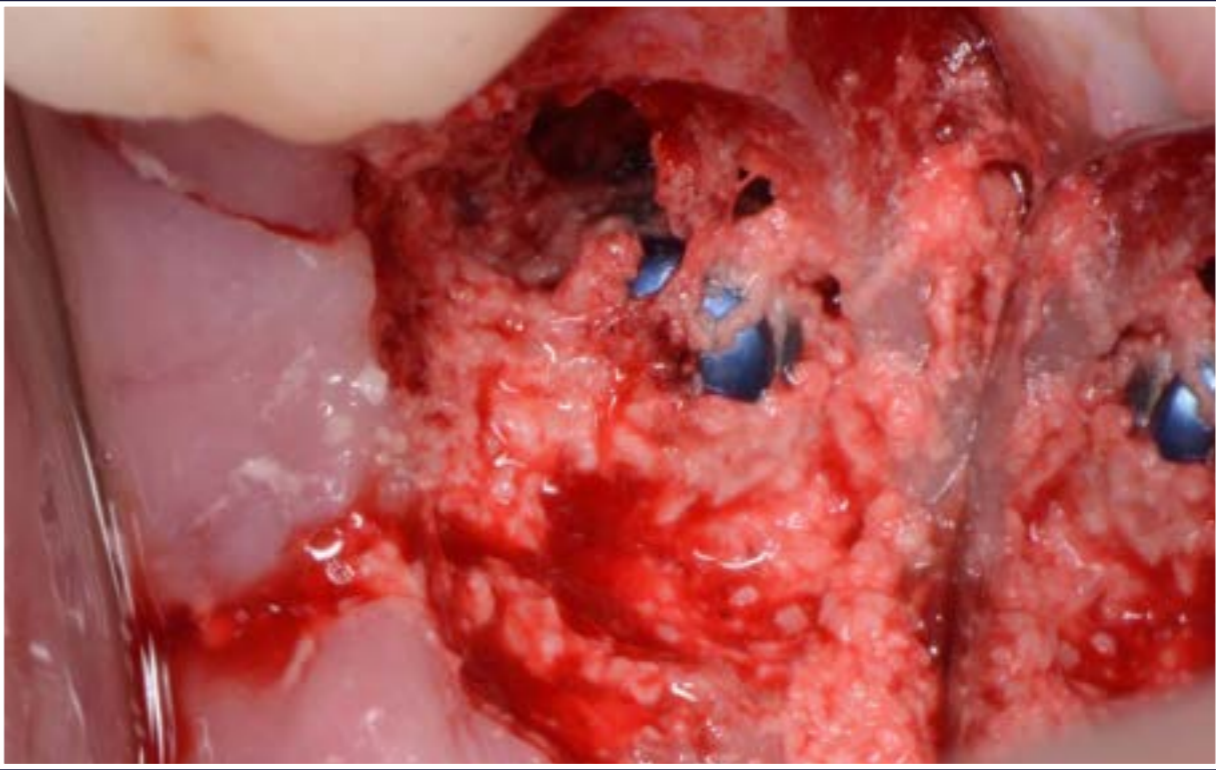
1. Referred to Endodontist but was advised of poor prognosis due to fracture in MB root



2. Tooth removed and left to heal for 3 weeks

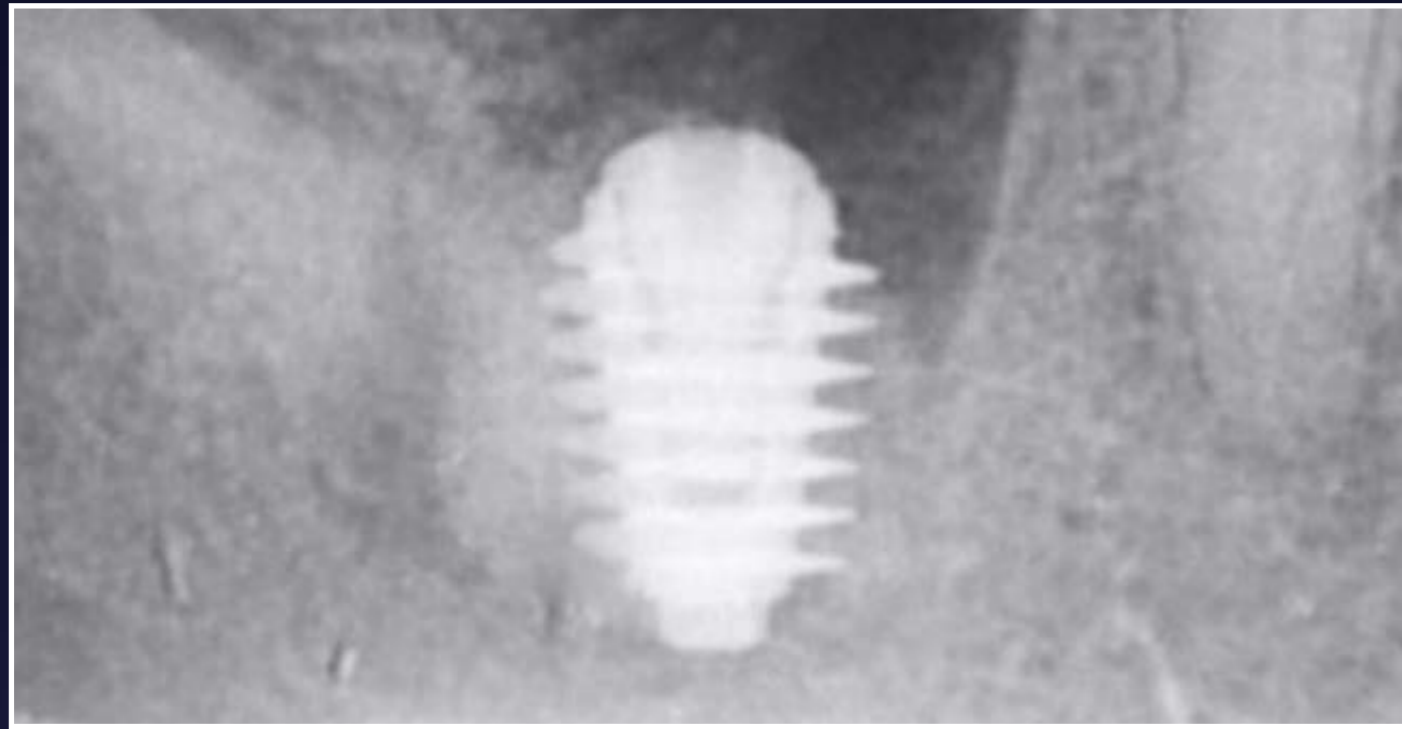


3. Three weeks following extraction - large defect visible, consideration over the size of implant to choose



4. Due to nature of site decided to place EthOss and then push a 5mm by 8.5mm AnyRidge implant directly into the graft with no primary stability or bone to implant contact. Graft material was allowed to set whilst implant was held in place with cover screw driver

**“Push-in” Implant Technique**



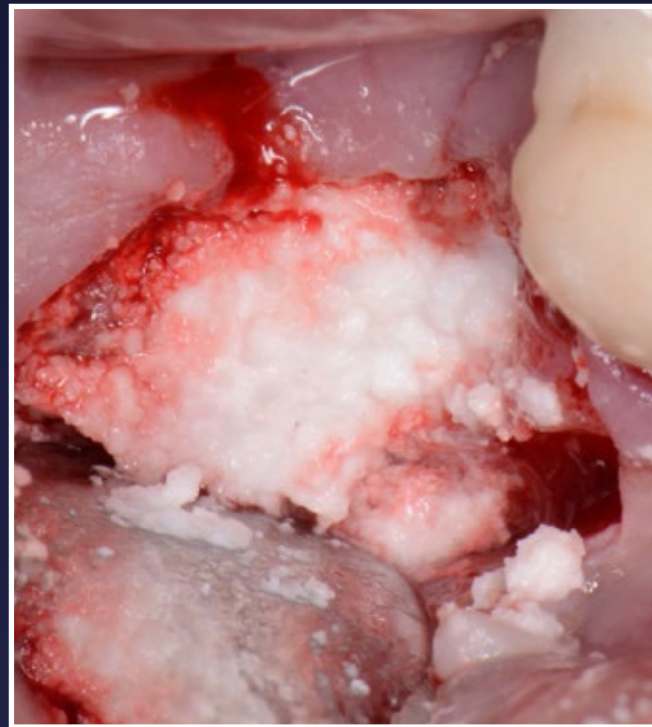
5. Implant pushed into the EthOss



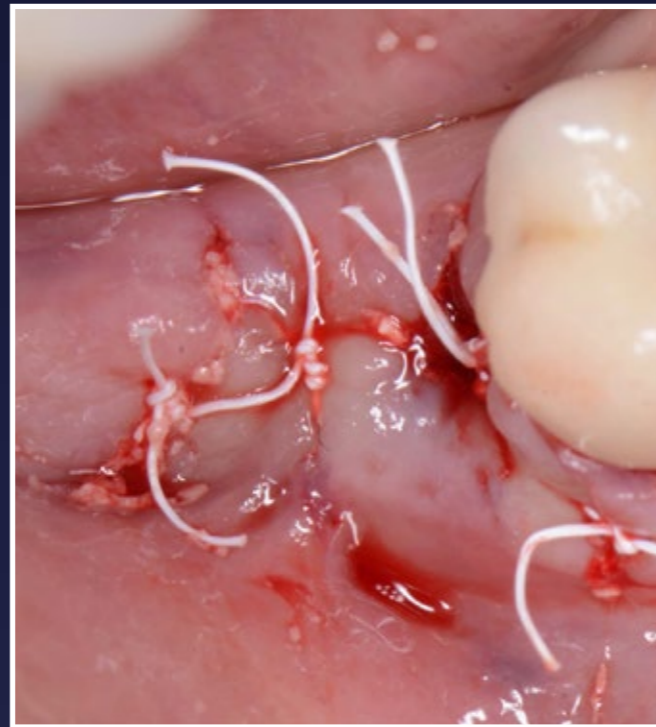
8. Radiograph at placement



9. Radiograph 1 week post-op, great result



6. Second, drier mix over the top



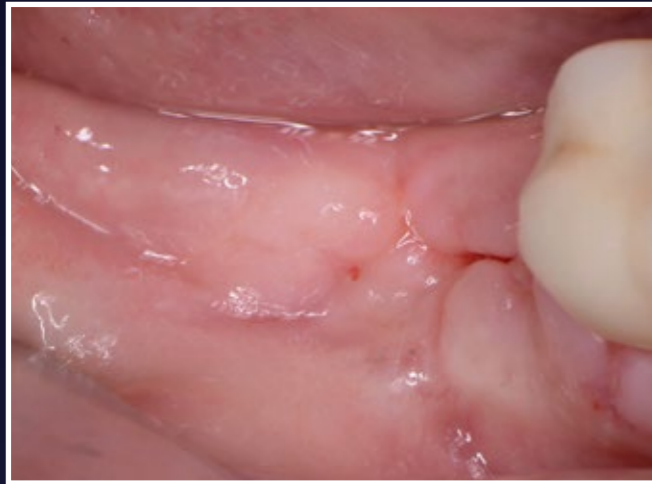
7. Sutured closed PFTE 3.0



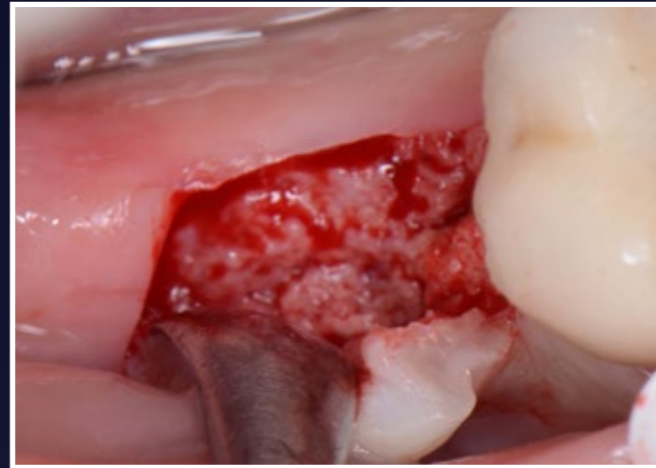
10. 1 week post-op, sutures to be removed



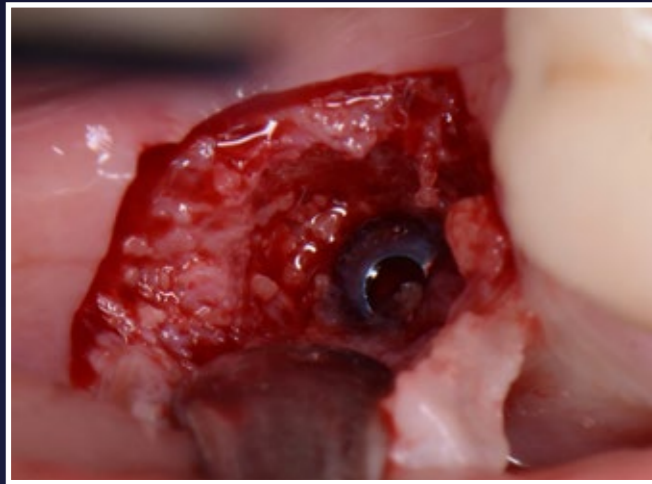
12. 10 weeks later implant is ready to load



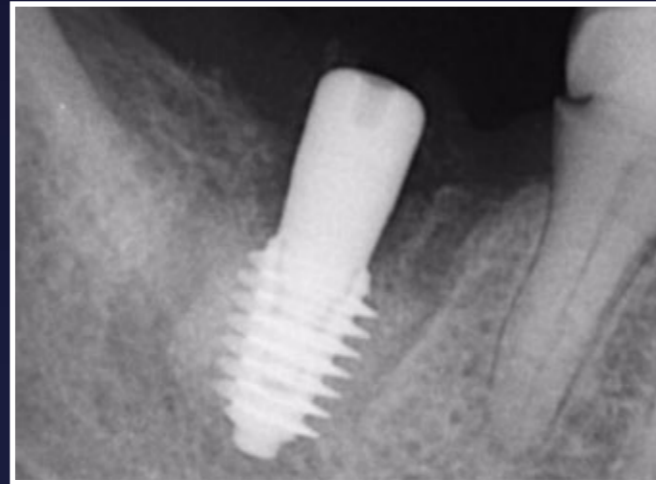
11. Excellent soft tissue healing



13. Flap raised to show the new host regenerated bone



14. Bone removal by round bur to access the implant



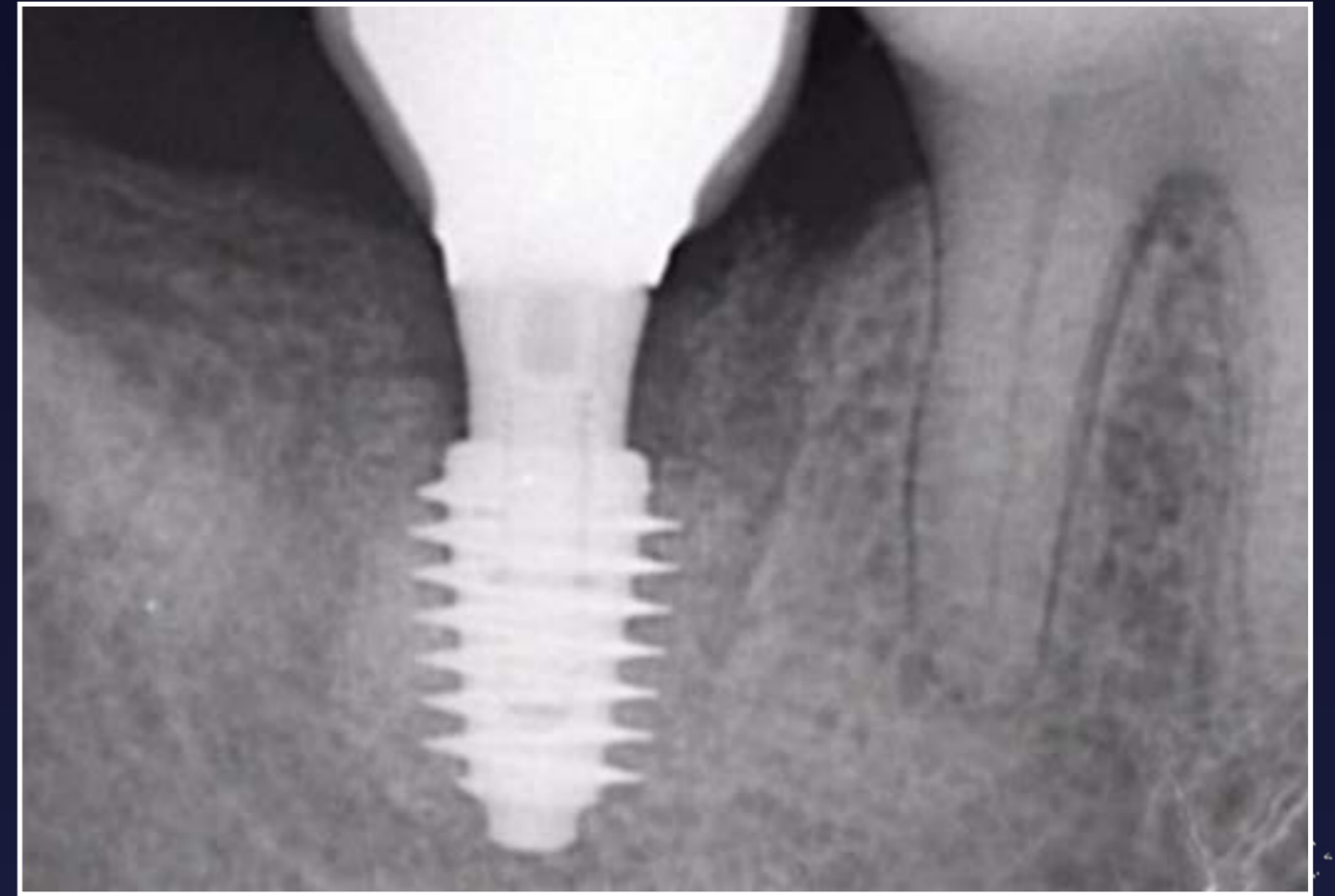
15. Healing cap fitted for a week and then impressions



16. 10 days later



17. Screw retained and max crown on the LR7



18. Case loaded - stability reading of 76 ISQ

## PATIENT MEDICAL HISTORY

Female  
50 years old  
Non-smoker

Single premolar replacement, small buccal defect augmented with EthOss

10 weeks later opening and bone. Healing abutment inserted. Patient will return to referring dentist for crown

Case from Dr Kristina Saarepera, Estonia



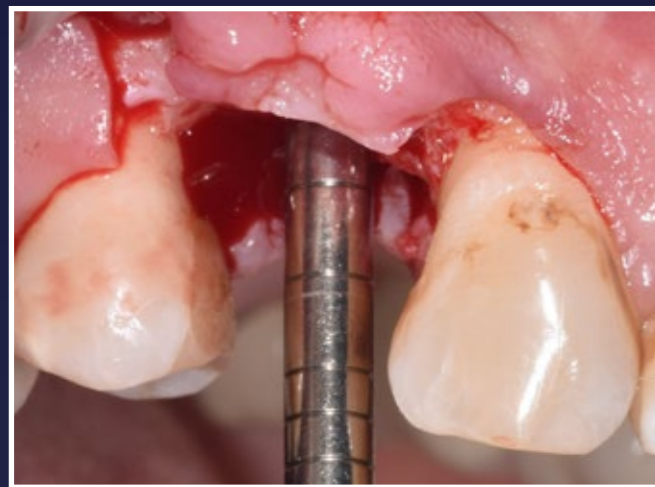
 Dr Kristina Saarepera



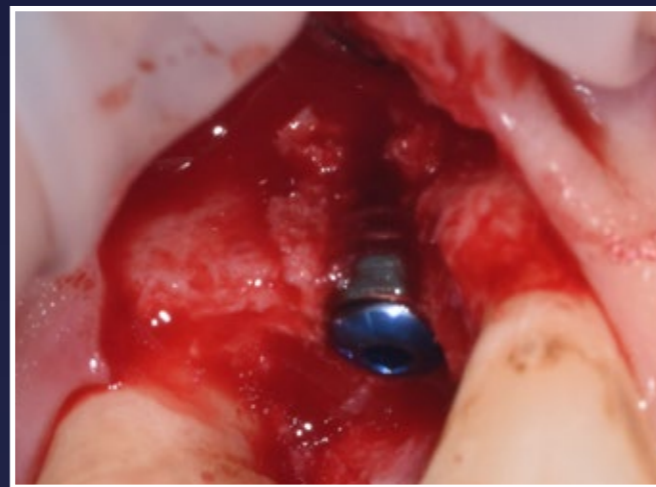
1. Pre-op view



2. Small buccal defect



3. Implant axis is checked



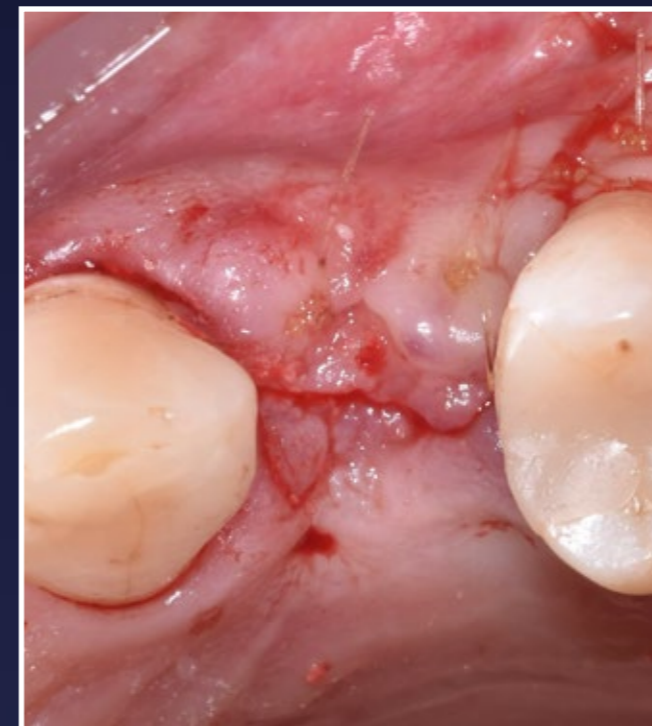
4. AnyRidge implant placed, few threads uncovered



5. Augmentation with EthOss bone graft material



6. View from another aspect

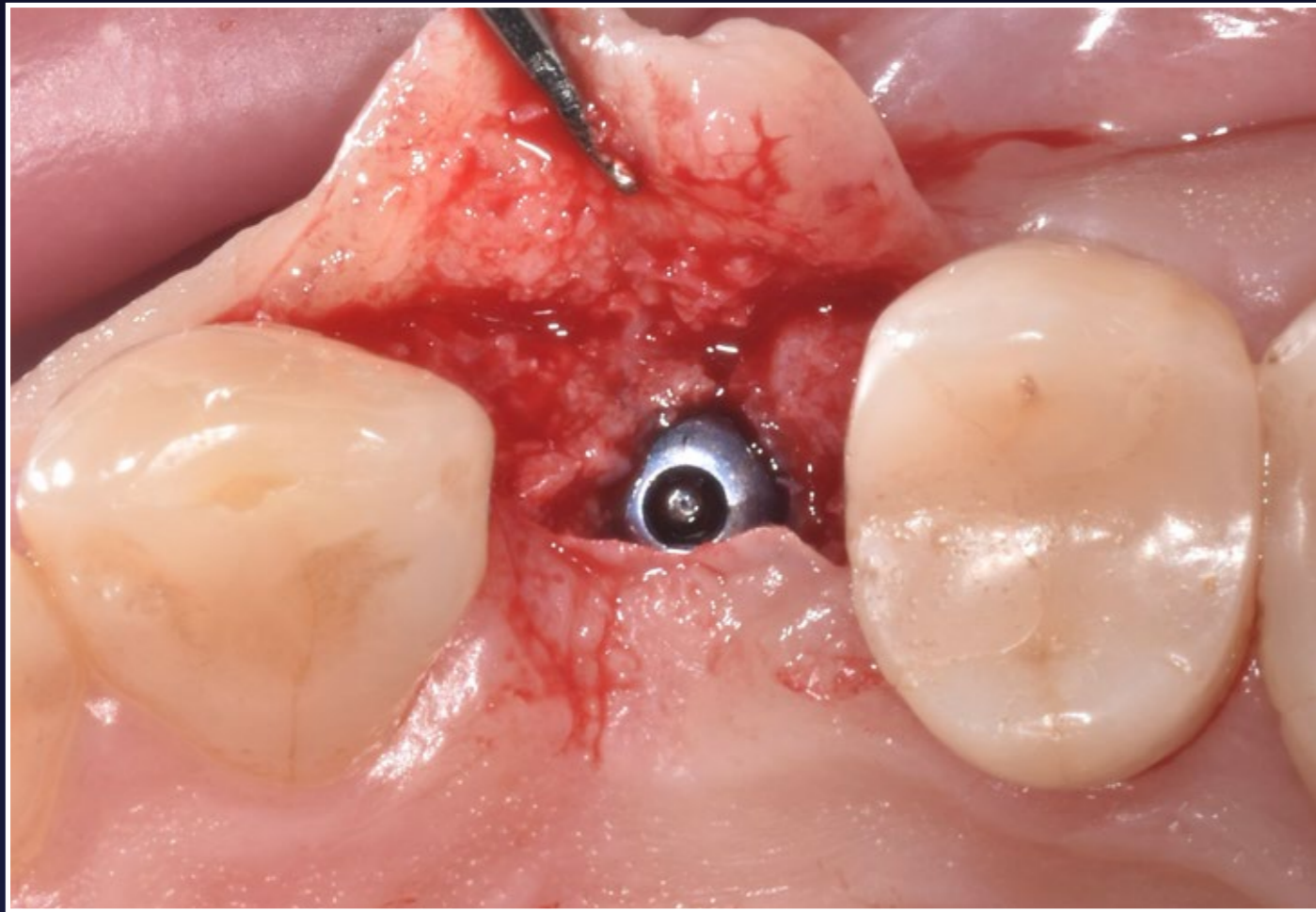


7. Tension free closure

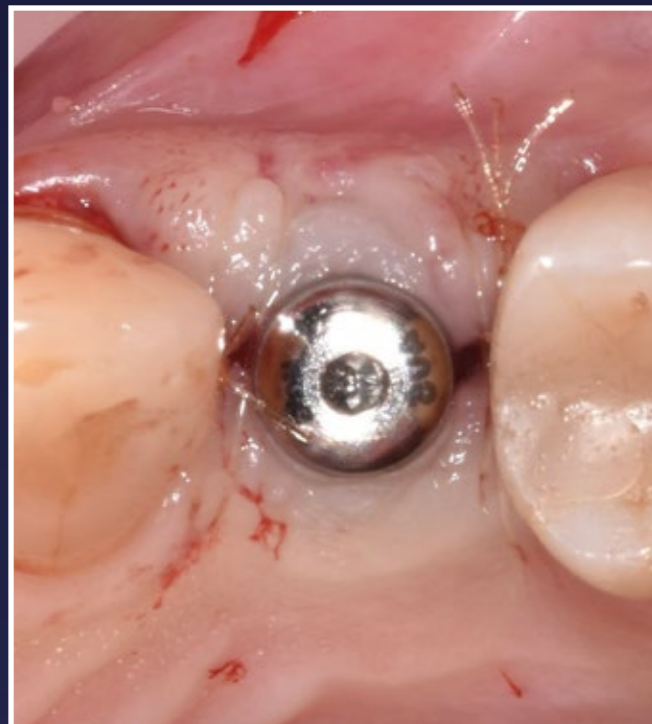


8. 10 weeks post-op

**GROW**  
**FASTER**



9. Healthy host bone is visible



10. Healing abutment placed



11. Radiograph post-op



PATIENT MEDICAL HISTORY

Female  
29 years old  
  
Hyperacidity, non-smoker  
  
UR4 and UL5 extracted 7 years ago  
  
Case from Dr Pretam Gharat,  
London, UK



🇬🇧 Dr Pratem Gharet



1. Anterior image of the dentition



2. Left buccal view



3. Upper occlusal view



4. Close-up missing UR4



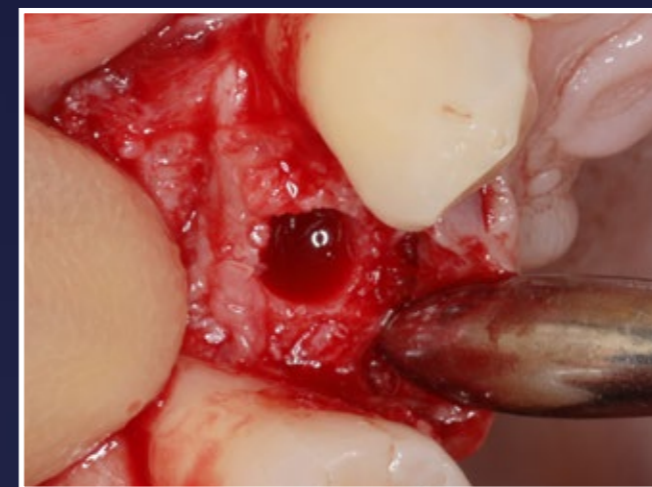
5. Initial incision UR4



6. Flap raised



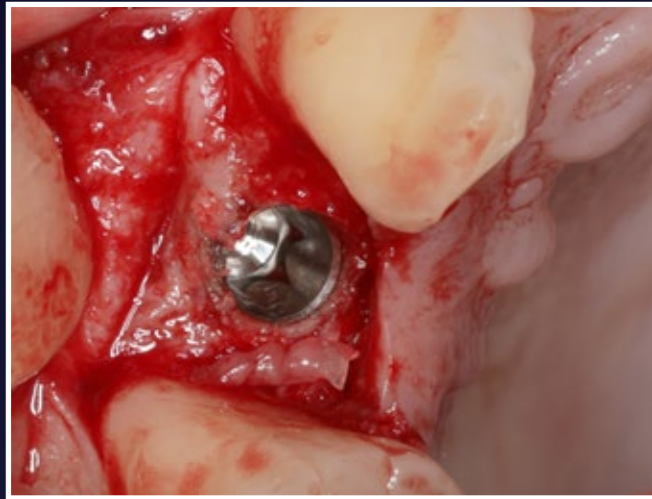
7. Sequential drilling using Versah burs



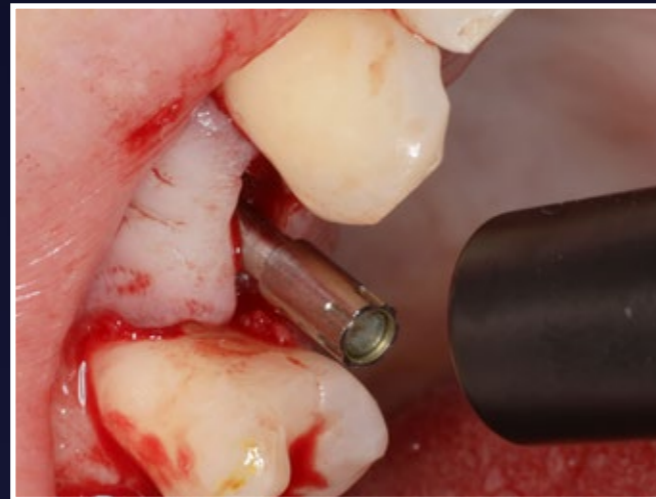
8. UR4 osteotomy visualised



9. Fixture placed at 50Ncm



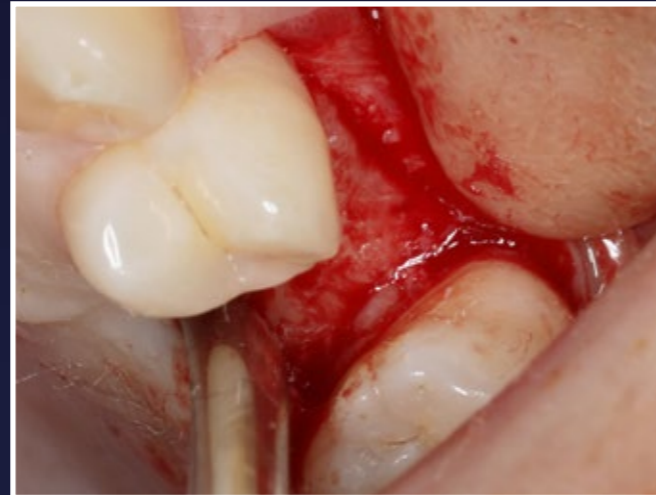
10. Fixture approx. 1mm sub-crestal



11. RFA unit used. ISQ measured at 83



12. Incision for UL5 implant placement



13. Flap raised



14. Versah burs used to under prepare osteotomy



15. EthOss mixed with saline and pushed into the osteotomy



16. Versah burs used in reverse to slowly propel the EthOss into the sinus, thereby gently tenting the membrane



18. Osstem TSA III SA 4.0 at 10mm fixture placed at 50Ncm



20. Facial view with provisional crowns in situ



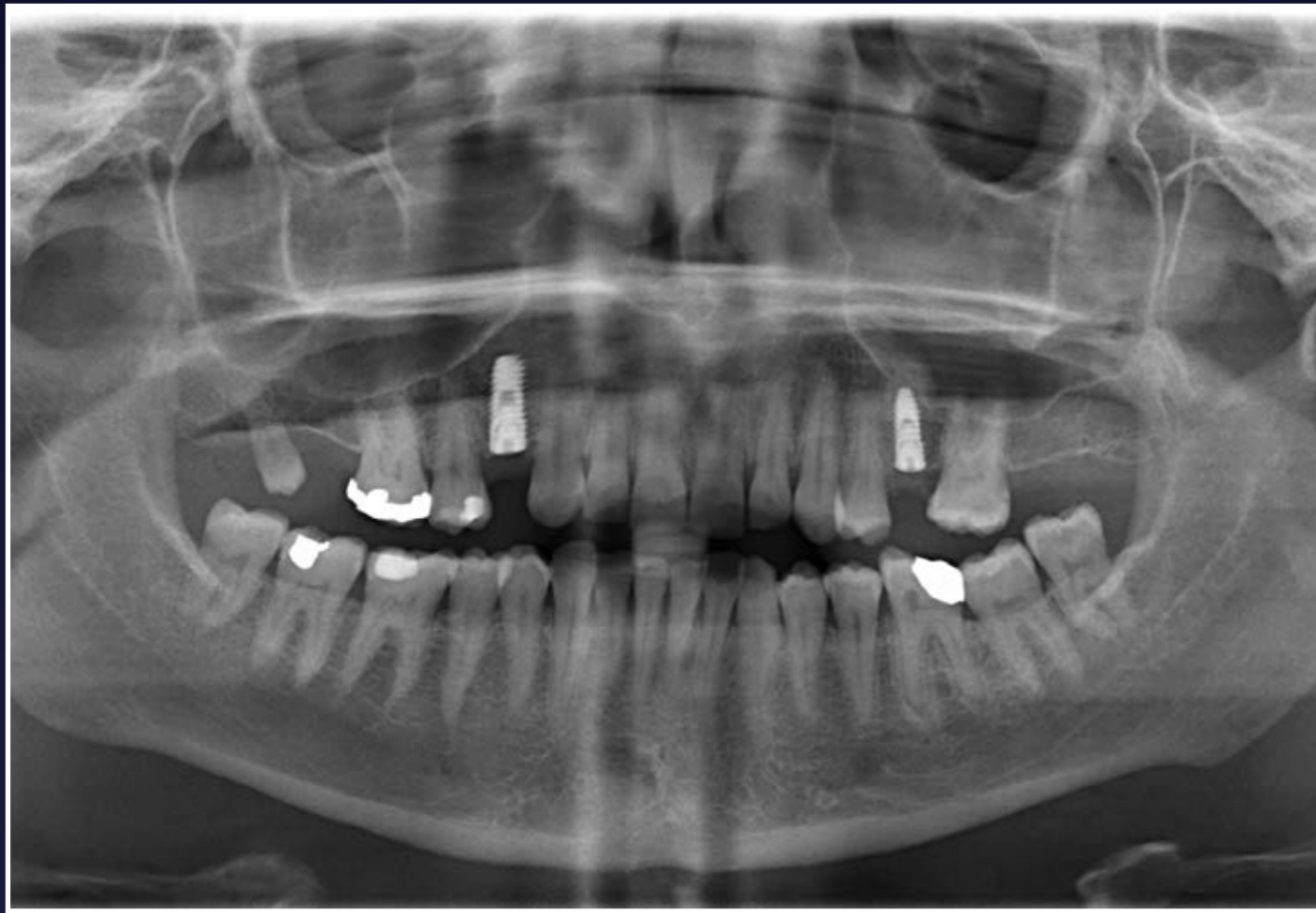
17. More EthOss packed into the osteotomy



19. Provisional crown in place



21. UR4 provisional crown out of function



22. Panoramic view showing the UR4/UL5 implants

GROW YOUR  
KNOWLEDGE

PATIENT MEDICAL HISTORY

Male  
20 years old

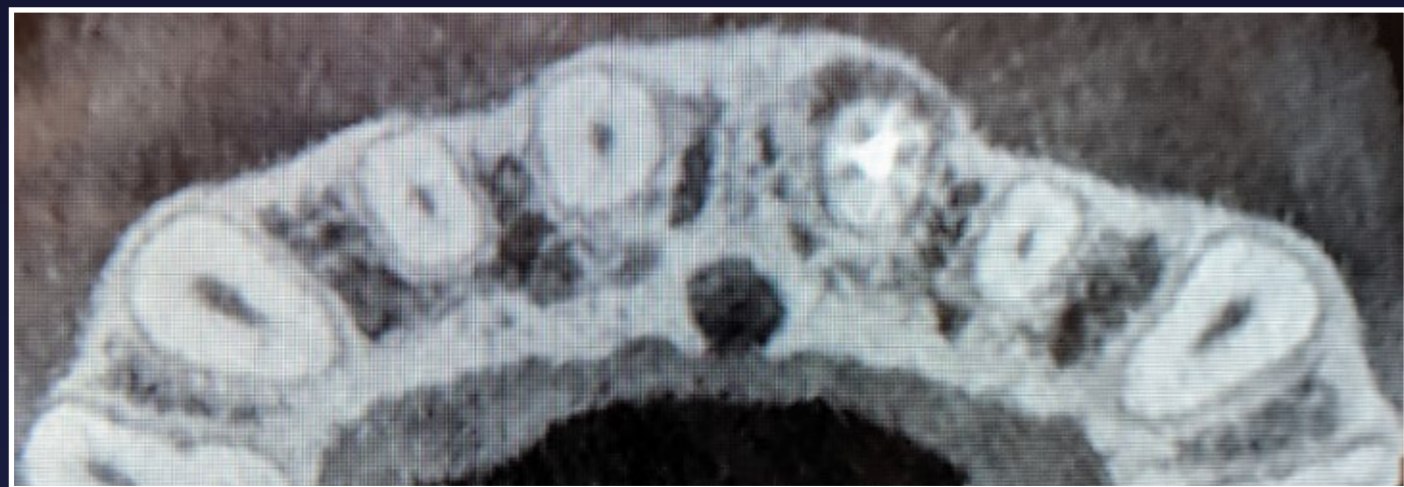
Previous assault. UL1 fractured off. Root filled and crown rebonded

Decided on Southern INVERTA immediate placement and load with EthOss buccal build

Dr Dominic O’Hooley,  
Leeds, UK



🇬🇧 Dr Dominic O’Hooley



1. Radiograph shows left central incisor was fractured off at gingiva level



2. Pre-op radiograph shows preserved root and bone intact although a bit of bone loss on the palatal side



3. Pre-op radiograph



4. 1 year later - crown had snapped off again and was recemented by a local dentist. Shows an aesthetic compromise and needed to think about doing something more long term and predictable for the patient



5. Removal of tooth



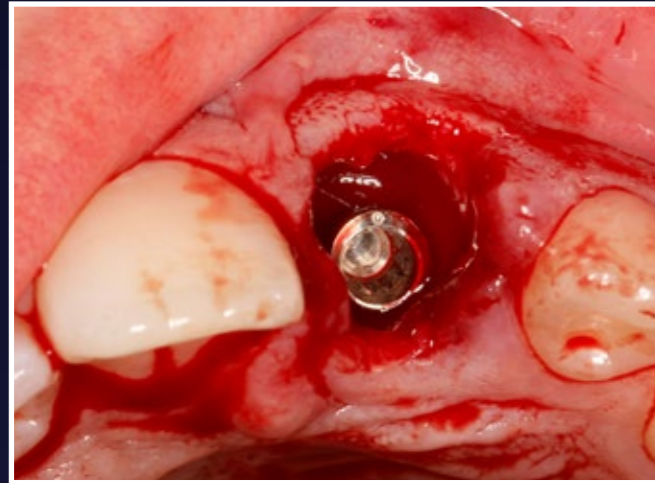
6. Removal of tooth



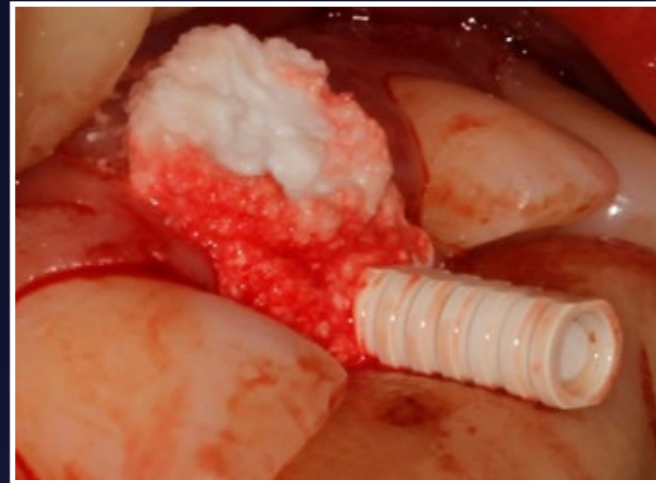
7. Immediate placement of Southern INVERTA Implant



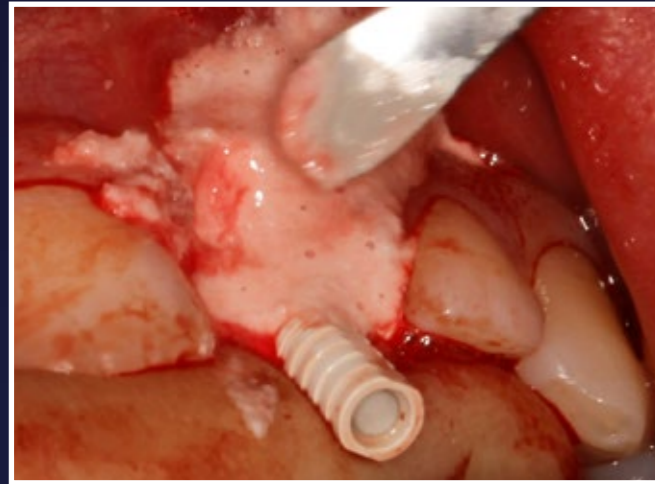
8. Continued surgery



9. Showing CoAxis and implant position



10. EthOss is placed



11. EthOss is placed



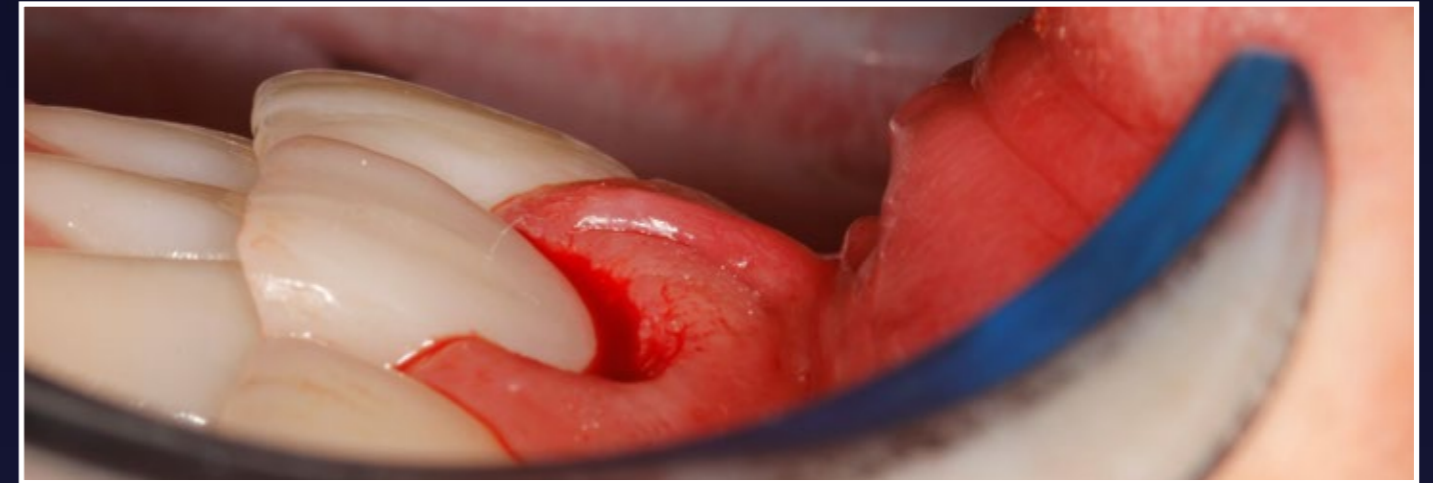
12. EthOss build with PEEK abutment



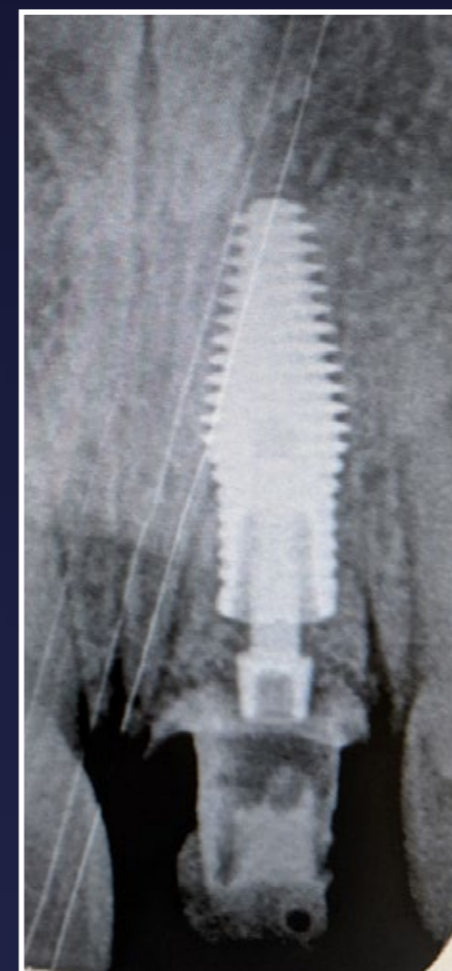
13. PEEK abutment removed and EthOss dried in situ



14. Provisional crown fitted



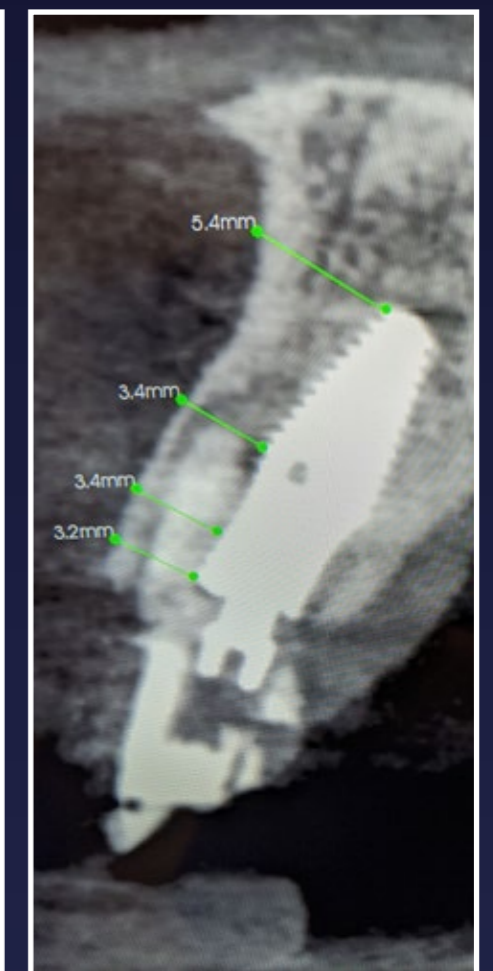
15. Shows space between provisional crown, apical portion and the gingiva. Slight trauma on the gum from tooth removal



16. Radiograph showing implant placement



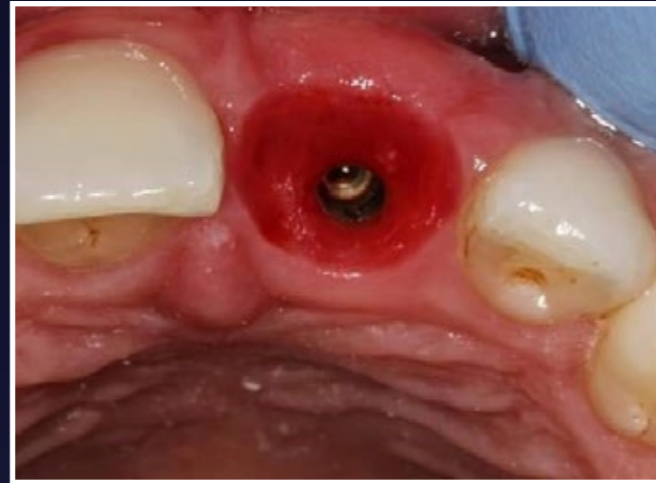
17. Radiograph shows socket full of well placed EthOss bone graft material



18. Alternative view



19. 12 weeks later showing tissue maturation and healing



20. Excellent emergence. The papillae both distally and mesially has been preserved



21. Alternative view of emergence



22. Impression post fitted for a pickup impression



23. Composite was used to record the emergence profile



24. 11 months post placement - fitting final crown

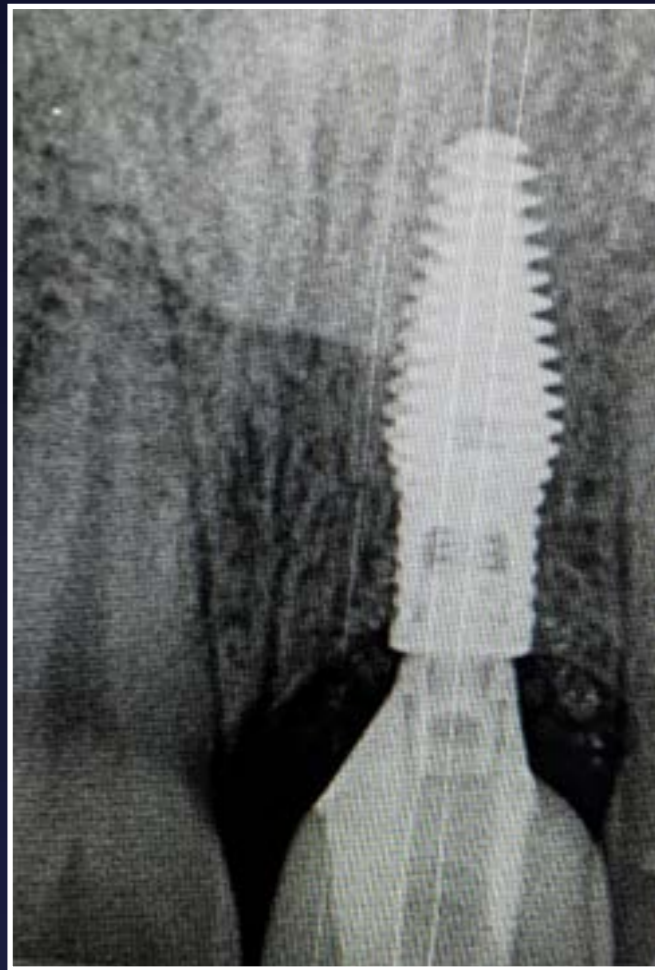


25. Immediately after placement. Above left front tooth shows slight gingival blanching. Distal papillae is slightly white which is normal but make sure the blanching starts to disappear a few minutes after placement. If blanching remains after 20 minutes, crown should be removed and adjusted



26. 10 minutes post placement - excellent result

RESULTS



27. Radiograph 11 months post-op at loading



28. 11 months post-op - CT scan shows healthy host bone. Buccal total ridge preservation dimension coronally and vertical improvement both labially and palatally

# GROW SIMPLER

PATIENT MEDICAL HISTORY

Female  
35 years old

Healthy, non-smoker

Referred from dentist as patient did not want complex work or animal material.

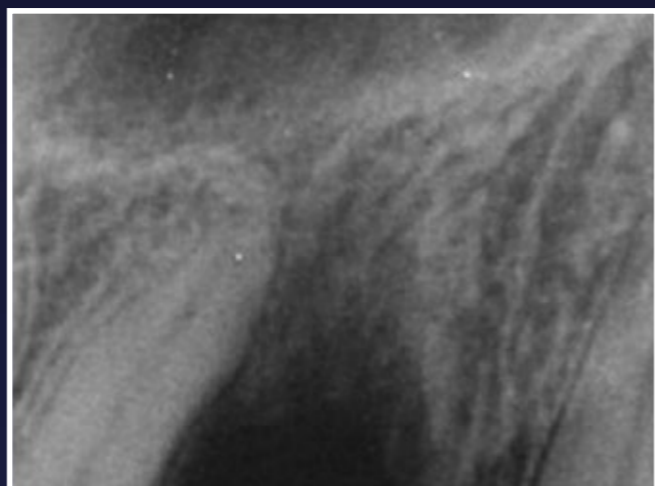
Case from Dr Peter Fairbairn,  
London, UK



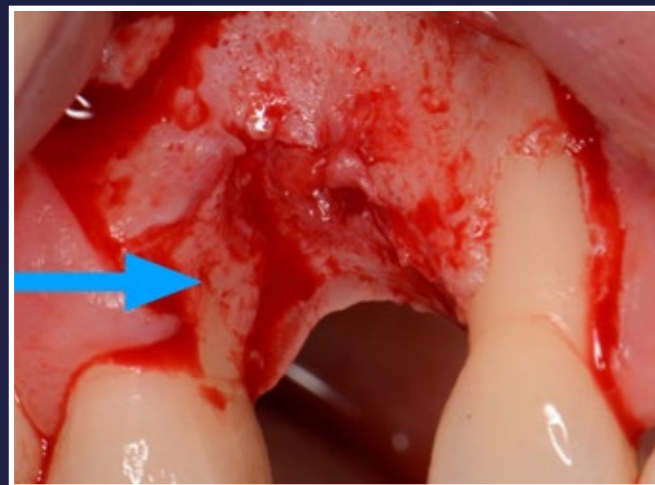
🇬🇧 Dr Peter Fairbairn



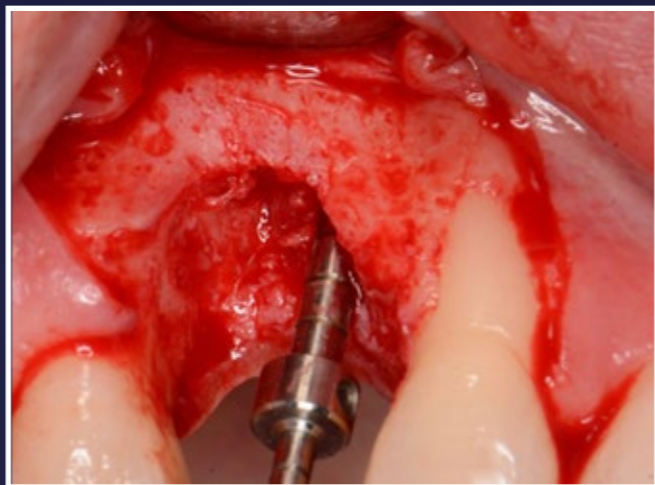
1. Vertical and horizontal loss of hard and soft tissues visible



2. Radiograph showing bone defect



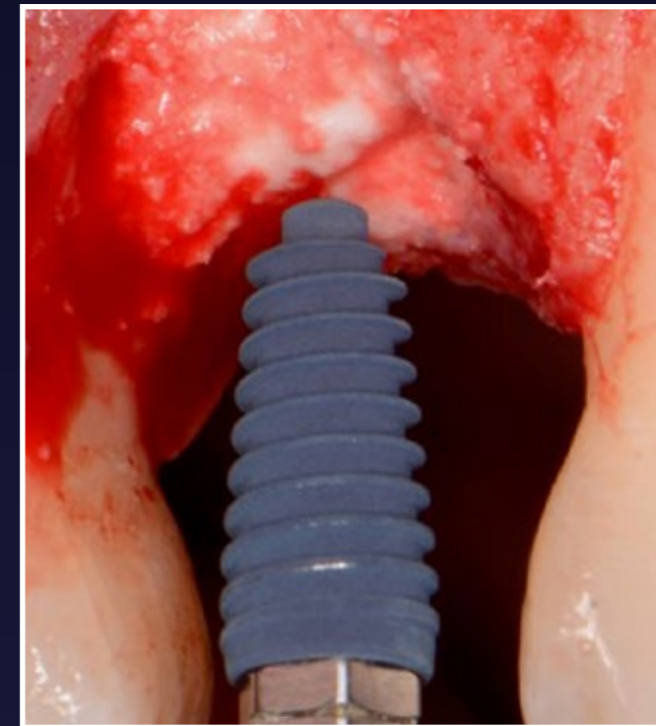
3. Bigger flap required as we will be restoring the defect on the mesial of the second premolar, as shown by arrow



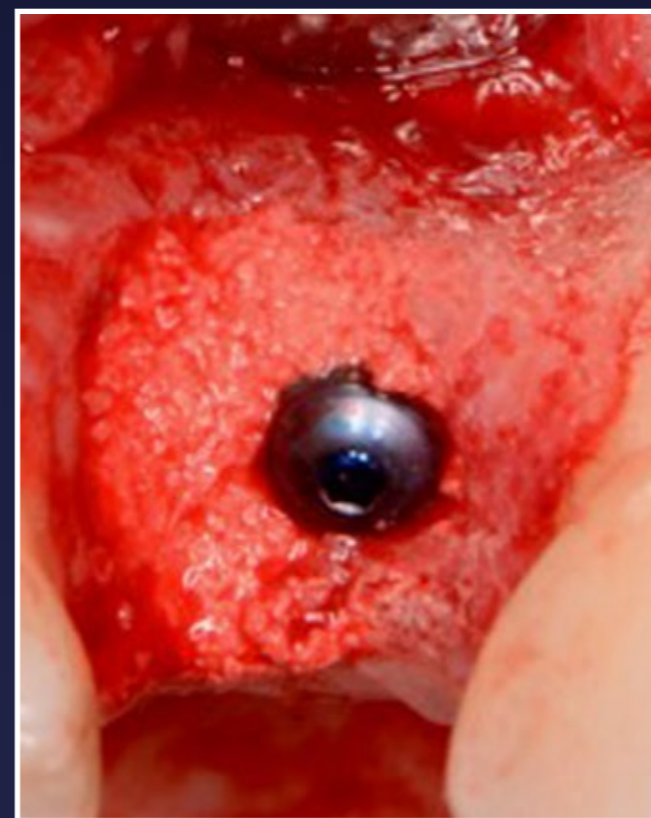
4. Hard tissue loss on the palatal - check the angle



5. Radiograph showing hard tissue loss on the palatal aspect - check the angle

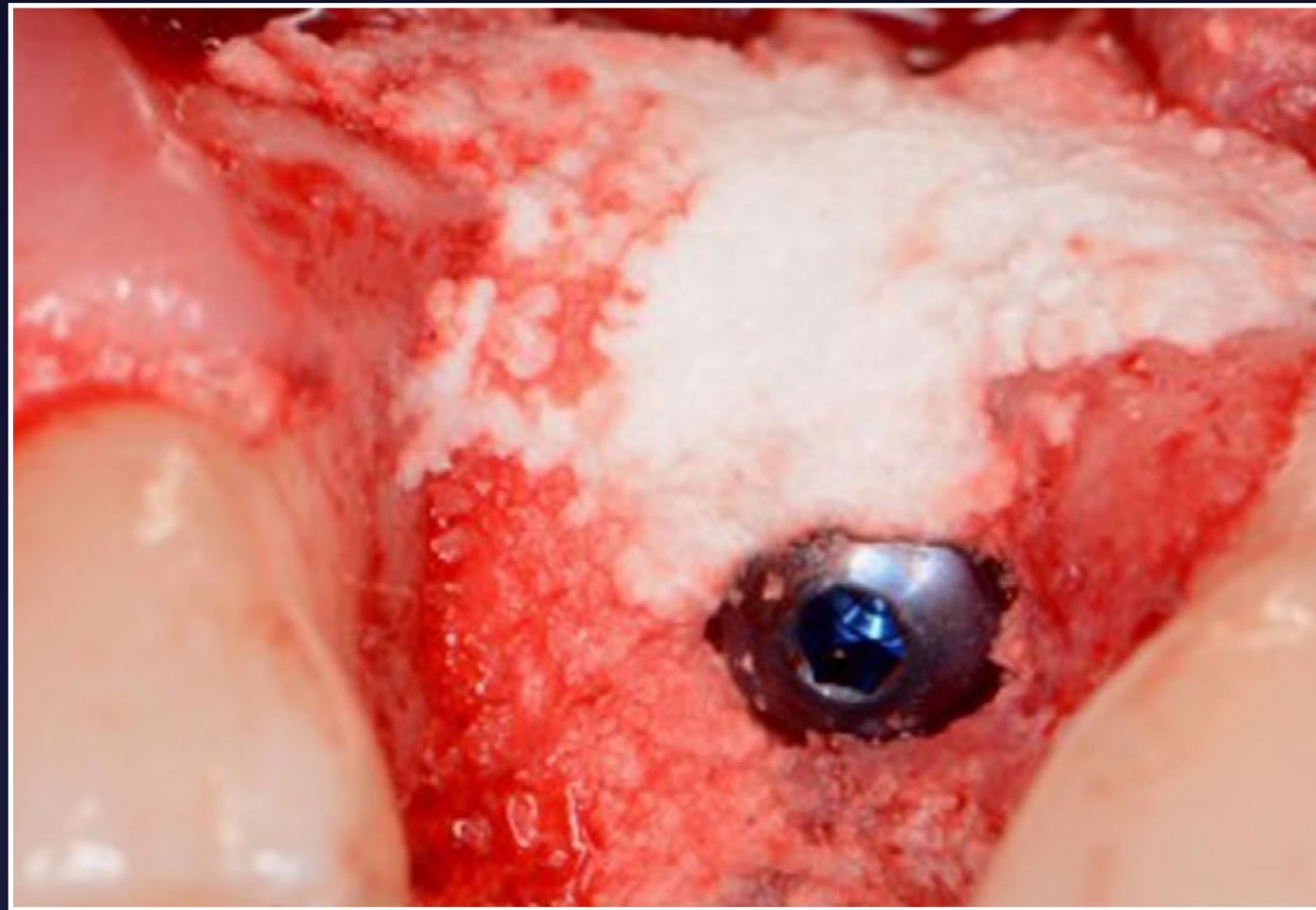


6. Palatal graft into the site and placement of 3.5mm wide implant to the correct level (1-2mm sub crestal)



7. Implant placed

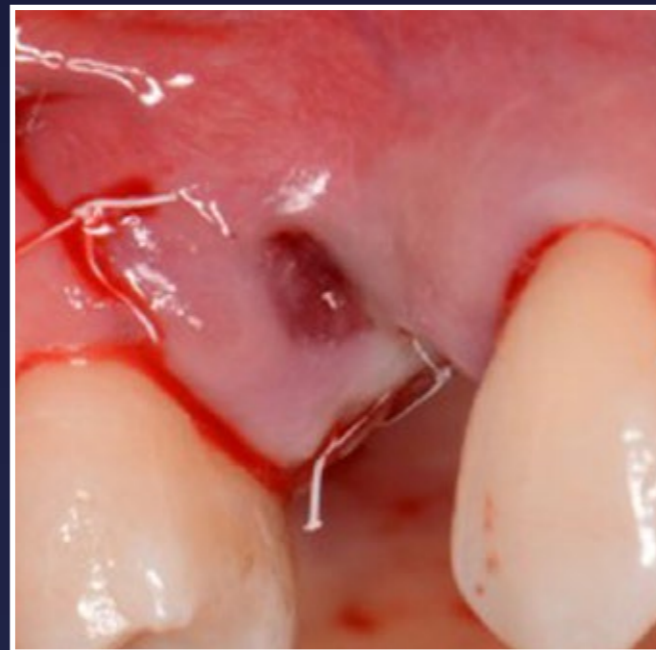




8. Additional bone graft to the correct level and on the buccal aspect with drier mix of EthOss



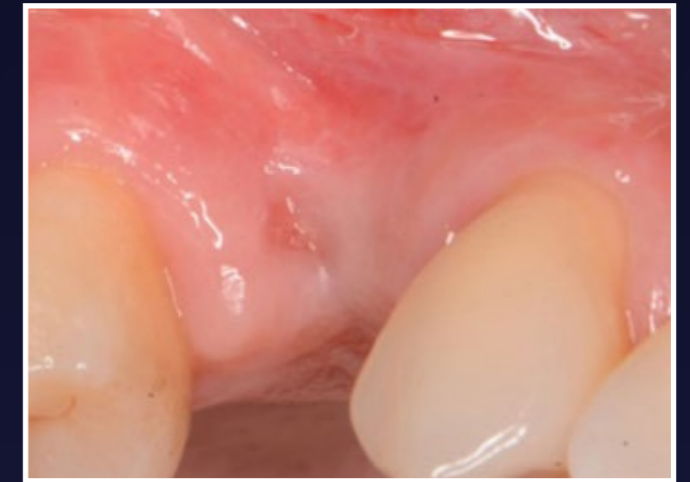
9. Radiograph of implant placement



10. Passive closure using PTFE sutures. Small opening on palatal aspect



11. Sutures removed at 4 days - healing on the open palatal area by secondary intention



12. Healed site at 10 weeks



13. Papilla sparing flap raised new bone visible on distal premolar



14. Small additional graft with EthOss



15. Healing cap placed



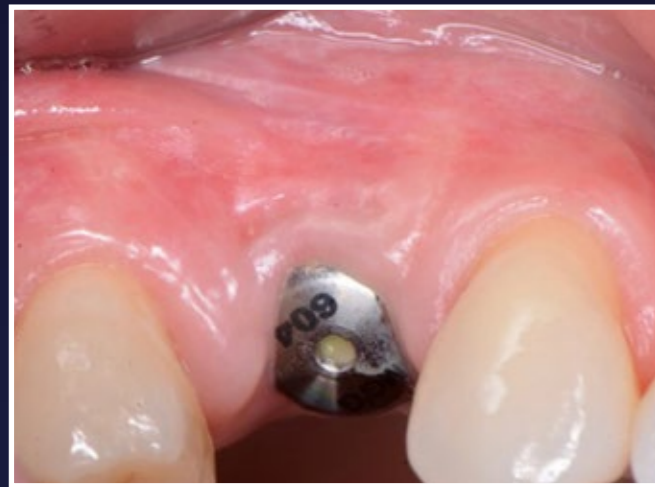
16. Sutures removed again at 4 days



17. Bigger healing cap to improve emergence and Blue®M gel used for soft tissue healing



18. Radiograph showing restoration of bone on the distal premolar



19. 2 weeks post-op



20. 2 weeks post-op



21. Loaded at 14 weeks post-op, restored papillae



22. Radiograph showing restored profile. This will improve with time and function

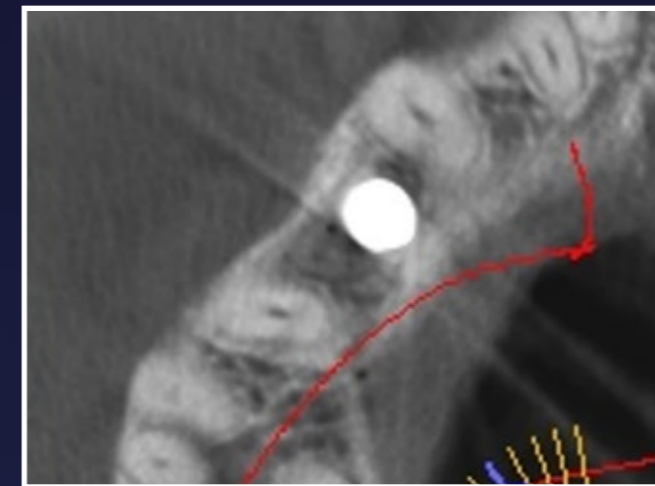
RESULTS



23. Loaded 6 months



24. Loaded 6 months



25. Loaded 9 months



26. Loaded 9 months

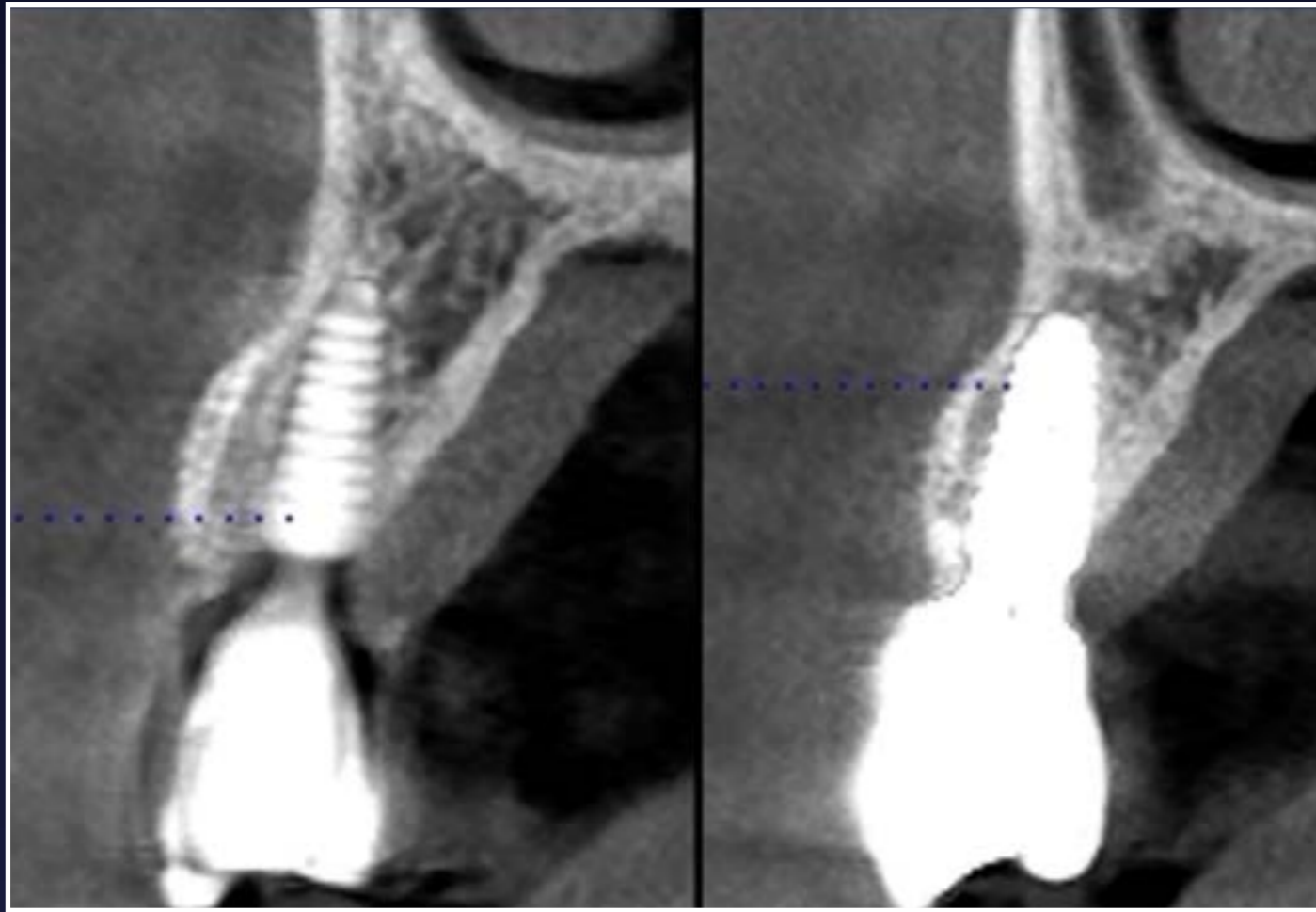


27. Loaded 9 months



28. Loaded 9 months

# GROW YOUR EXPERTISE



29. Loaded 9 months



30. Before



31. Loaded 1 year

PATIENT MEDICAL HISTORY

Male  
49 years old  
  
Perio issues and heavy smoker  
  
Case from Dr Ragnar Ilp,  
Estonia



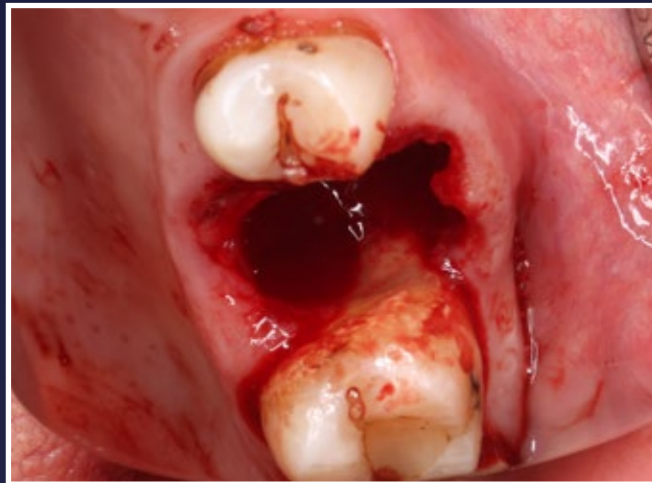
Dr Ragnar Ilp



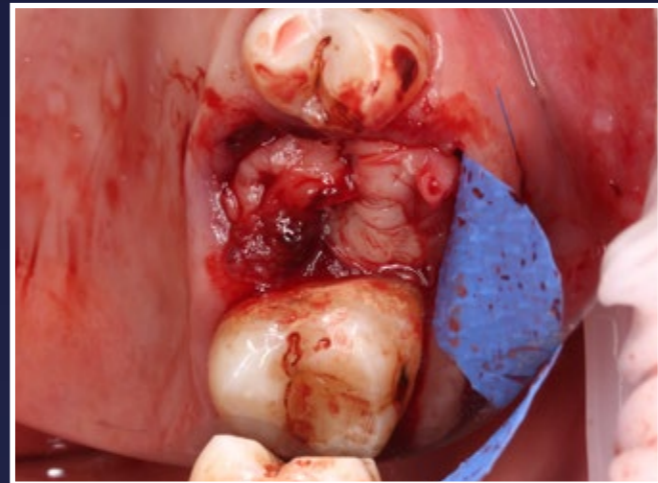
1. Upper first molar (UR6). Hopeless diagnosis



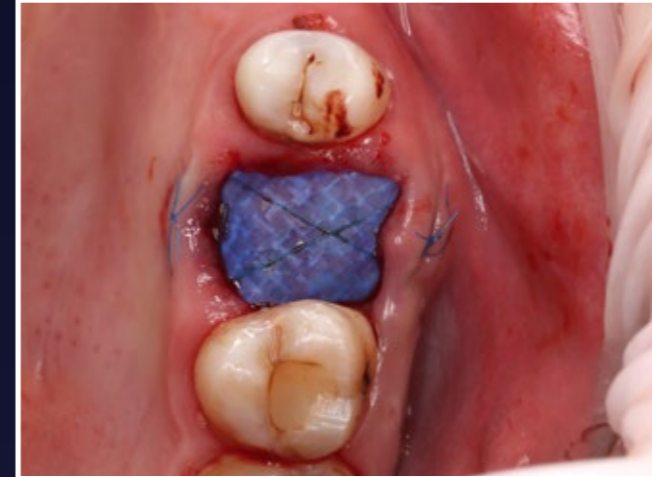
2. Distal root is very close to the 2nd molar



3. MB root of 2nd molar has bone loss due to the proximity of the hopeless tooth. The buccal plate was also missing almost to the apices



4. Initial treatment using non resorbable PTFE membranes. Split thickness "pouches" on both sides, socket filled with PRF, no xenografts



5. Cross-suture to hold everything in place



6. 2 weeks later difficulties caused by lack of stability of both materials. After two additional weeks the membrane came off by itself



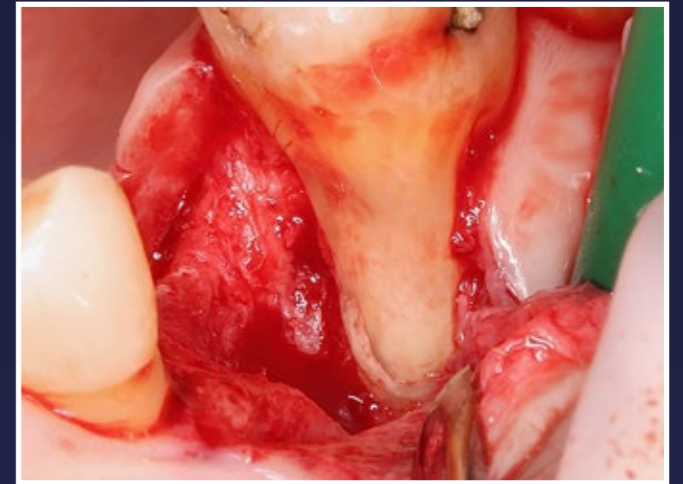
7. 5 months later, appointment time for implant surgery



8. Radiograph prior to surgery

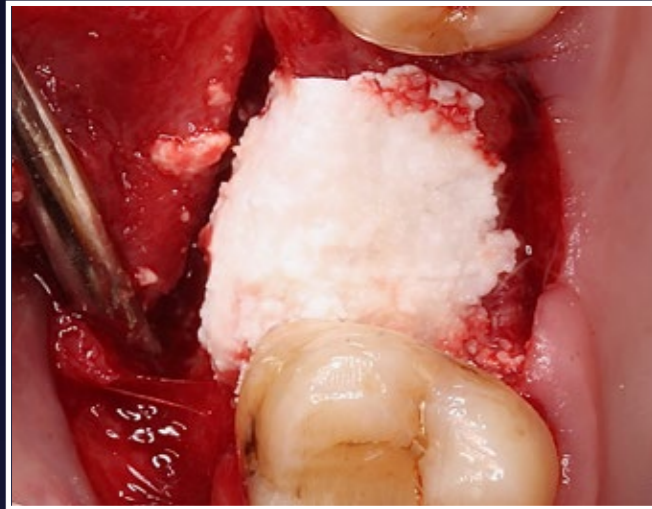


9. Degranulated site, bone loss almost to the apex of the 2nd molar

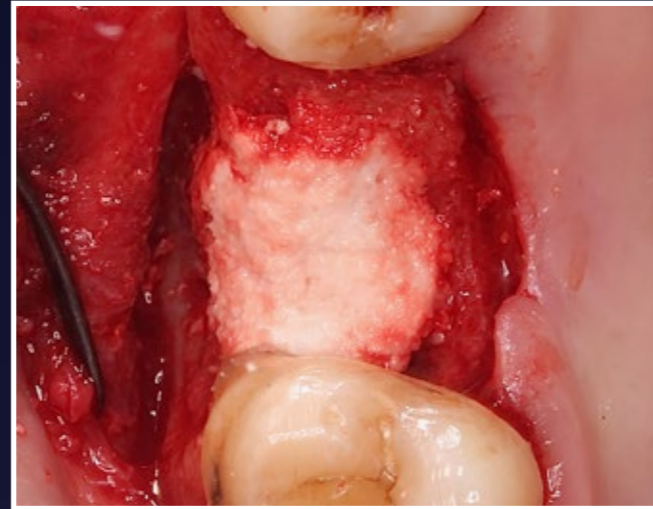


10. Defect clearly visible

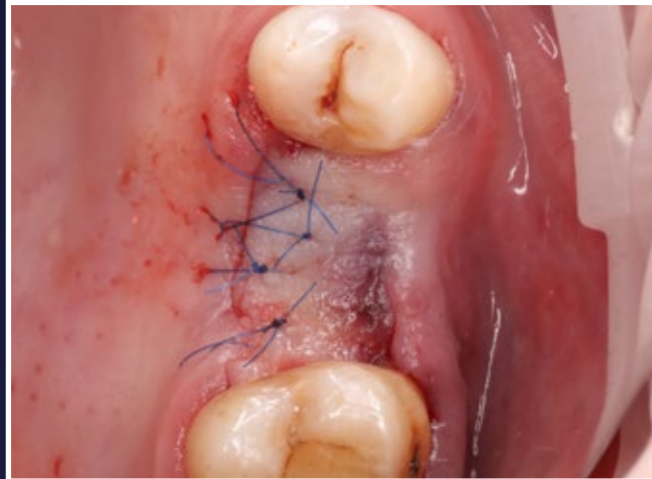
## Upper First Molar Socket Graft



11. Grafted the site with EthOss bone graft material



12. EthOss graft set after applying pressure using sterile gauze and waiting 3 minutes



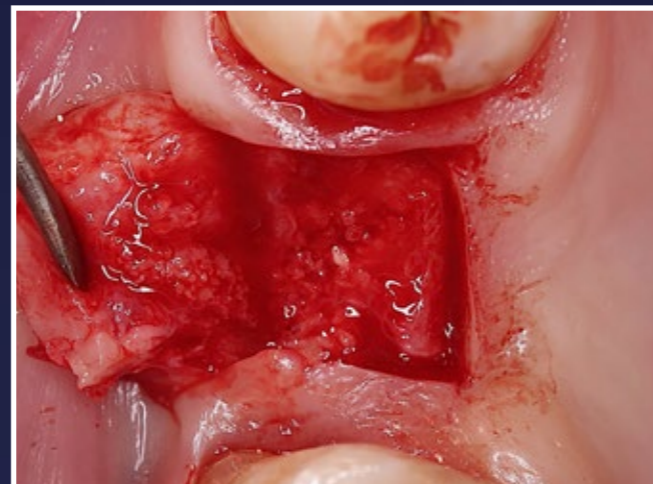
13. Tension-free closure after periosteal release



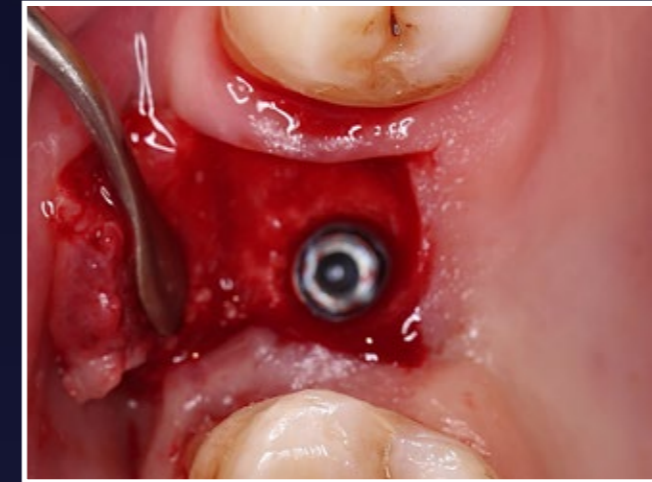
14. A further 6 months later due to patient's travels



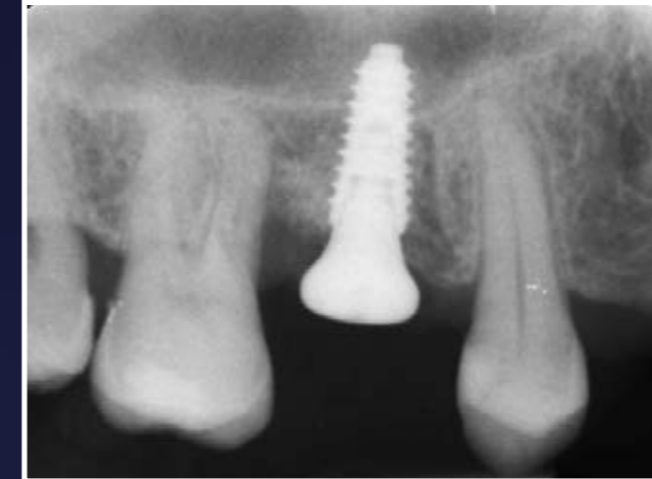
15. Radiograph showing new host bone



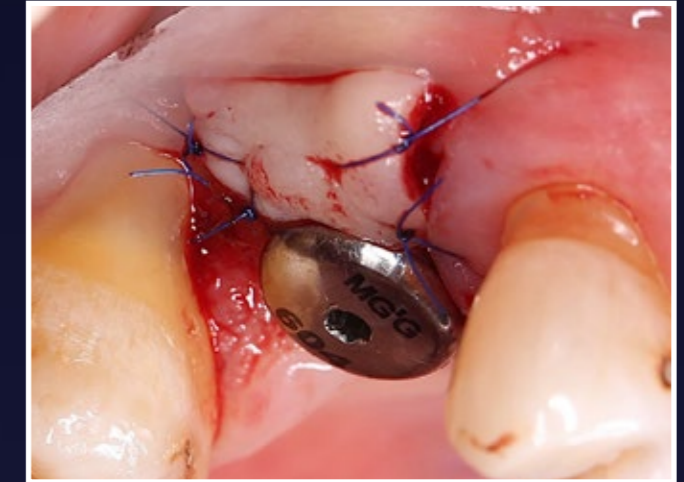
16. New host bone visible



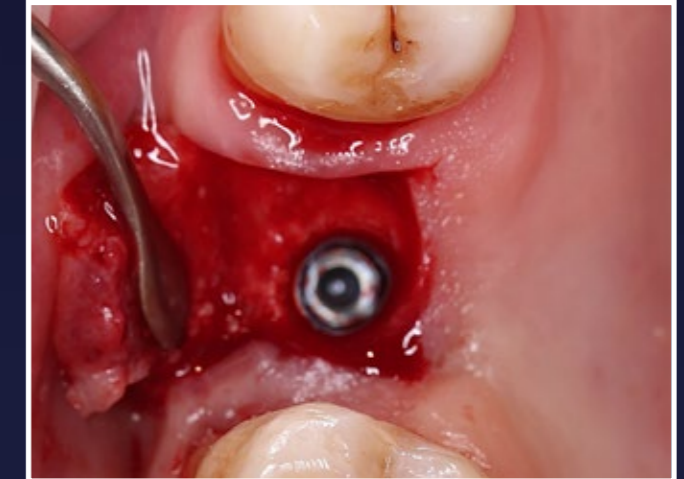
17. AnyRidge 4x10 implant placed



19. Post-placement radiograph - also a small crestal lift with Densah burs



18. Healing cap fitted and sutured closed



20. Another 7 months later

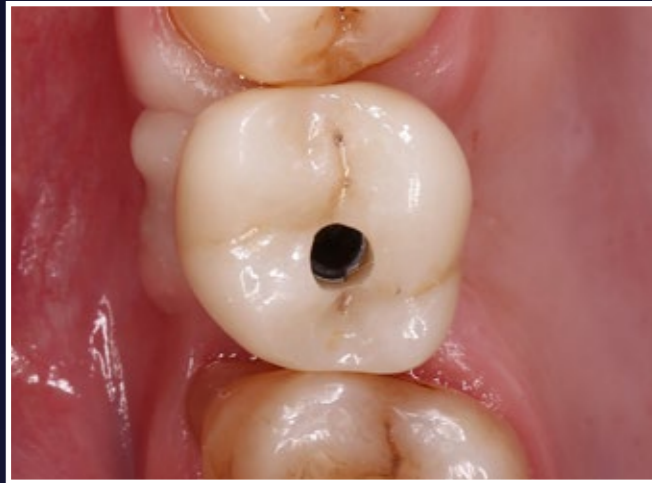


21. Tissue maturation before removing healing cap



22. 3-4 mm of tissue height, as required. Everything is stable and feels solid

## Upper First Molar Socket Graft



23. Slight tissue blanching, only lasted for a couple of minutes



24. Teflon tape and composite to seal it



25. Distal part is cleanable, still 4mm probing depth for UR7



26. Palatal view



27. Final radiograph for this part of the treatment

GROW  
CONFIDENT

PATIENT MEDICAL HISTORY

Male  
62 years old  
Non-smoker

High blood pressure  
Meds: Amitriptyline, Propranolol, Lercanidipine  
Allergies: Penicillin allergy

Missing UL6, only 3mm bone availability below sinus

Case from Dr Kris Leeson,  
York, UK



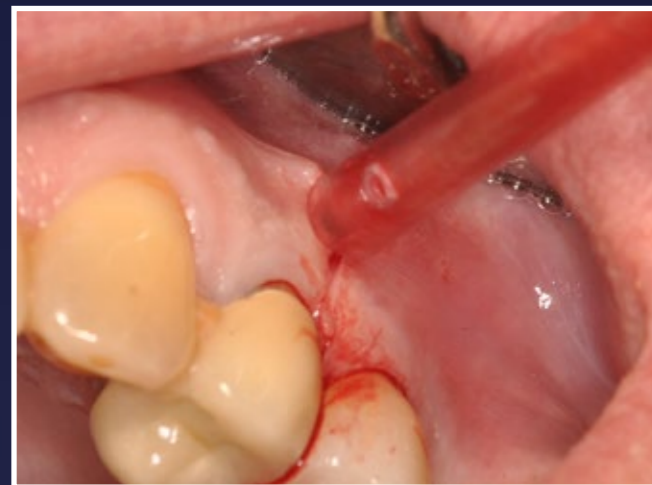
🇬🇧 Dr Kris Leeson



1. Pre-op



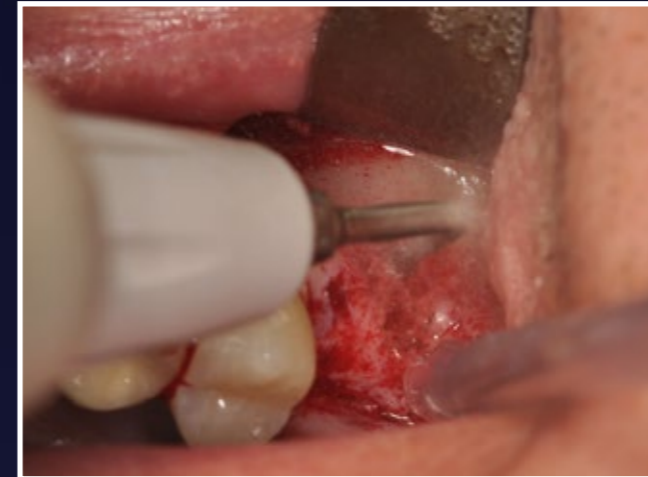
2. Digital impression pre-op



3. Initial relieving incision



4. Exposed lateral wall of sinus



5. Piezo used to open window



6. Lateral window



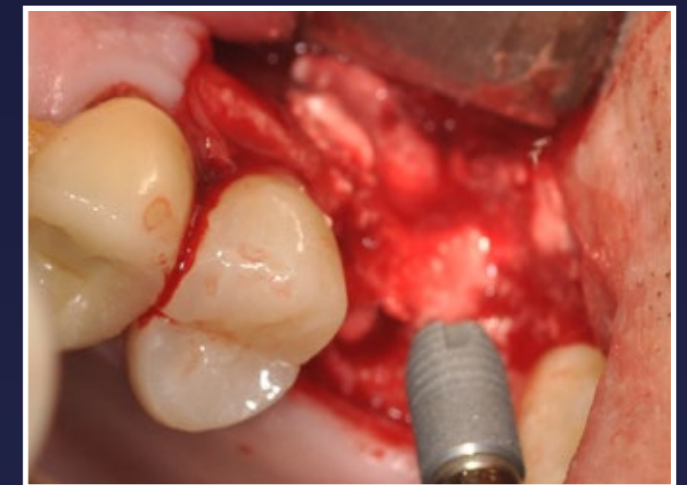
7. Surgical pilot guide used



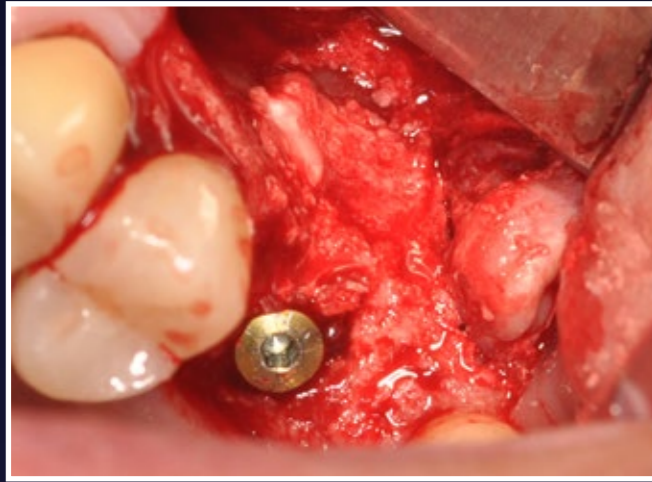
8. Osteotomy prepared



9. EthOss placement



10. Implant placed



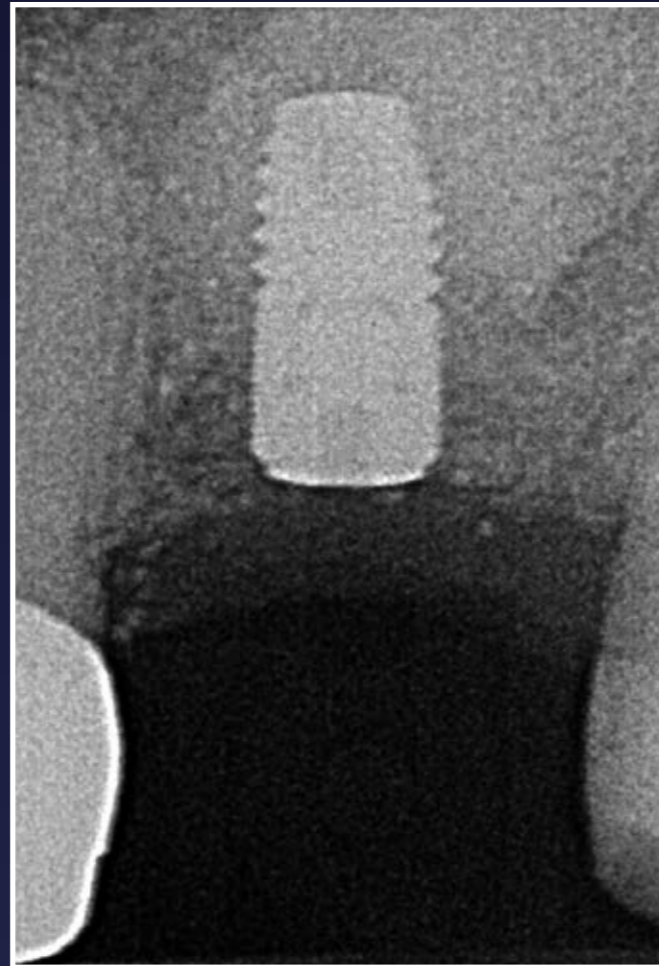
11. Cover screw in situ



12. Post-op sutured with 4/0 Teflon

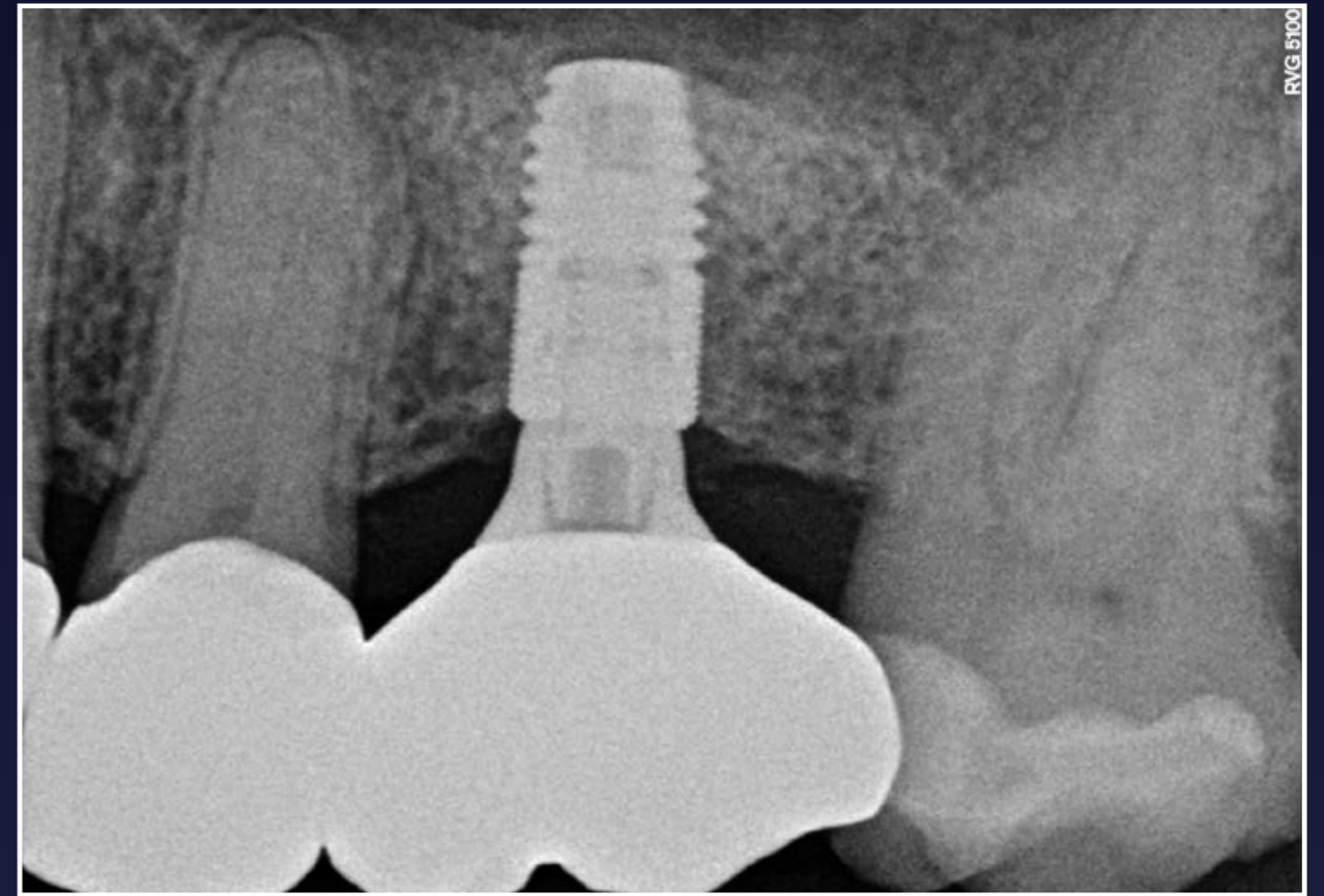


13. Initial radiograph before extraction



14. Radiograph immediately post-op

RESULTS



15. Loaded at 1 year

[Return to contents](#)



PATIENT MEDICAL HISTORY

Female  
50 years old  
Diabetic, non-smoker

Long-term draining abscess with multiple previous apicectomies

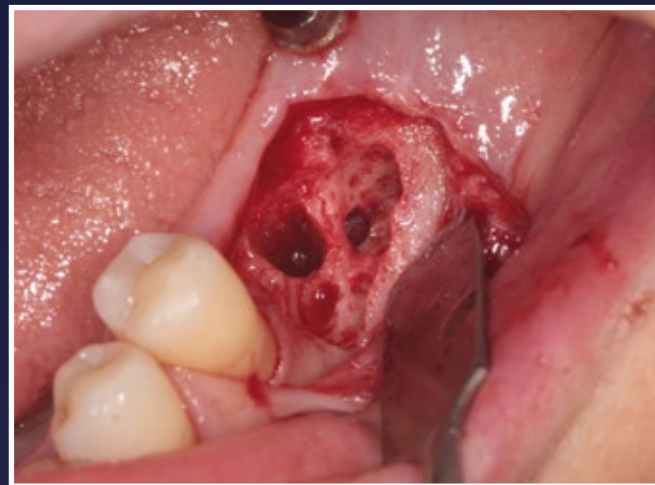
Case from Dr Ștefan Anca, Romania



 Dr Ștefan Anca



1. Panoramic radiographic - initial LL6 (36) is lost



2. Two and a half months post extraction of LL6



3. Large defect in bone, bad healing



4. Implant placed



5. Grafted with EthOss bone graft material



6. Sutured shut



7. 11 days post op shows excellent healing

RESULTS



8. Panoramic radiograph at 1 year and 2 months

PATIENT MEDICAL HISTORY

Male  
61 years old

Referred from dentist to remove fractured screw and restore, but was unable to remove the screw and due to Peri-implantitis it was decided to remove the implant as well.

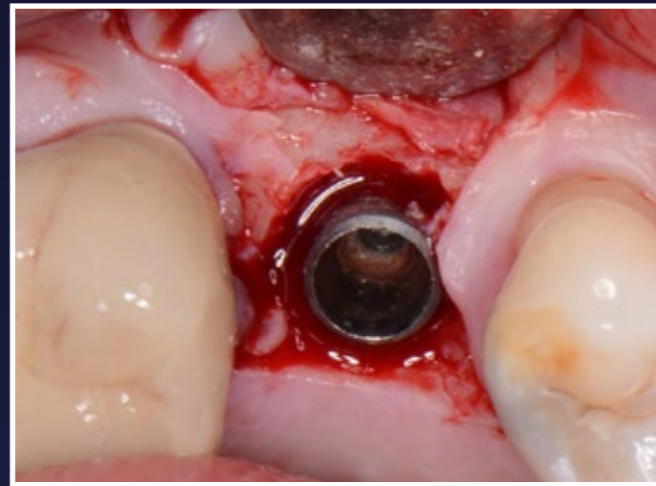
Case from Dr Peter Fairbairn,  
London, UK



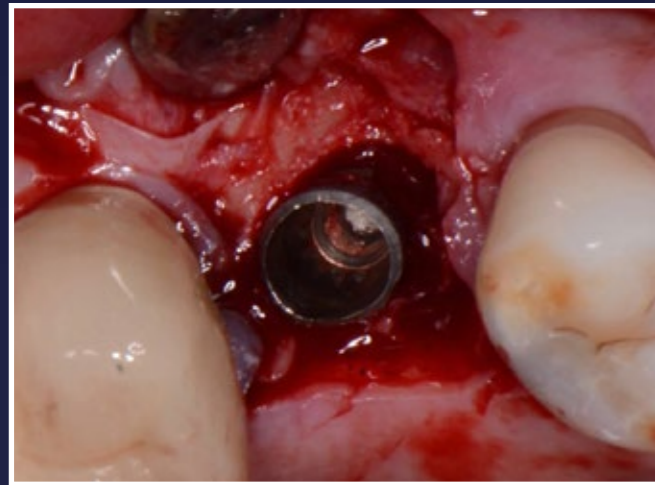
🇬🇧 Dr Peter Fairbairn



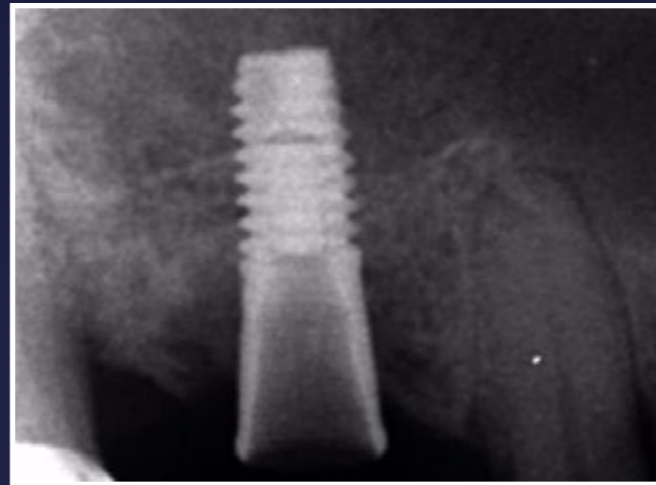
1. Fractured screw, implant could not be removed



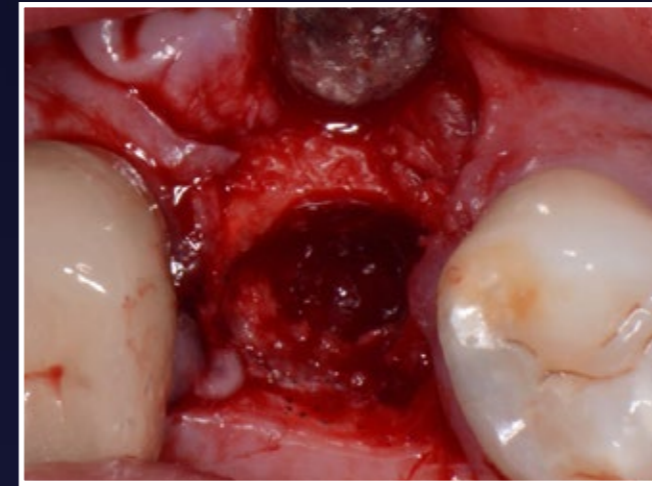
2. Peri-implantitis bone loss is visible



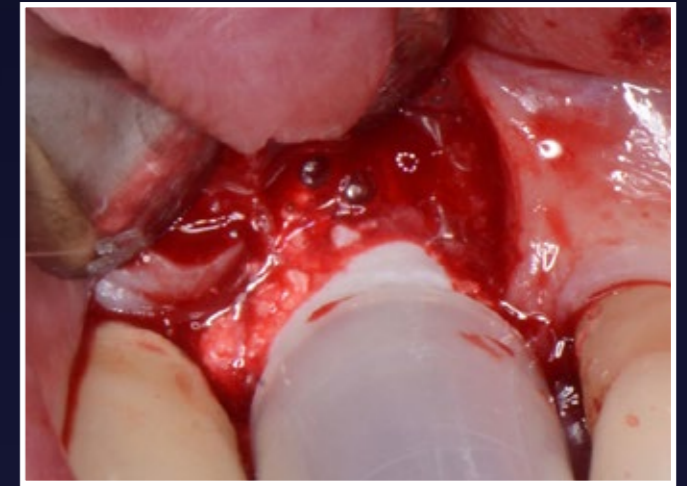
3. Reasonable bone loss is visible so need to remove rather than save



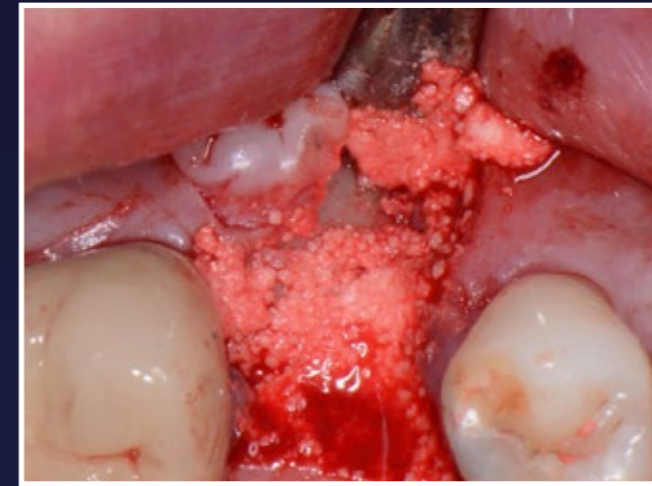
4. Radiograph confirms need to removed



5. Resultant defect, slight OA so decided to graft



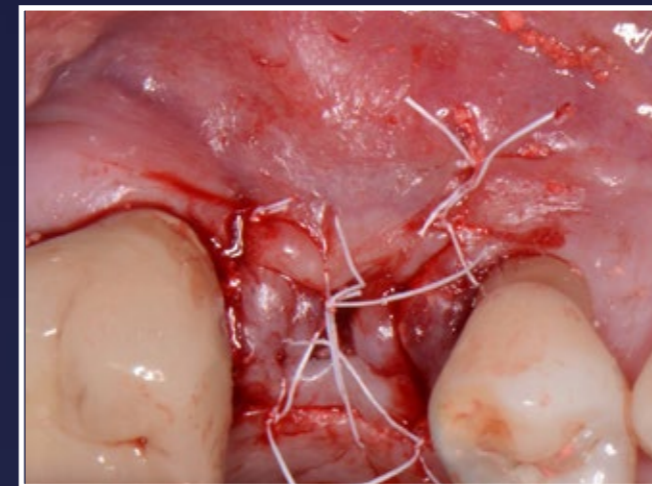
6. EthOss bone graft placed



7. EthOss in place - stabilise with gauze



8. Radiograph showing stable material - did not push too hard as small OA tear



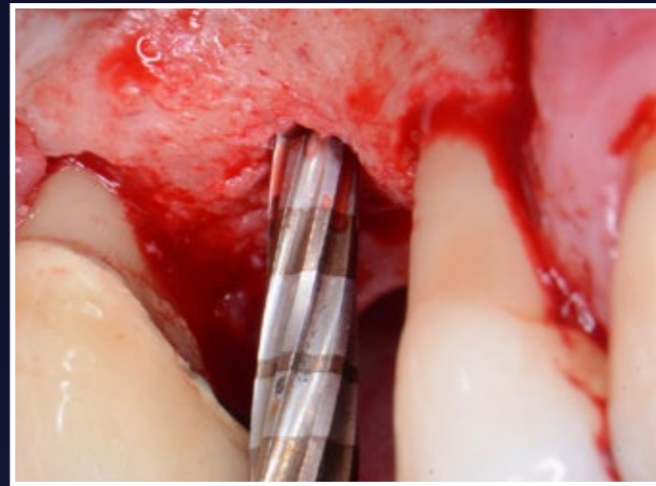
9. Sutured closed



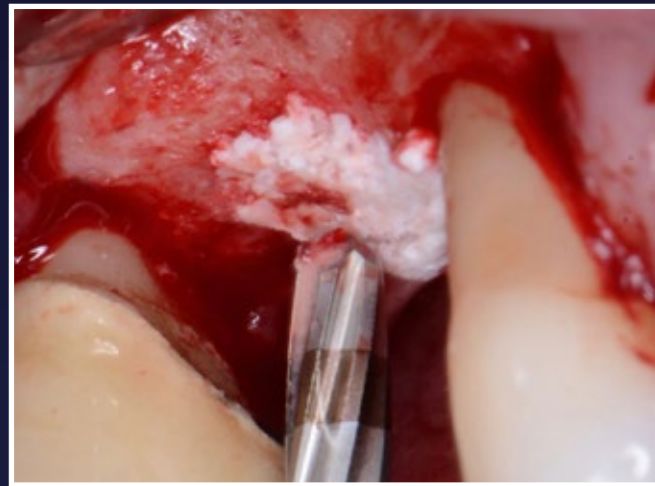
10. 10 weeks post-op - excellent new host regenerated bone



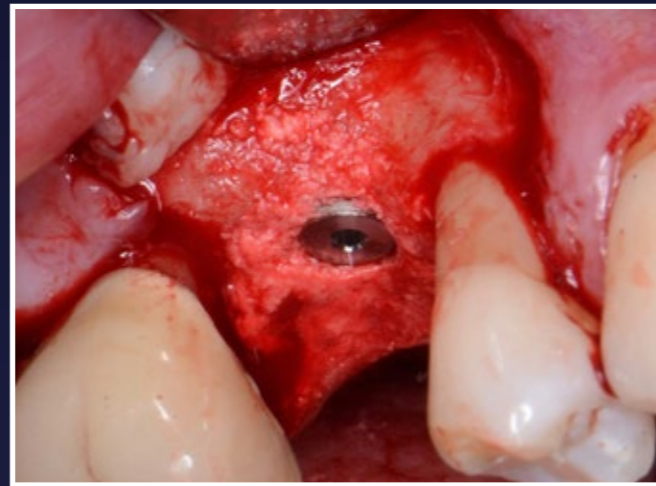
11. Site regeneration



12. Versah Drill to help with Internal lift



13. Place drier mix of EthOss into the sinus site



14. Paltop Dynamic implant placed



15. Radiograph shows small lift with Versah

RESULTS



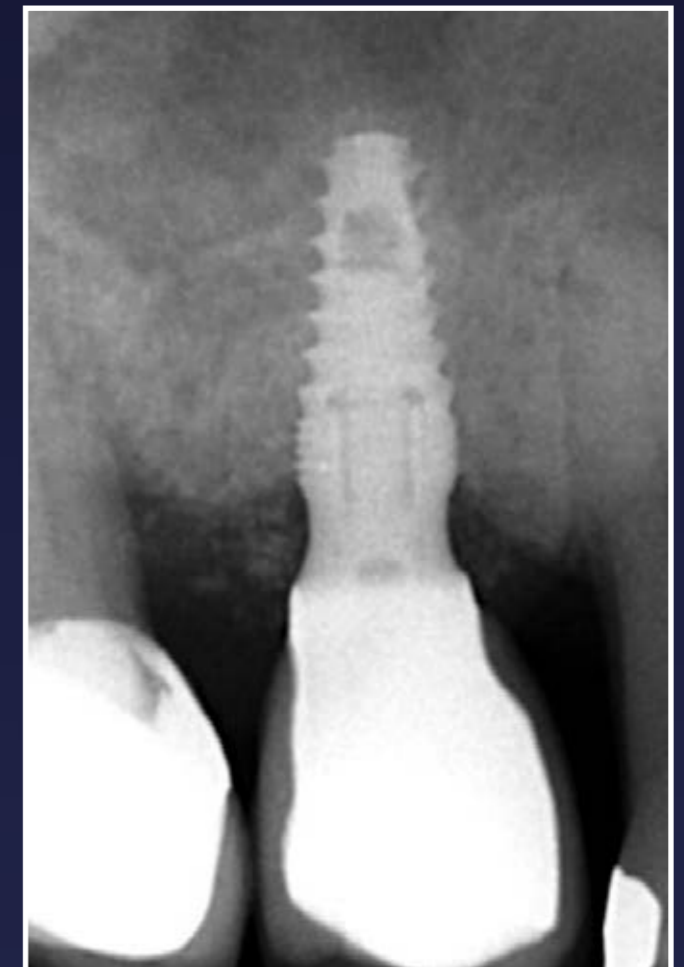
16. Loading 14 weeks post-op. Note healthy attached keratinised tissue



17. Screw retained crown fitted



18. Radiograph shows successful outcome - nice platform switch



19. Radiograph at 4 months showing stability of hard tissue

#### PATIENT MEDICAL HISTORY

Female  
58 years old

Healthy, non-smoker

Lateral ridge augmentation with simultaneous  
implant placement

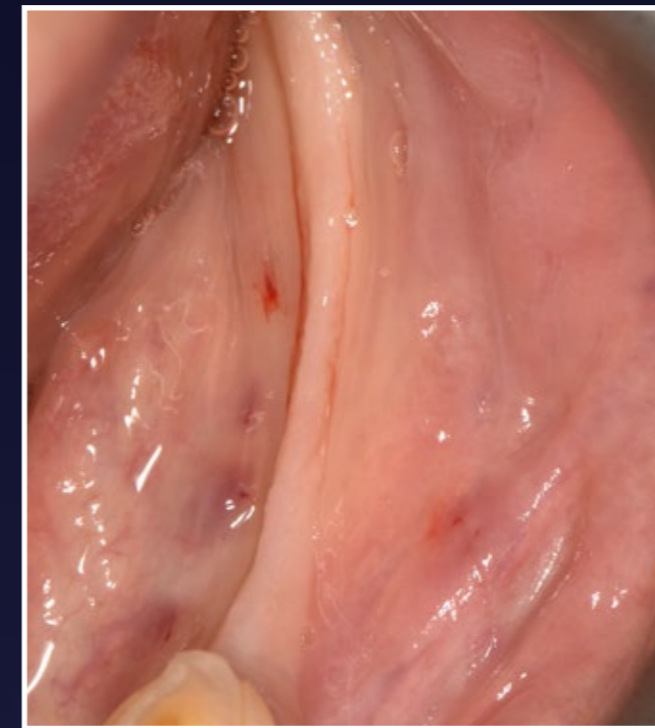
Case from MDS Ignas Antanavičius,  
Kaunas, Lithuania



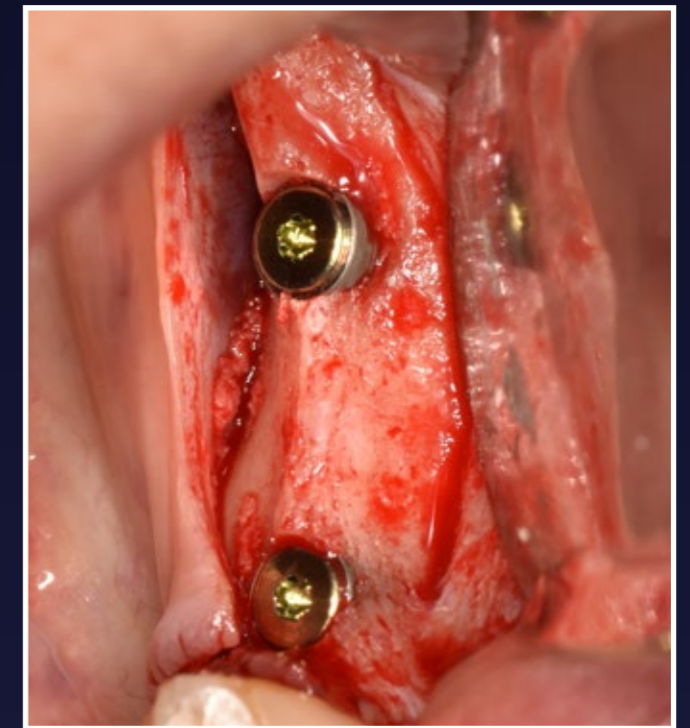
 Dr Ignas Antanavičius



1. Initial view. Teeth extracted many years ago



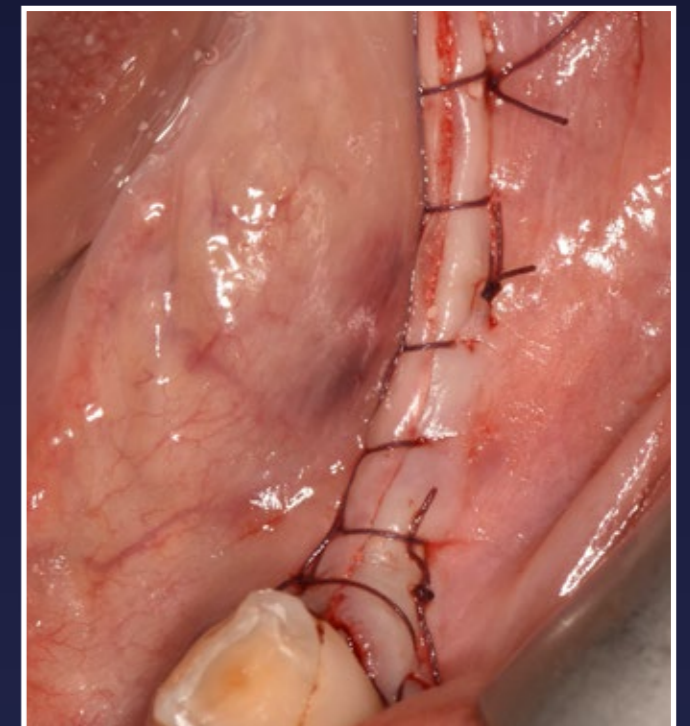
2. Loss of bone and keratinised tissue



3. Implants inserted in LL4, LL6 region.  
Insufficient bone around implants



4. Site augmented with 1cc of EthOss bone  
grafting material

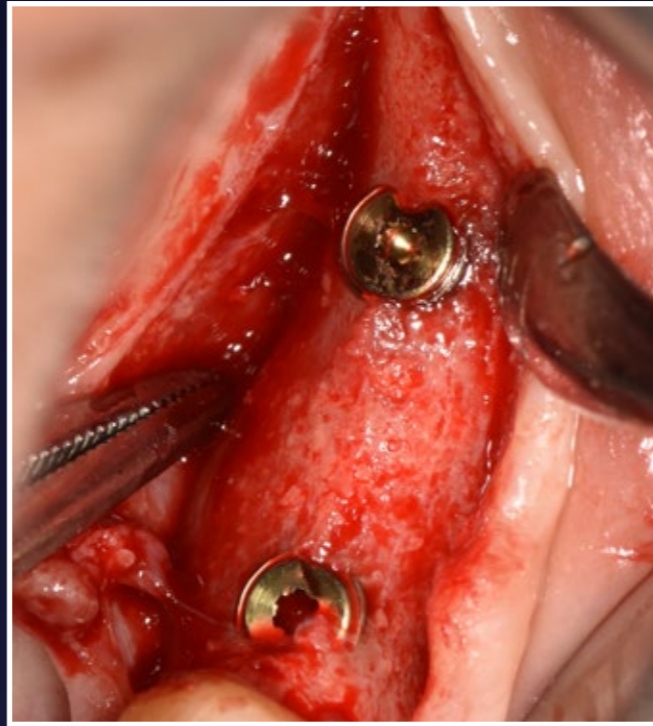


5. Double layered suturing

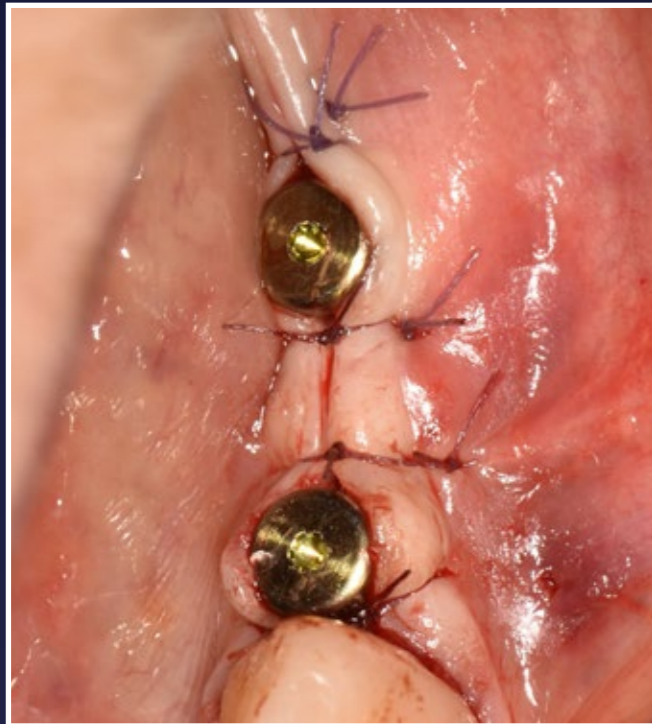




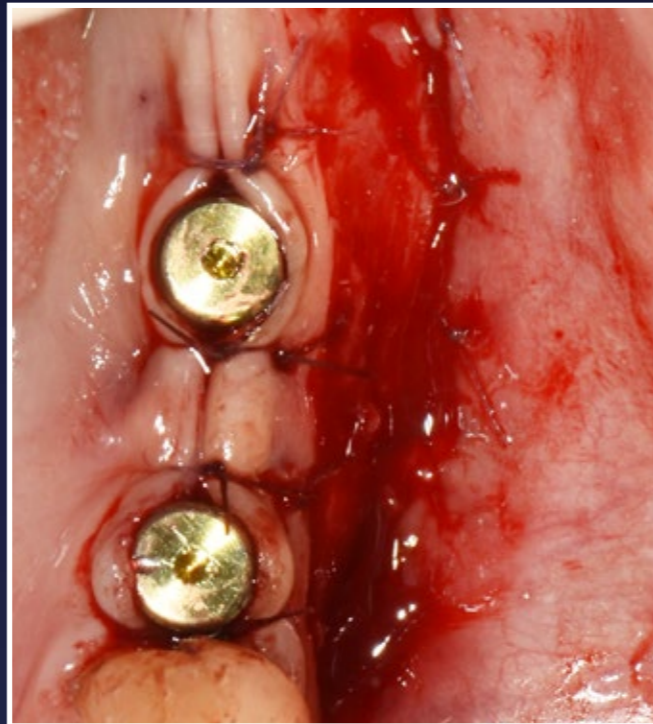
6. Visible soft tissue improvement after 10 weeks



7. Surgical view after 10 weeks. Note increased bone width



8. Healing caps fitted. Site sutured closed



9. Vestibulum deepening was done to increase amount of fixed gingiva



10. Sutures removed after 10 days. Implants are ready for prosthetic work

PATIENT MEDICAL HISTORY

Female  
47 years old

Successfully undergone non-surgical periodontal therapy

6mm probing pocket depth on mesial of tooth LR6

Case from Dr Renukanth Raman, Malaysia



 Dr Renukanth Raman



1. Initial situation



2. Initial situation - 6mm PPD



3. Initial situation - radiograph



4. Localised flap on buccal aspect



5. Following cleaning defect is visible - apically 2 walled, coronally 1 walled



6. Grafted with EthOss, moulded to shape and dried



7. Passive closure



8. Radiograph immediately post-op

RESULTS



9. 1 week healing post-op



10. Radiograph at 1 month note post-op. Slight radiopacity to be expected as the Calcium Sulphate resorbs



11. 6 months post-op, good maintenance of interproximal tissues



12. 6 month post-op, 3mm PPD



13. Result at 6 months, expect further improvements over time

GROW  
SAFER

PATIENT MEDICAL HISTORY

Female  
79 years old  
Healthy, non-smoker

Patient suffered from localised periodontitis affecting all lower incisors with severe bone loss

Case from Dr Jonathan Cochrane, Bristol, UK

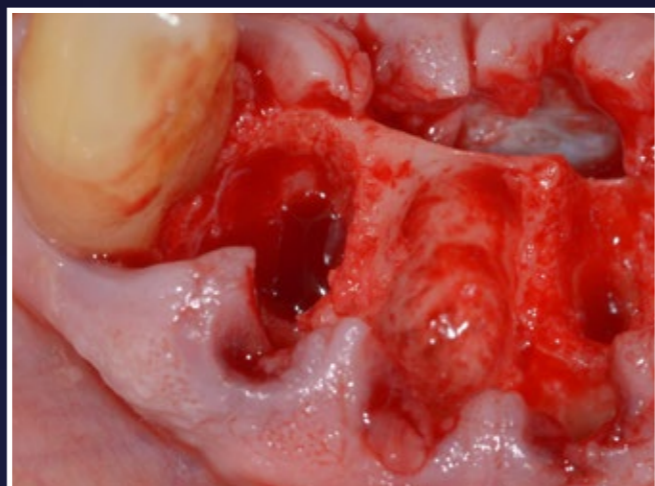
First published in the EDI journal, Issue 2/20



🇬🇧 Dr Jonathan Cochrane



1. Initial periapical radiograph



2. Clinical view immediately after extractions and socket curettage, flap raised and released lingually and buccally



3. Intraoperative situation after the application and setting of EthOss in situ



4. Surgical wound sutured with Vicryl Rapide - primary closure almost achieved



5. Re-entry 10 weeks later, single crestal incision made



6. Freehand placements with the initial twist drills in the lateral positions - occlusal view



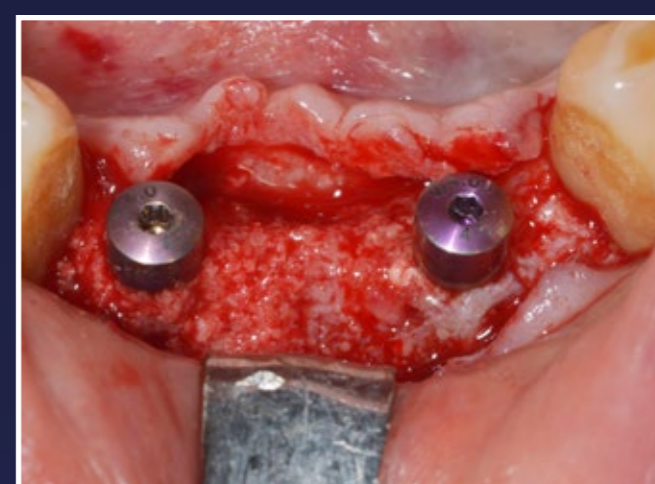
7. Buccal view



8. Immediately after placing the implants in the optimal three dimensional position - occlusal view

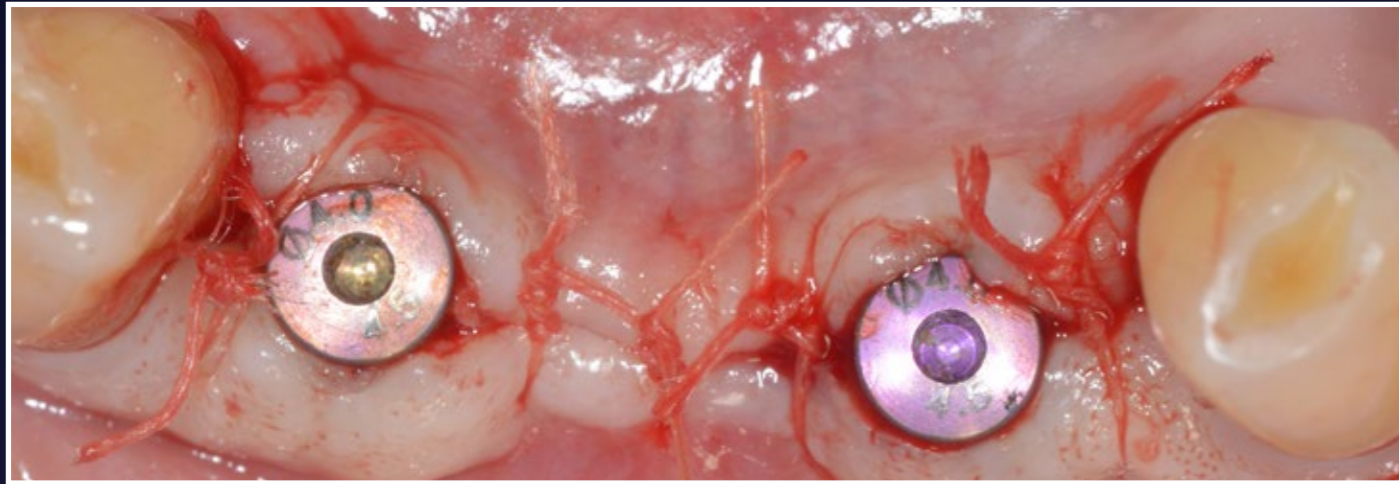


9. Healing abutments placed - occlusal view

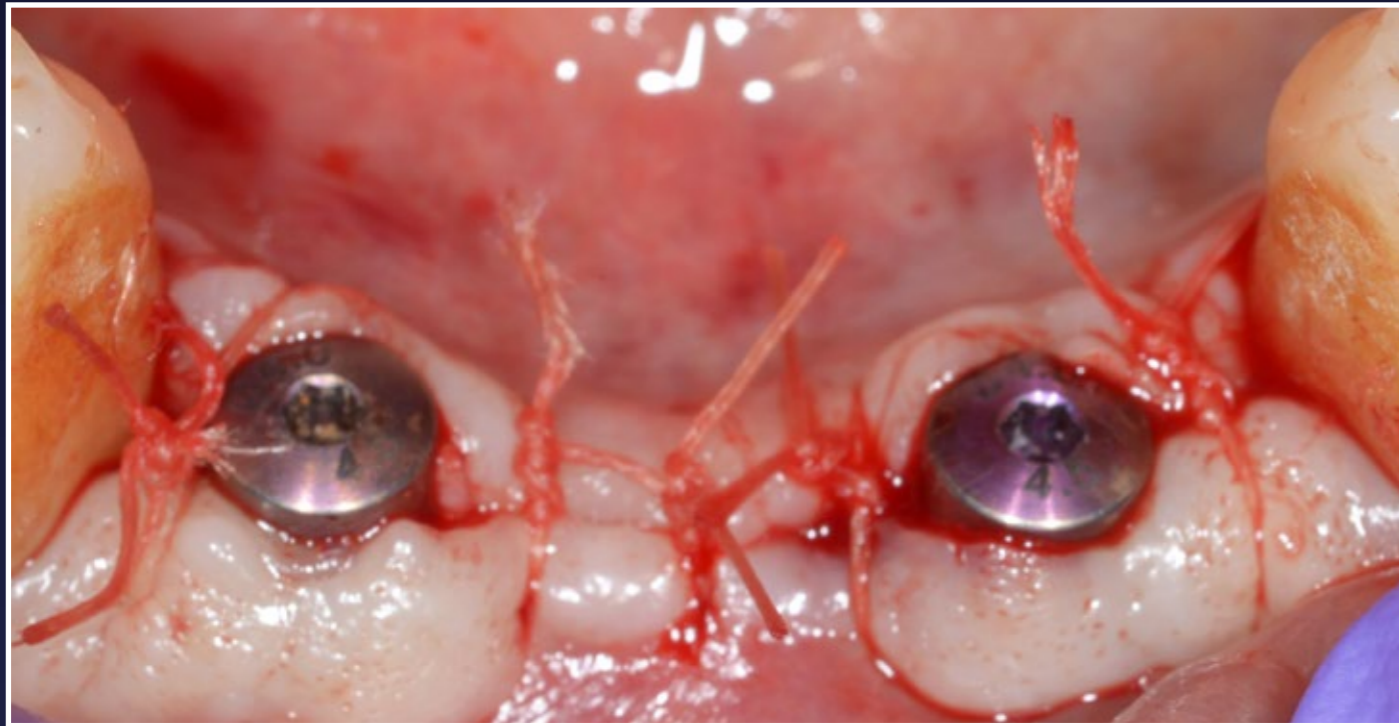


10. Buccal view

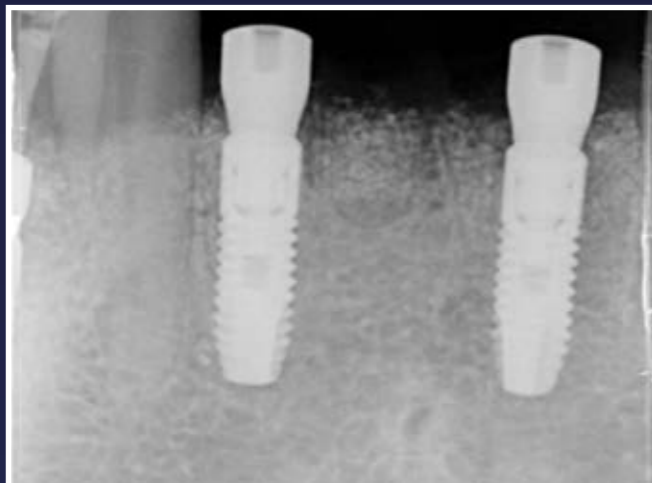




11. Surgical site closed - occlusal view



12. Buccal view



13. Periapical radiograph immediately post-op

RESULTS



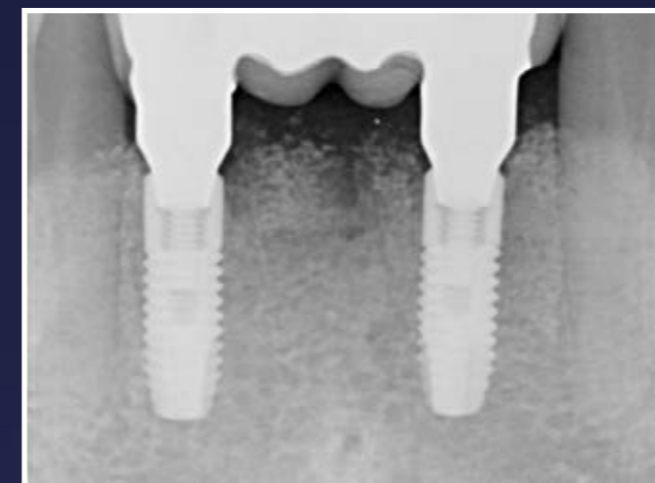
14. Restoration phase, 10 weeks later, showing nicely healed, regenerated keratinised soft tissues



15. Occlusal view of implants and peri-implant soft tissues immediately prior to fit of the final implant bridge



16. Final implant bridge immediately after fitting - buccal view



17. Periapical radiograph after fitting the final implant bridge. The grafting material is turning over, being gradually replaced by newly formed bone. The loading of implants will lead to further consolidation and remodelling of the regenerated bony tissue

PATIENT MEDICAL HISTORY

Male  
37 years old  
Healthy, non-smoker

Patient suffers from unrestorable upper and lower dentition

Case from Dr Adeel Ali,  
London, UK



🇬🇧 Dr Adeel Ali



1. Lips at rest view



2. Pre-op view



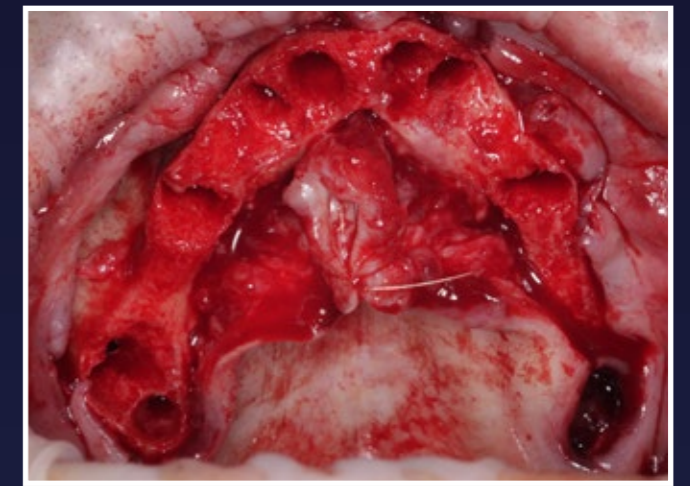
3. Retracted view



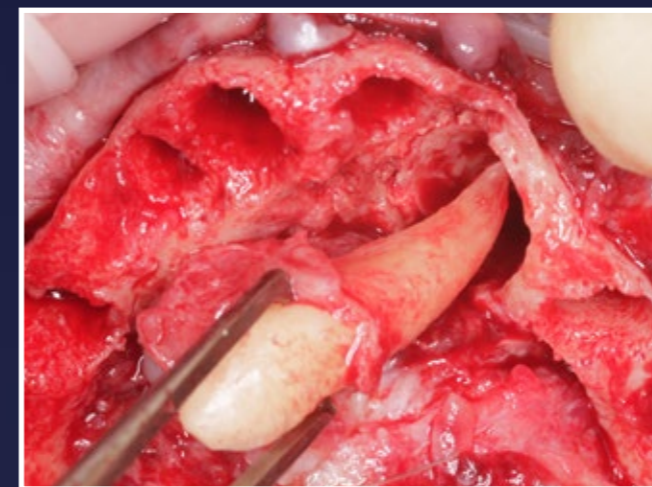
4. Upper arch



5. Lower arch



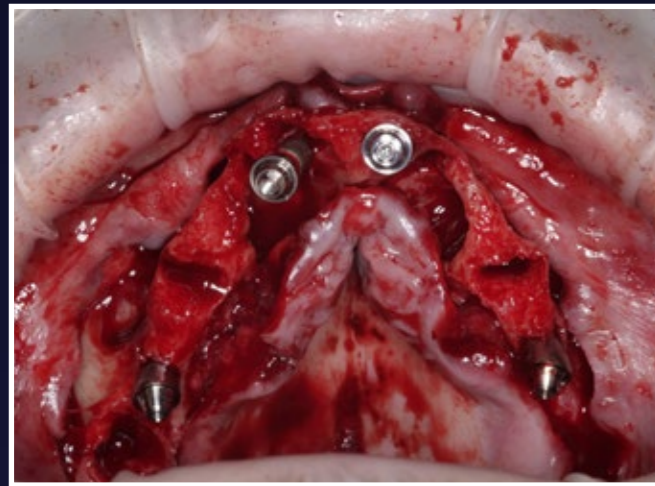
6. Flap raised shows minimal ridge thickness in premaxilla



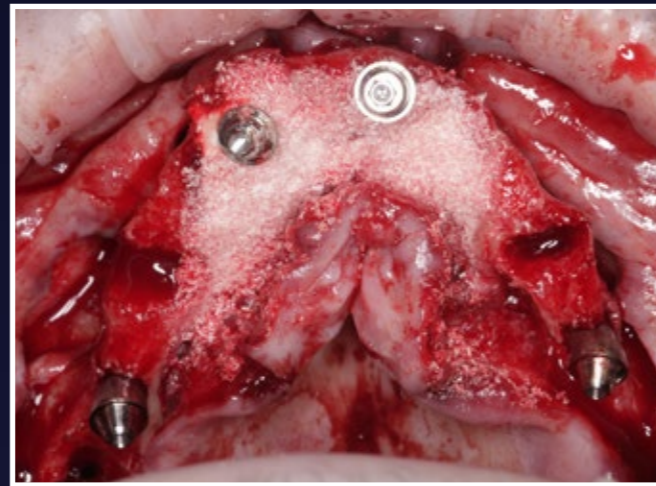
7. Impacted canine removed



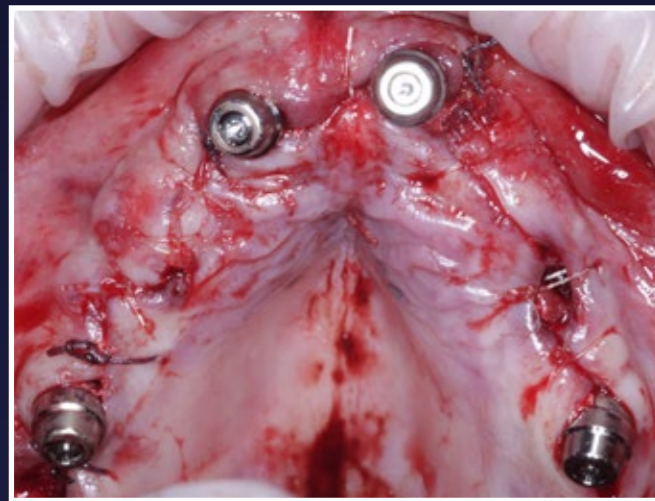
8. Defects left by removal of impacted canines



9. Neodent GM implants placed



10. Grafted with EthOss



11. Sutured closed



12. Immediate post-op

RESULTS



13. Upper arch - 10 months post-op



14. Post-op CBCT shows maturation of EthOss graft



15. Post-op CBCT shows maturation of EthOss graft

PATIENT MEDICAL HISTORY

Female  
55 years old  
Healthy, non-smoker

Patient suffered from a root fracture. Needed removal and to restore hard and soft tissue

Case from Dr Minas Leventis, Greece



Dr Minas Leventis



1. Initial situation 3 weeks after simple extraction of the upper left second premolar



2. Initial periapical x-ray



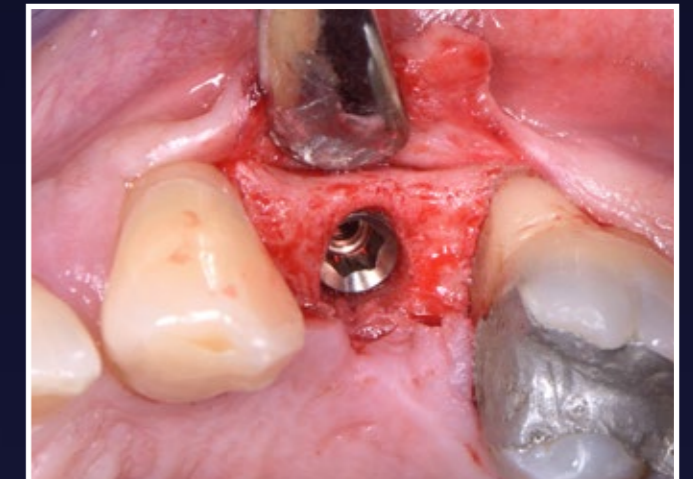
3. Intraoral evaluation of the edentulous space



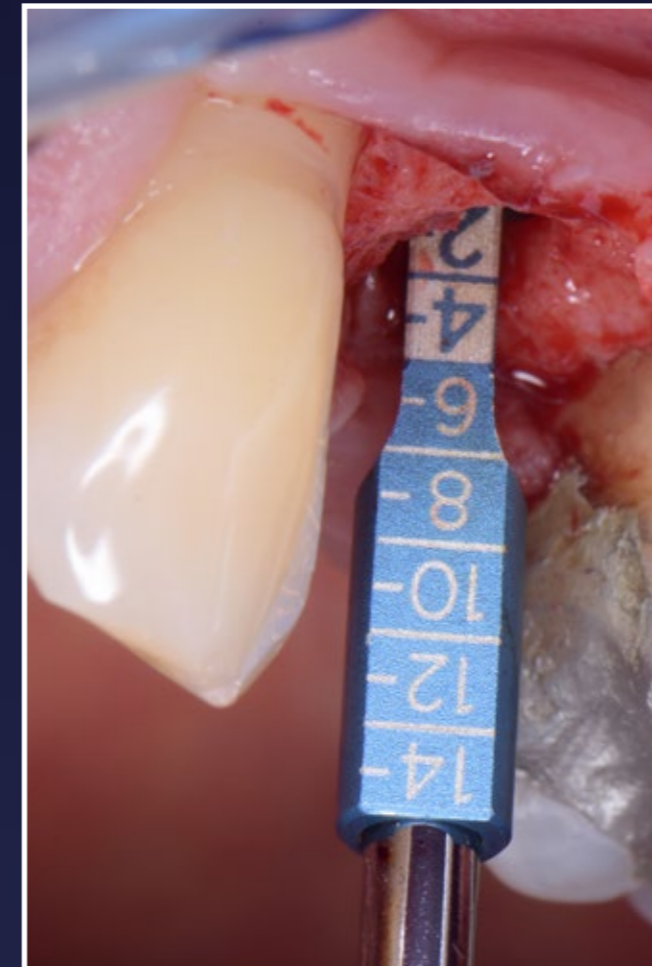
4. Distances measured and position of the initial pilot osteotomy identified



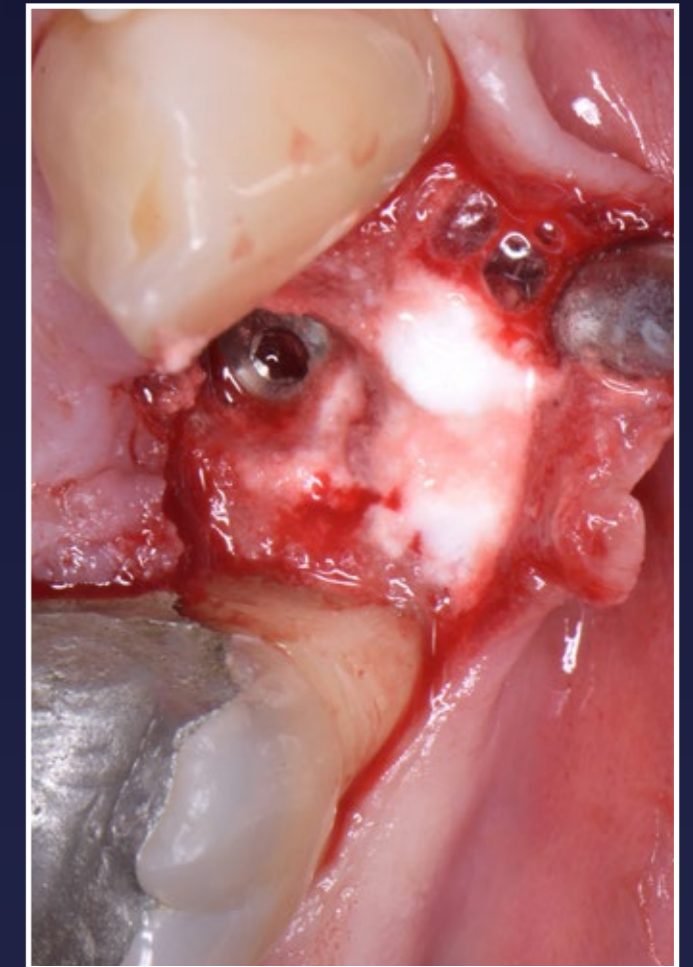
5. Distances measured and position of the initial pilot osteotomy identified



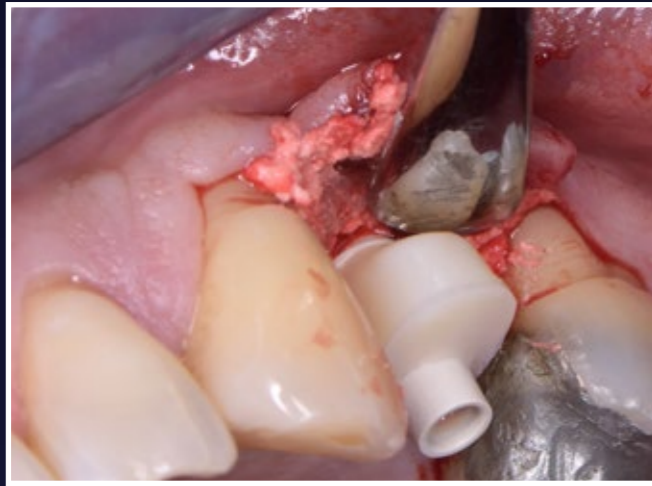
6. A site-specific full-thickness flap was raised and a Paltop Dynamic 4.0x8.0 implant was placed 1mm subcrestally, achieving excellent initial stability



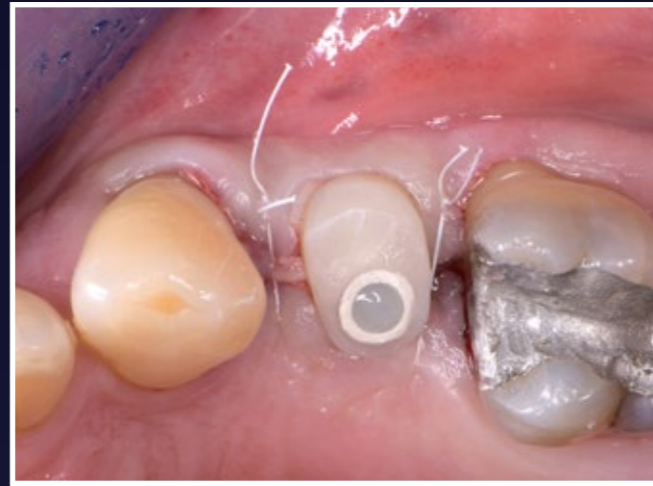
7. Measurement of the depth of placement and the thickness of the overlying soft tissues



8. The buccal area was grafted with 0.5cc EthOss



9. Using the Cervico mould a customised healing abutment was fabricated and fitted



10. Clinical views immediately post-op



11. Clinical views immediately post-op



12. Periapical x-ray immediately post-op

RESULTS



13. Clinical views 3 months post-op



14. Clinical views 3 months post-op



15. Clinical view immediately after fitting the implant crown



16. Final periapical x-ray

PATIENT MEDICAL HISTORY

Female  
29 years old  
Healthy, non-smoker

Removal of deciduous E and replacement with implant

Case from Dr Stuart Kilner  
London, UK



🇬🇧 Dr Stuart Kilner



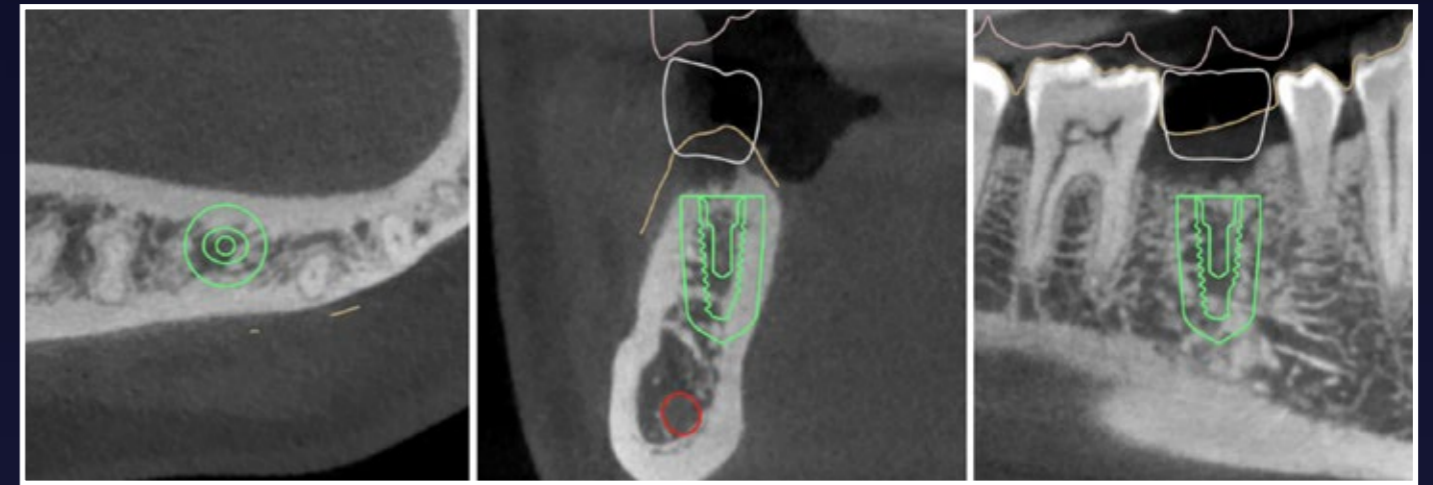
1. Initial situation



2. Radiograph - initial situation



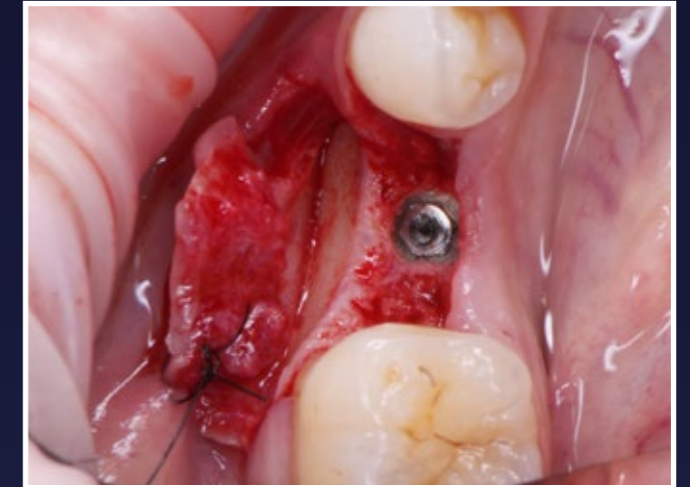
3. After XLA & 6 weeks healing



4. CBCT



5. Guided implant placement



6. Implant placement



7. EthOss graft placed with custom healing abutment



8. Radiograph - implant placement

# GROW CONFIDENT



9. Surgery and first phase of prosthodontics complete

## RESULTS



10. 6 month post-surgery



11. 6 month post-surgery

## With special thanks to all our contributors

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If you would like to be involved in the next International EthOss Case Study Book please send your cases to

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