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Volume 2

CASE

STUDY



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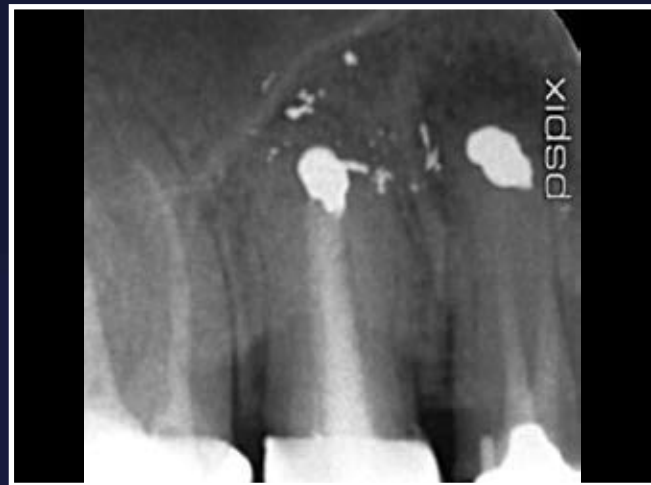
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PATIENT MEDICAL HISTORY

Non-contributory medical history
UR4 failed with periapical radiolucency
Case from Dr Peter Fairbairn, United Kingdom



🇬🇧 Dr Peter Fairbairn



1. Initial radiograph



2. Soft tissue and buccal defect



3. Soft tissue loss and buccal defect



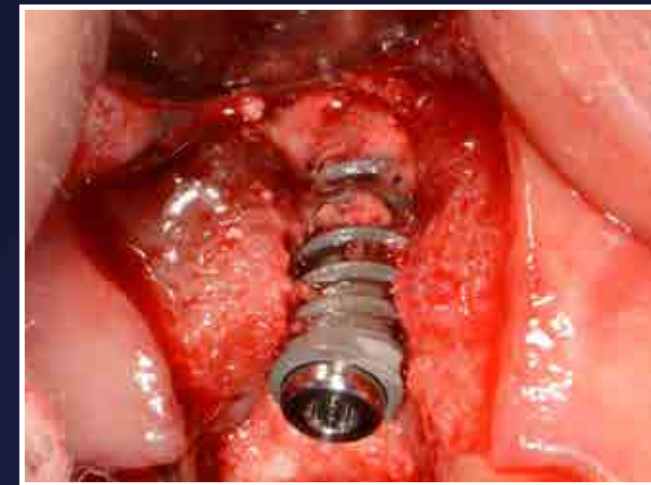
4. Soft tissue loss and buccal defect



5. Degranulation post extraction



6. EthOss® bone grafting material placed pre-implant



7. Implant placed



8. EthOss bone graft placed

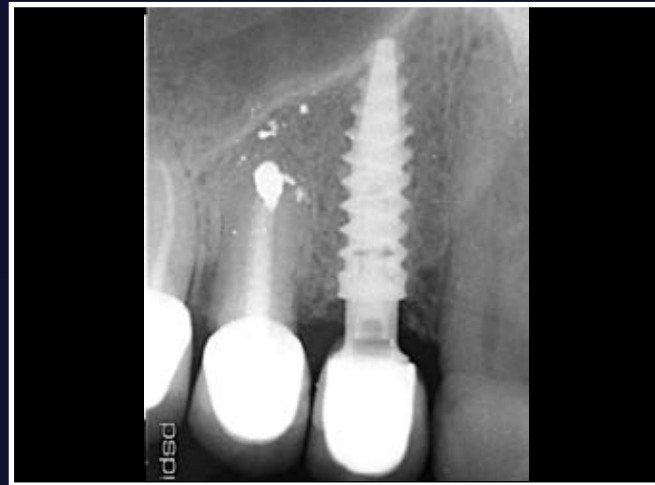


9. Radiograph of graft and placement



10. Crown fitted at 4 months

8 Year Follow Up of a Buccal Defect, Long Term Hard and Soft Tissue Stability



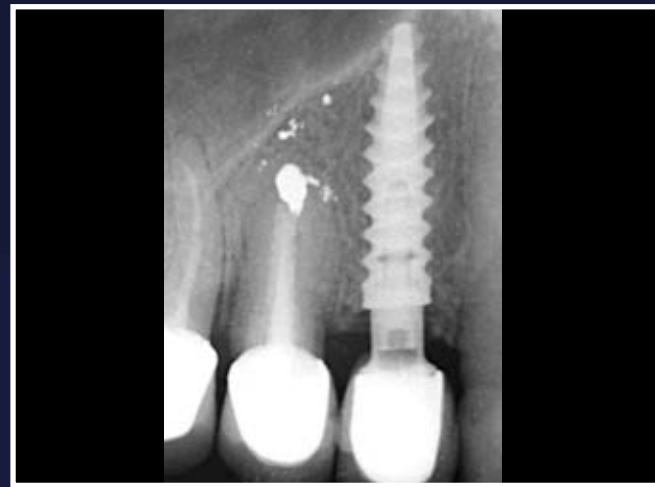
11. Radiograph 4 years loaded



12. At 4 years did a small soft tissue addition



13. Post soft tissue addition



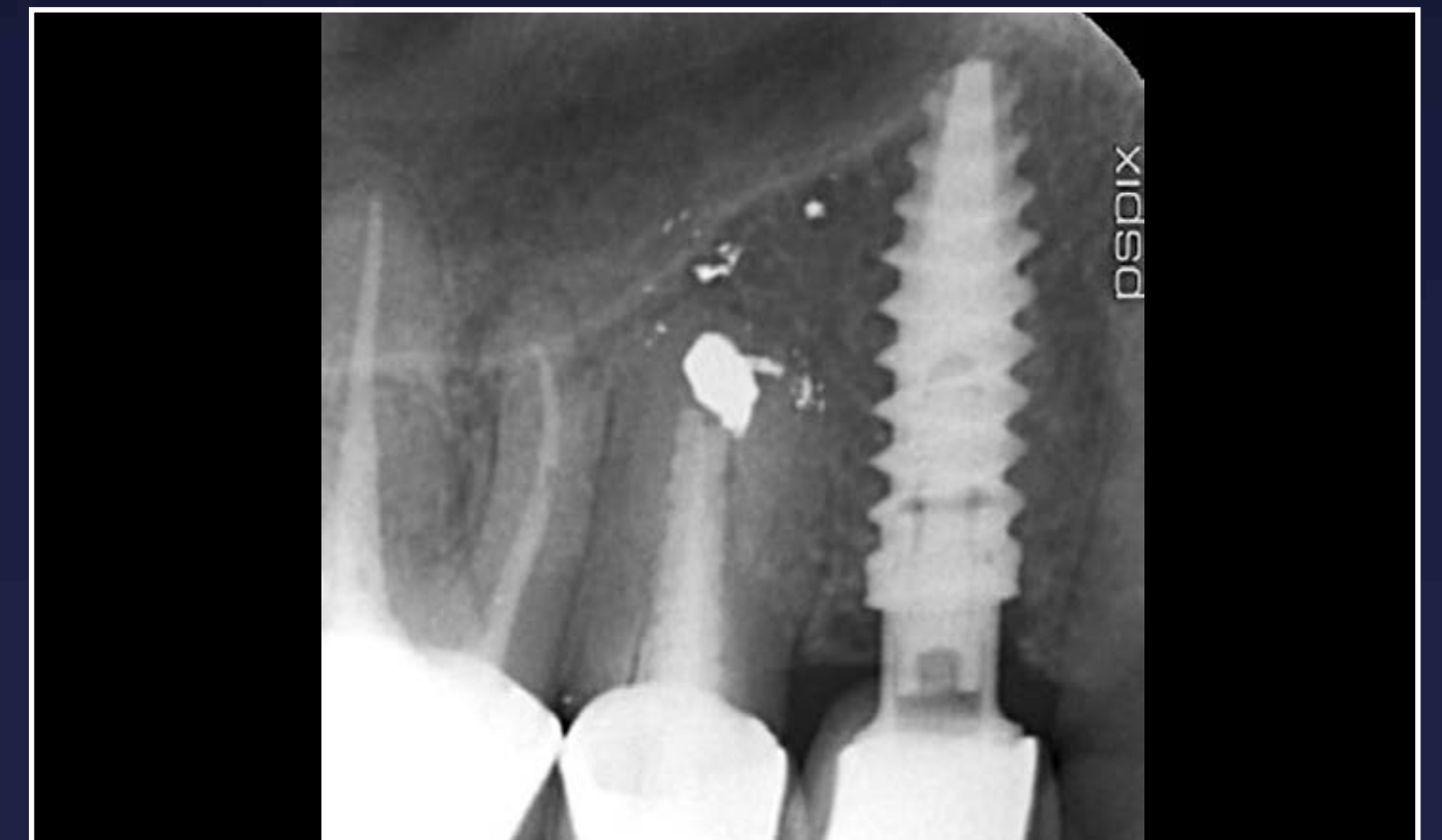
14. Radiograph 5 years loaded



15. Radiograph 6 years loaded



16. Loaded 8 years



17. Radiograph 8 years loaded

PATIENT MEDICAL HISTORY

Female
35 years old
Non-smoker

Tooth extraction due to roots separation in trifurcation area.

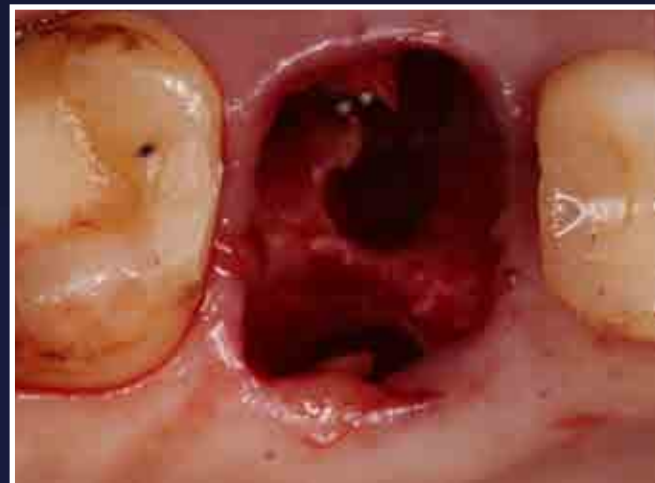
Case from Dr Dmytro Dziuba,
Estonia



Dr Dmytro Dziuba



1. Initial view



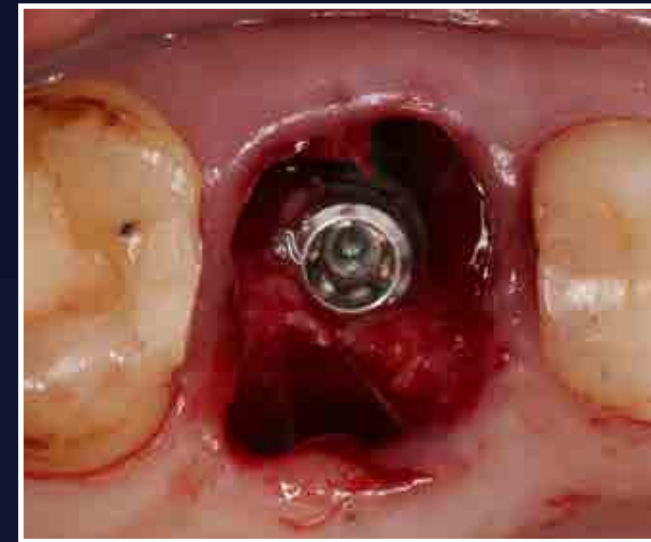
2. Socket following atraumatic extraction, site degranulated prior to implant placement



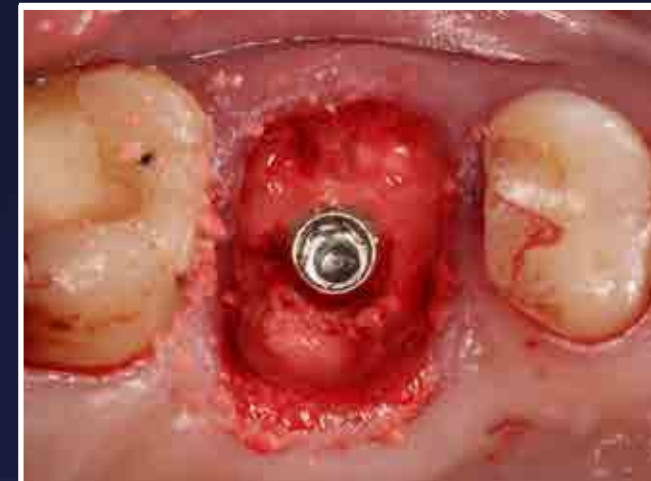
3. Checking central position to allow future screw retained crown with ideal screw channel



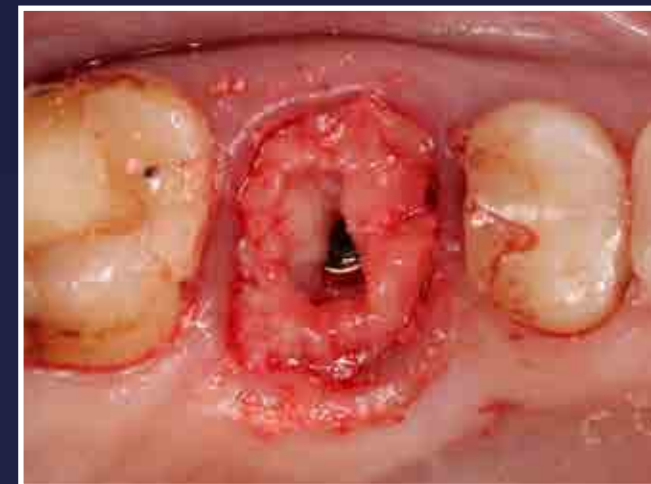
4. Checking mesiodistal



5. Implant placement



7. EthOss® bone grafting material placed into circumferential jump-gap and dried in-situ



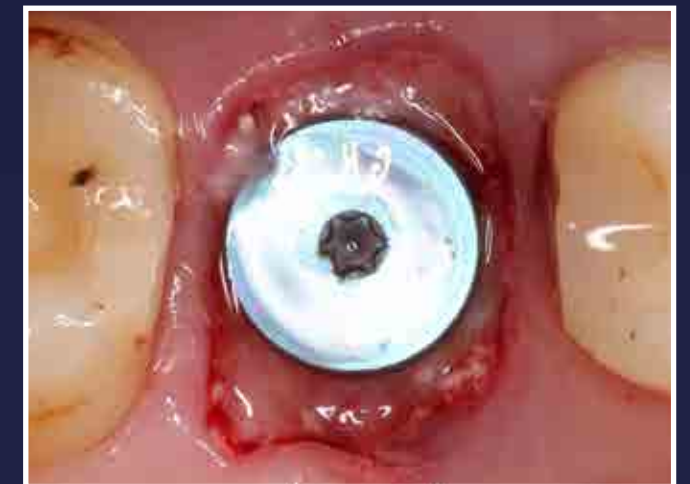
9. Connective Tissue Graft (CTG) placed over graft site



6. Radiograph



8. Harvesting the connective tissue graft (CTG) to further enhance soft tissue

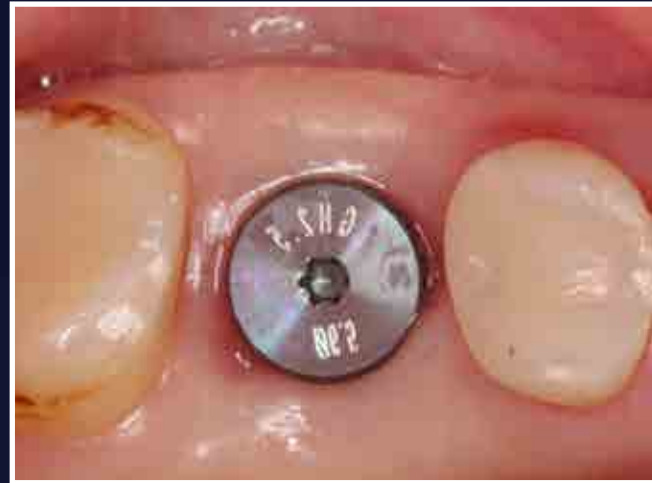


10. Post-operative view of healing cap

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11. Another view of healing cap immediately after surgery



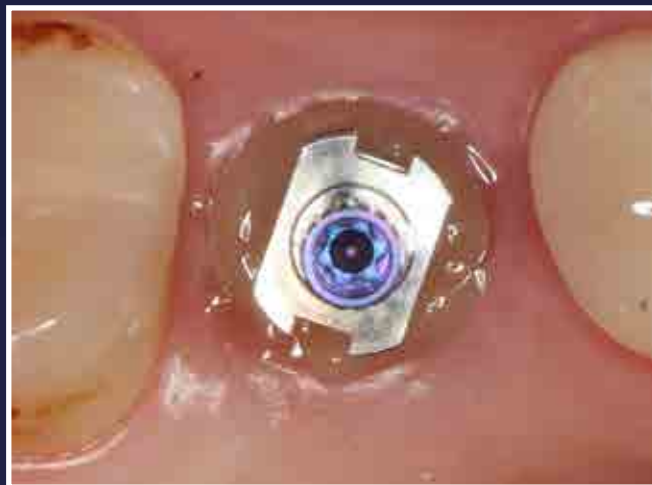
12. 5 months post surgery



13. View of mature gingival collar and retained ridge form



14. Screw retained and crown fitted



15. Transfer coping was individualised with composite resin



16. Final crown

PATIENT MEDICAL HISTORY

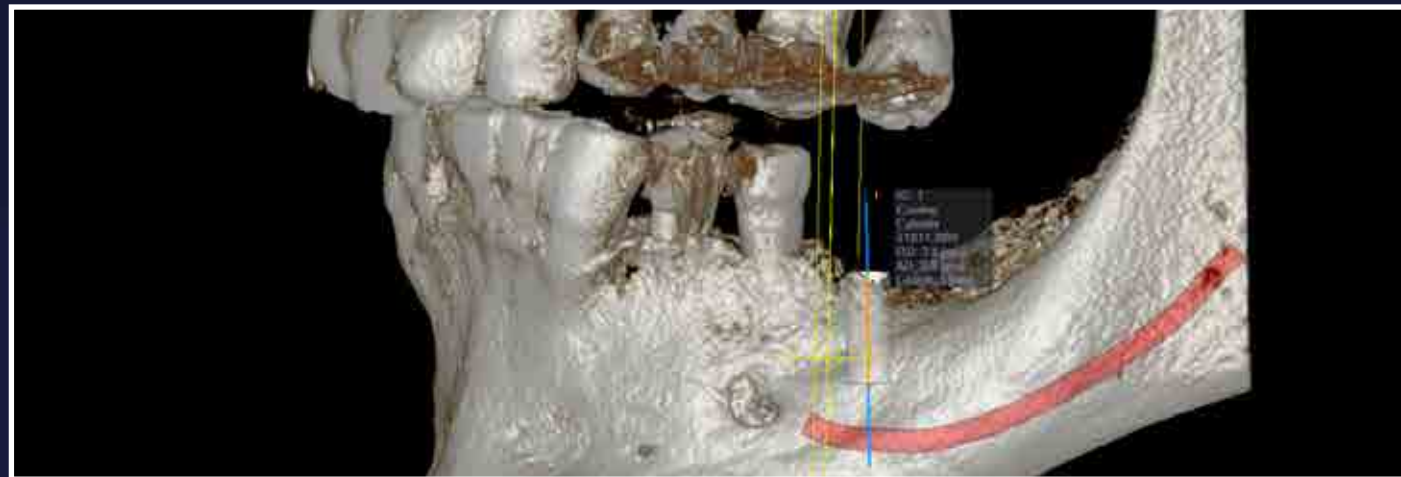
Female
72 years old
Non-smoker

Non-contributory medical history
LL6 extracted several years prior to surgery

Case from Dr Kami Karimian,
Denmark



Dr Kami Karimian



1. CT planning in LL6 lateral view



2. CBCT planning in region LL6 frontal view



3. Labial view of pre-operative situation



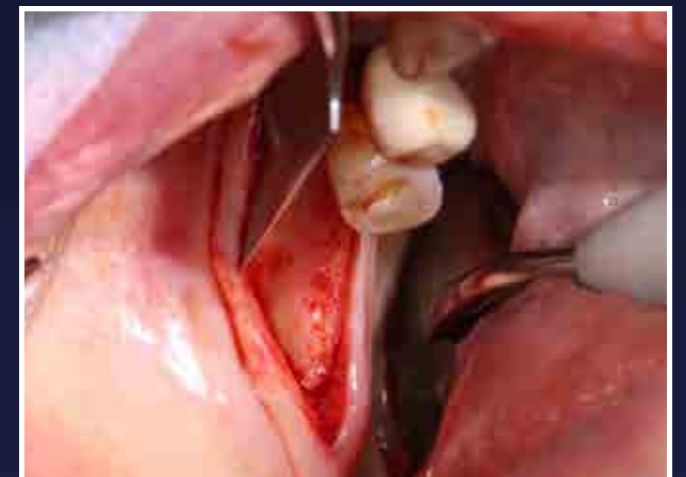
4. Lateral view



5. Lateral view



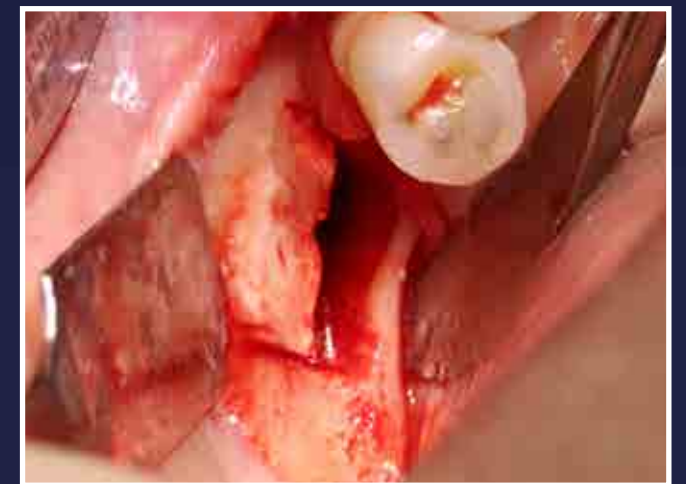
6. Incision line



7. Partially retracted flap

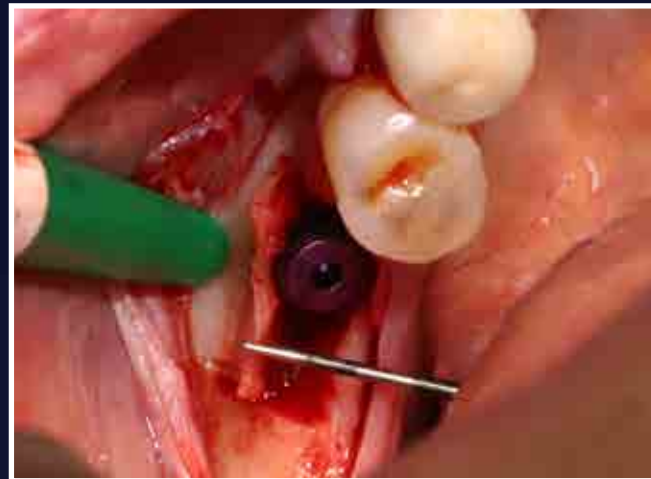


8. Ridge split design

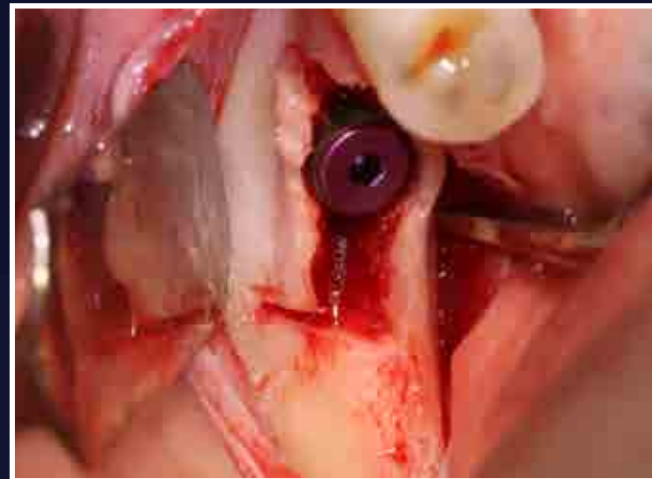


9. Ridge split after usage of D-shaped osteotomes and rotary expanders

Ridge Split with Implant and Graft Placement



10. Placed implant with indication of ridge width achieved



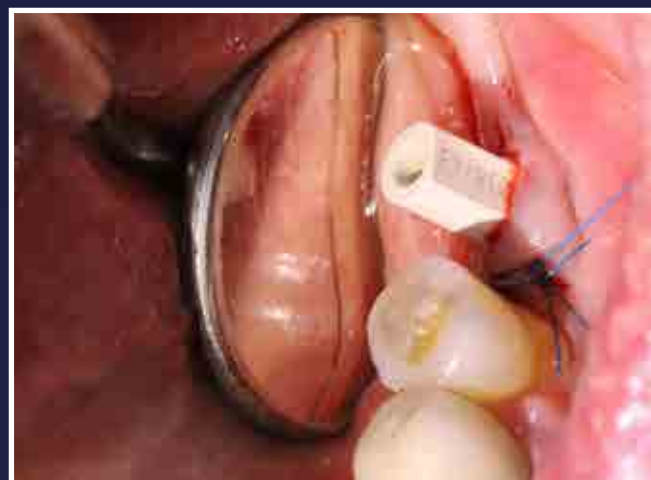
11. Another view of placed implant



12. EthOss® bone grafting material placed both into the gap and buccally



13. Wound closure tension-free with 5-0 Glycolon sutures



14. Keratinized tissue moved buccally and sutured



15. 2 weeks post-op - region LL6 healed buccal view

Ridge Split with Implant and Graft Placement



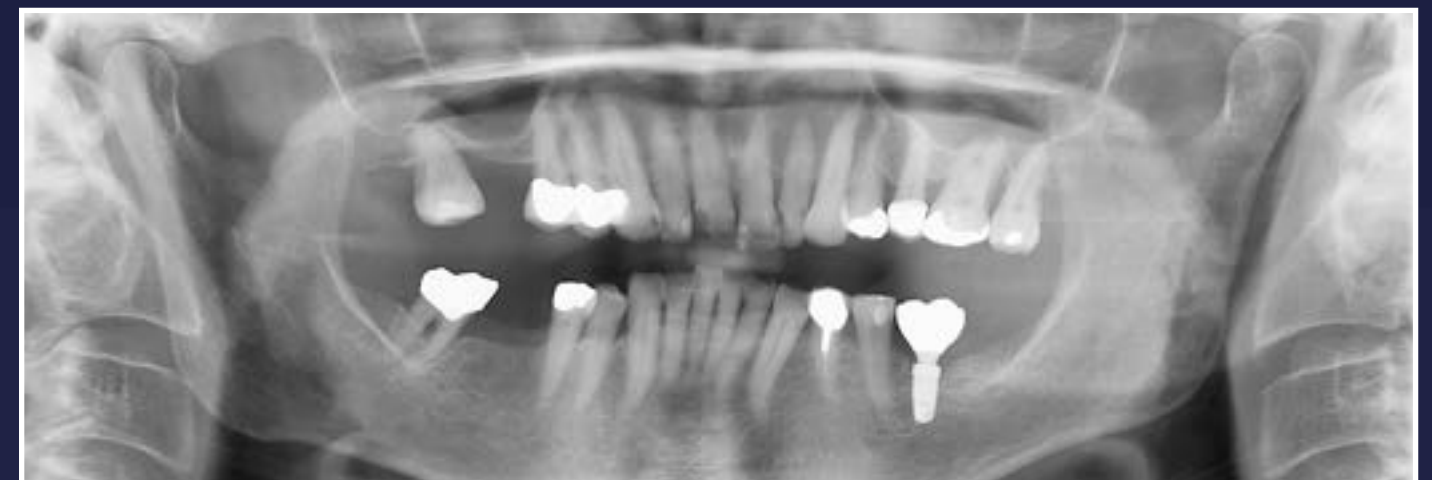
16. Region LL6 healed occlusal view



17. Fitted screw retained crown, side view



18. 6 month follow-up - fitted screw retained crown, side view. Note the keratinized tissue



19. 6 month follow-up - final OPG radiograph

PATIENT MEDICAL HISTORY

Female
79 year old
Non-smoker
Non-contributory medical history

Tooth UR2 extracted 4 weeks prior to surgery. On day of surgery, tooth UR3 extracted due to root fracture and main surgery performed 5 weeks later. I-Gen titanium mesh membrane screw retained to implant due to root prominence on UR3. Good ISQ value around 72-74 after 12 weeks of healing

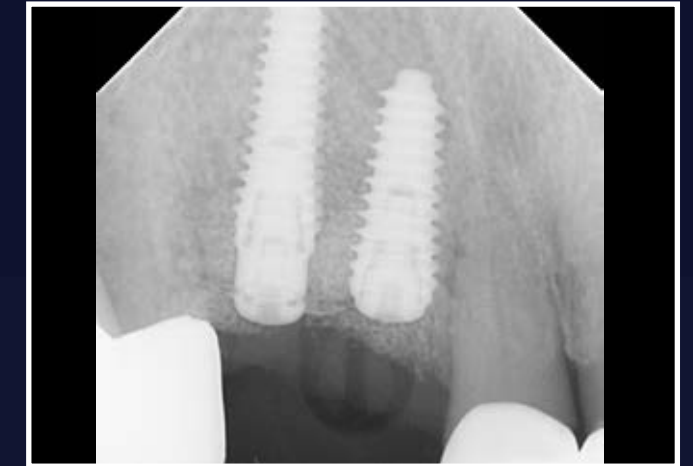
Case from Dr Ludwig Hansson, Sweden



Dr Ludwig Hansson



5. 2x AnyRidge® implants placed



6. Post-surgery



1. Single tooth routine case



2. Tooth UR2 fractured, extraction instead



6. 1cc of EthOss® bone grafting material build-up



3. Initial healing 5 weeks - treatment plan amended to include 2 implants

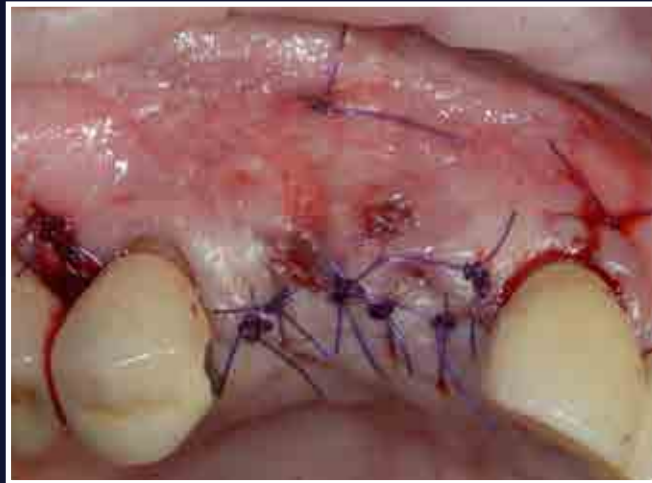


4. Large defect present at implant surgery

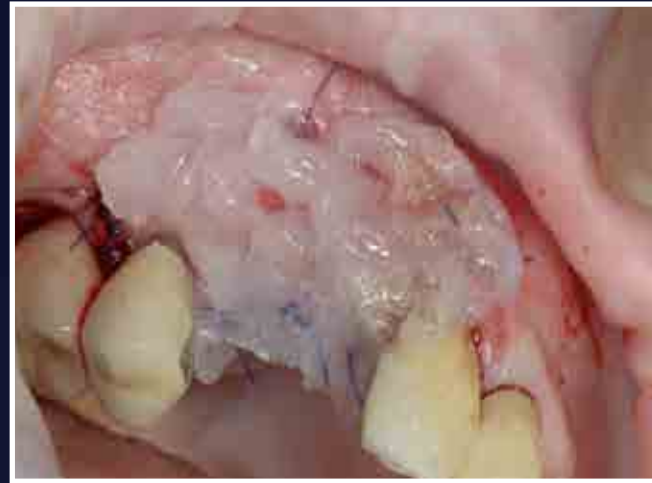


7. I-Gen rigid titanium membrane in place to improve site stability

Grafting with Titanium Mesh Membrane



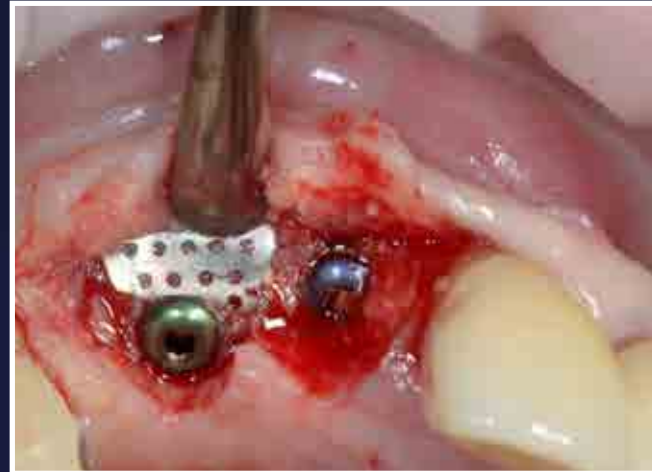
8. Sutures in place, superficial monofilament and deep resorbable



9. Blue@M oxygen gel for stimulation of the healing



10. Healing after 12 weeks



11. Second stage surgery at 14 weeks - titanium mesh membrane removal



12. Healing abutment in place and excellent bone formation



13. 3 week healing period



14. Two single units in place. Note bulky ridge form



15. Prosthetics in place



17. Final result 2 weeks post fit

PATIENT MEDICAL HISTORY

Female
40 years old

Non-contributory medical history

Trauma and failed root filling UL5. Immediate placement and load with implant repositioned to allow molar unit to close distal gap. EthOss used for both jump gap augmentation and Crestal sinus lift

Case from Dr Dominic O'Hooley, United Kingdom



🇬🇧 Dr Dominic O'Hooley



1. Pre-operative CBCT view. UL5 coronal fracture and periapical pathology



2. Occlusal view. See repaired palatal fracture and distal spacing to molar



3. Extracted socket prior to degranulation with EthOss® Degranulation Burs



4. Versah lance drill used to reposition osteotomy up distal socket wall allowing implant position for molar unit



5. Guide pin showing ideal position for screw retained molar crown



7. PEEK cylinder to allow pick up of shell crown



9. Radiograph at placement showing repositioning of Inverta (TM) implant, EthOss crestal sinus lift and jump gap augmentation



6. Inverta (TM) implant in position with EthOss jump gap augmentation



8. Immediately loaded provisional crown showing ideal screw channel position



10. Impression coping at 4 months

GROW YOUR KNOWLEDGE



11. Another view of coping showing ideal angulation



12. Fitted definitive zirconia crown showing blanching of soft tissue



13. Radiograph - crown fitting placement, shows mature bone at crestal lift and jump gap



14. Radiograph at 24 month review. Stable bone seen



15. Exceptional bone level at 24 months post-implant placement



16. Beautifully integrated crown at 24 months

PATIENT MEDICAL HISTORY

Female
55 years old
Non-smoker

Mobile post crown, root fracture UL3.

Treatment plan:

1. extraction 2. delayed implantation with simultaneous bone augmentation, 3. direct screw-retained zirconia crown

Case from Dr Nicolas Widmer,
Switzerland



+ Dr Nicolas Widmer



1. Initial situation - root fractured UL3



2. Radiograph initial status - post crown



3. Radiograph initial status - root fracture



4. Clinical situation - root fractured



5. Socket post extraction. Decision to raise flap as buccal dehiscence



6. Complete removal of granulation tissue with EthOss® Degranulation Burs



7. Insertion of OSSTEM TS III implant (regular platform)



8. Implant with cover-screw, implant threads indicating extent of bony defect



9. EthOss® bone grafting material is placed



10. Bone defect filled and modelled with EthOss®, no separate membranes required



11. ePTFE suture, closed site tension-free



12. Radiograph post-op



13. Situation 10 days post-op, suture removal



14. 12 weeks post-implant placement. Clear increase of the keratinized mucosa



15. Control radiograph with OSSTEM impression post, before impression taking



16. Crown in situ, SilverPlug® in the screw channel to help prevent peri-implantitis



17. Composite sealed screw channel



18. Radiograph 13 weeks post-implant placement



19. Stable, harmonious soft tissue immediately after completion of treatment

PATIENT MEDICAL HISTORY

Female
68 years old
Light smoker

UL6 unrestorable due to recurrent caries after previous Endo and CEREC onlay. Extraction confirmed a root fracture was apparent. The peripheral inflammation caused a large bone defect with pronounced buccal fenestration. Immediate implant placed

Case from Dr Oliver Lys,
Switzerland



+ Dr Oliver Lys



1. Radiograph initial presentation. Periapical lesion UL6



2. Bone defect with fenestration after extraction



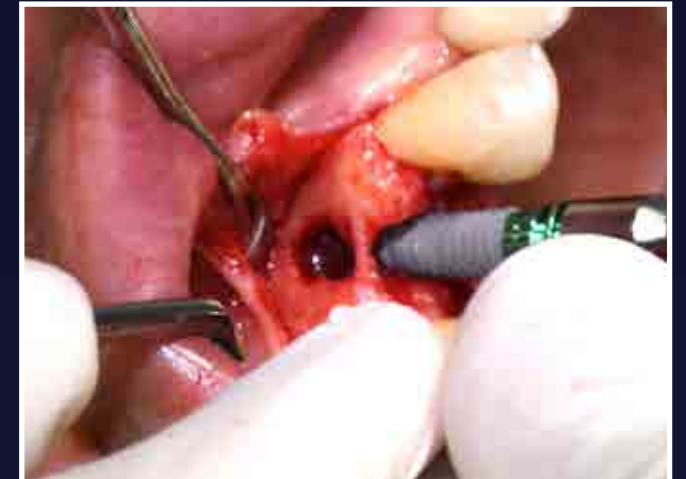
3. Radiograph after extraction with 5mm reference ball



4. Complete removal of granulation tissue using EthOss® Degranulation Burs



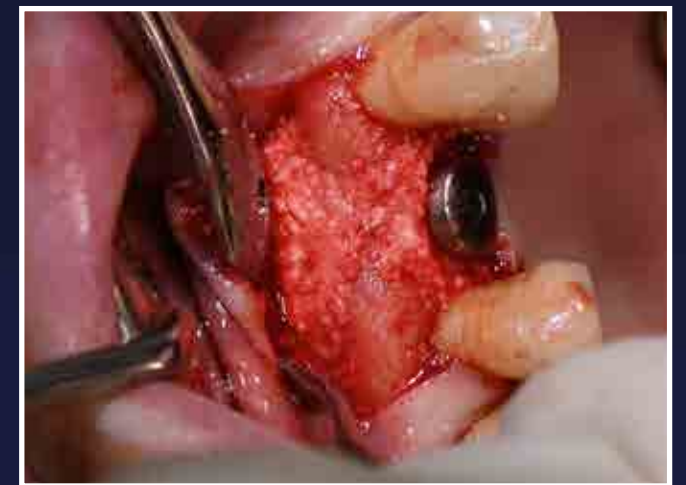
5. Controlling radiograph with parallel pin after initial osteotomy



6. Insertion of OSSTEM TS III implant



7. Radiograph after implant placement



8. Bone defect filled (and modelled) with EthOss® bone grafting material



9. Closure with single sutures open healing with interrupted sutures trans mucosally



10. Situation with healed site with healing abutment prior to taking impression



11. Ideal soft tissue with visible increase of the grown attached mucosa



12. Filling the screw channel with SilverPlug® to help prevent peri-implantitis



14. Stable harmonious soft tissue at the end of treatment



15. Radiograph after completion of treatment shows stable bone situation. 5 months post implant placement



13. Composite sealed screw channel



16. Radiograph 4 years post-op

PATIENT MEDICAL HISTORY

Female
77 years old
Non-smoker

Generally fit and well with high blood pressure
Medication: Statins + Amlodipine

Patient lost her two remaining teeth in the upper left sextant. 3 unit bridge placed using EthOss sinus lift and custom healing abutments

Case by Dr Stuart Kilner,
United Kingdom



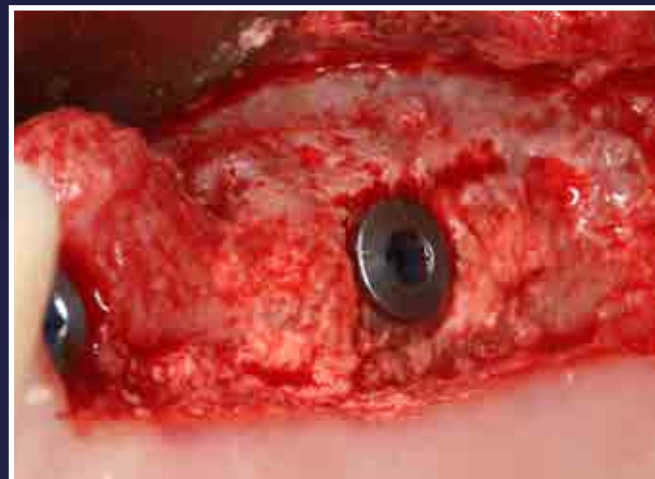
Dr Stuart Kilner



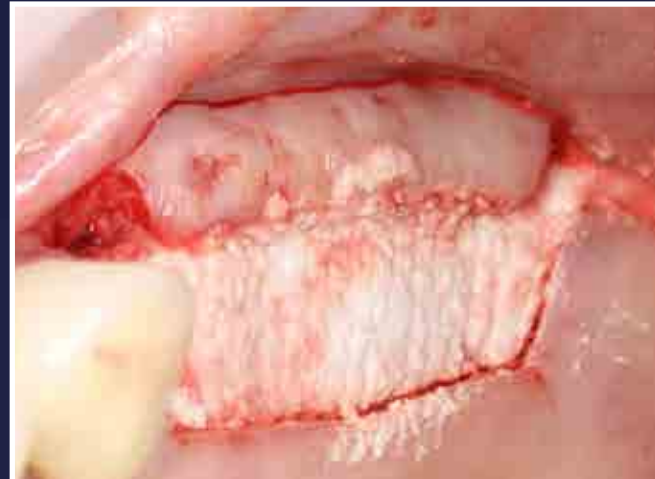
1. Limited alveolar bone in UL6 region at 5mm



2. Limited keratinised gingiva and frenal attachment



3. Implant placements



4. Buccal veneer and overlay EthOss bone grafting material



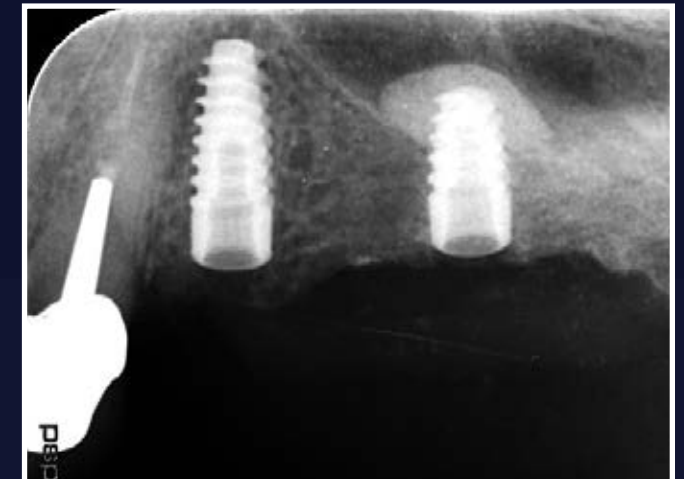
5. Primary closure



7. Radiograph, 10 weeks later - healed site and well integrated graft



9. Second stage surgery: PEEK cylinders for custom healing abutments



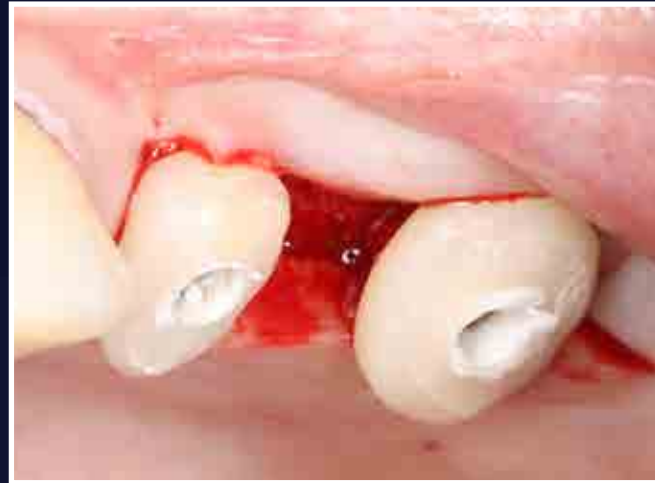
6. Radiograph taken intraoperatively after internal sinus lift UL6



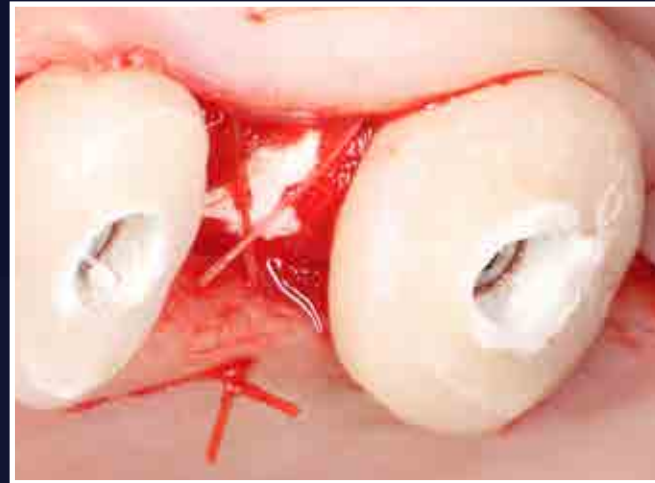
8. Healed ridge



10. Cervico custom abutment fabrication



11. Cervico custom abutment fit



12. Cervico custom abutment and collagen healing cone with cross mattress suture Vicryl 5-0



13. 5 weeks post-op - secondary intention healing evident by new keratinised gingiva interproximal



14. Customised abutment sites, note thick band of keratinised gingiva on the buccal aspect of the implants



15. Splinted customised impression transfers



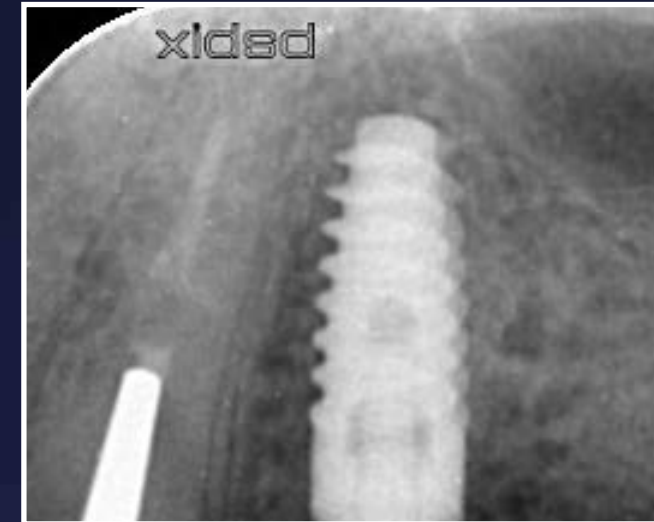
16. Impression transfers in



17. 3 unit bridge prior to fit



18. 3 unit bridge immediately after fit



19. 15 weeks post-placement - radiograph taken at fit appointment



20. 6 months post op

PATIENT MEDICAL HISTORY

Male
29 years old
Non-smoker

Wanted to have crowns 12-22 renewed. On the OPG we see large cystic lesions

Case from Malte Schaefer,
Germany



Malte Schaefer



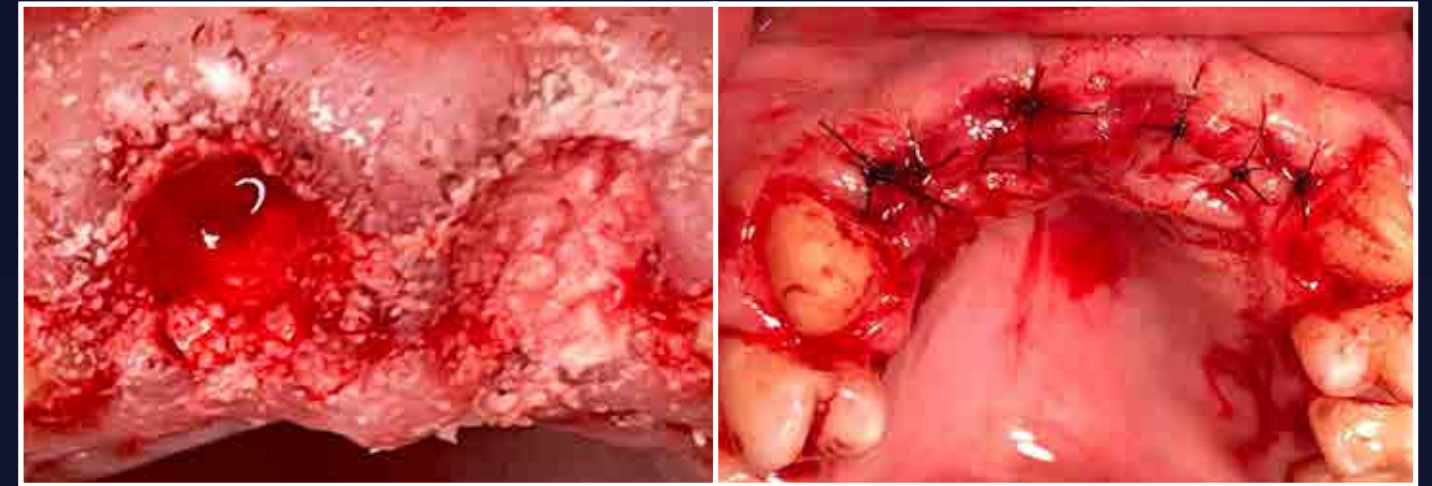
1. Initial presentation with compromised aesthetic appearance



2. Previously OPG with presumed cystic lesions



3. Post extraction



4. EthOss® bone grafting material placed and sutured immediately



5. CBCT after bone formation



6. Navigated implant placement with R2GATE



7. Long-term temporary



8. Formed papillae



9. Implant exposure with laser



10. Impression posts



11. Zirconia abutments



12. Zirconia crowns



13. Crowns fitted, notice papillae



14. After OPG



15. Radiograph 1 year post-op



16. Before and after intraoral images

PATIENT MEDICAL HISTORY

Male
39 year old
Ex-smoker
Dental phobia

Atrophic maxilla
Severe loss of periodontal support with extensive
bone loss

Case from Dr Riz Syed and Dr Verena Toedtling,
United Kingdom



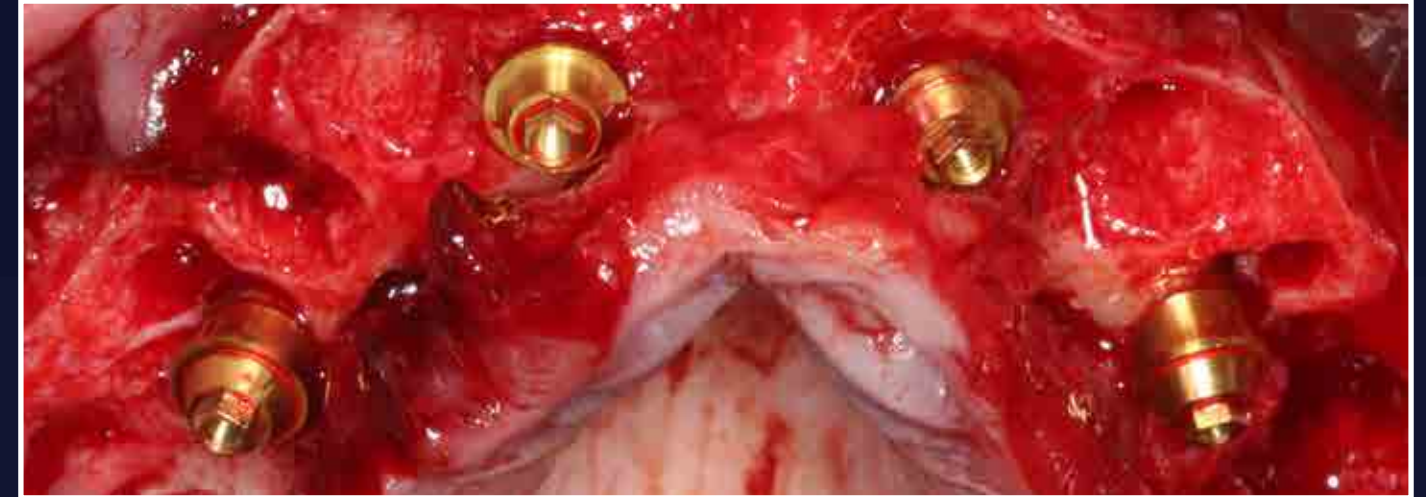
🇬🇧 Dr Riz Syed & Dr Verena Toedtling



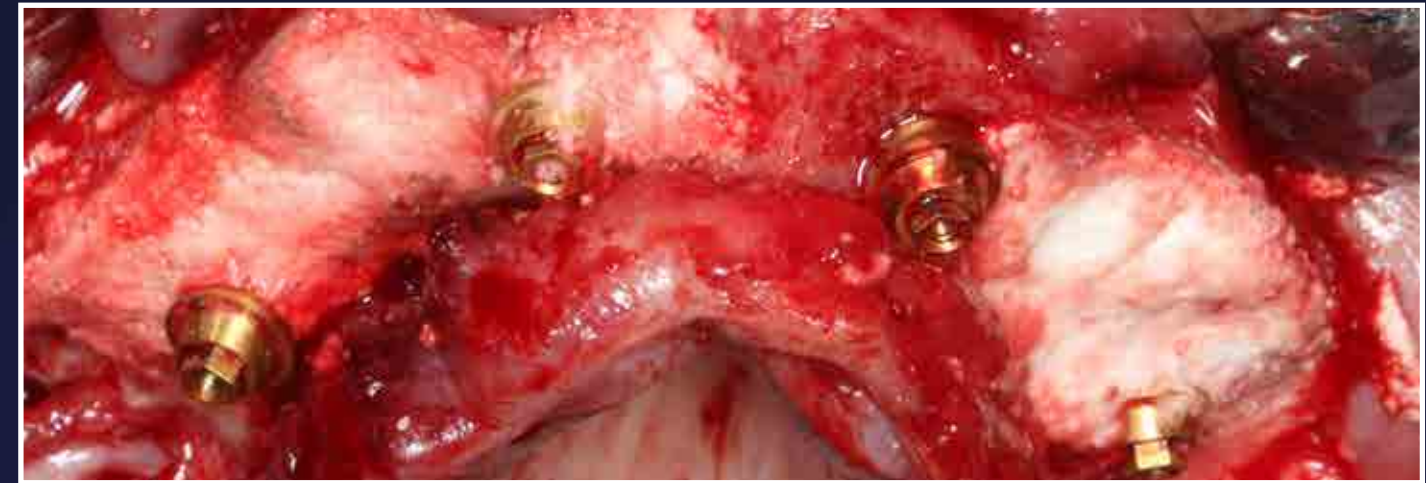
1. Pre-assessment photograph



2. Panoramic radiograph showing failing dentition in maxilla and mandible



3. Ridge reduction with implant placements in maxilla showing sufficient implant to bone contact



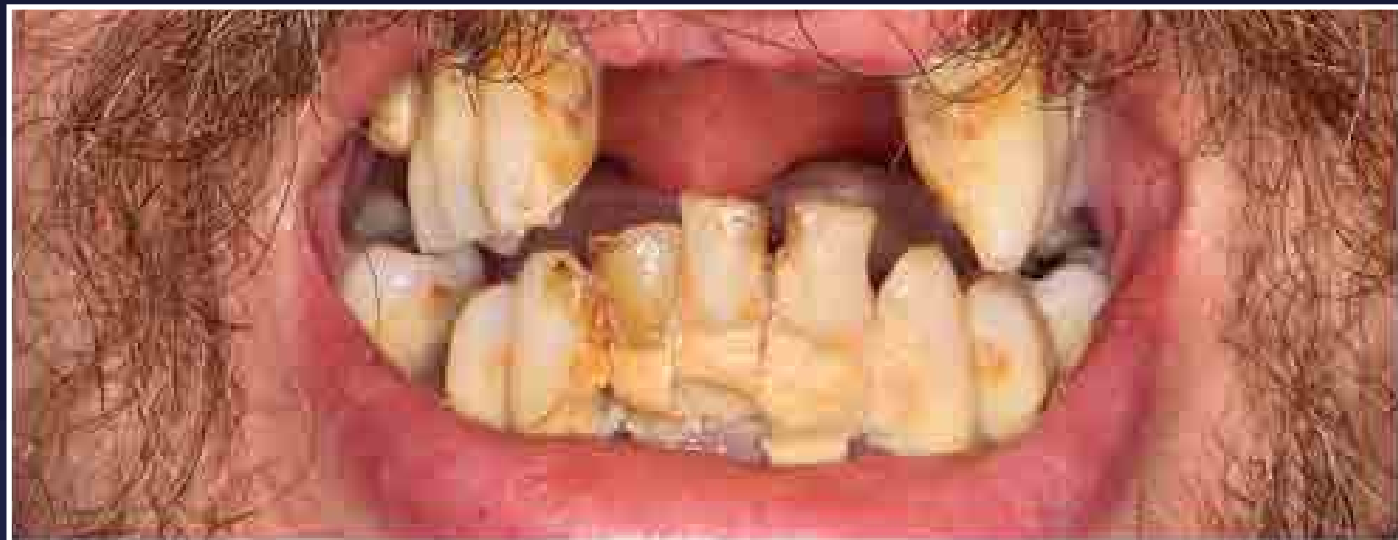
4. Ridge reconstruction with EthOss® bone grafting material in maxilla



5. Immediate implant placements in mandible



6. Immediate post-operative prosthetic outcome



7. Immediate post-operative prosthetic outcome

GROW
CONFIDENT

PATIENT MEDICAL HISTORY

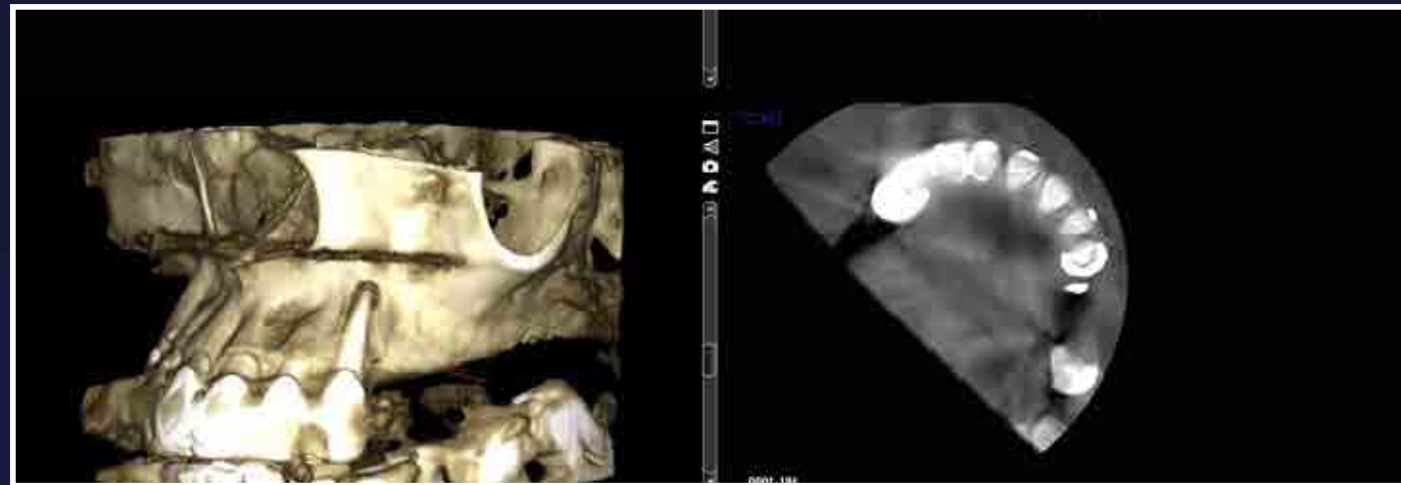
Female
63 years old
Non-smoker

Healthy
Non-contributory medical history

Case from Dr Ștefan Anca,
Romania



 Dr Ștefan Anca



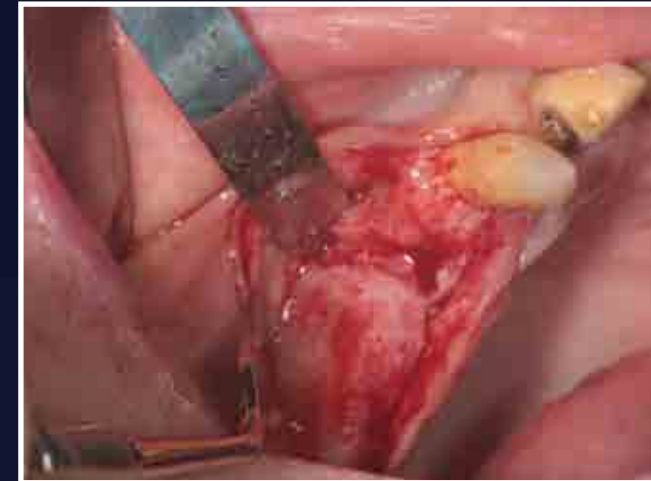
1. UL5 requires extraction



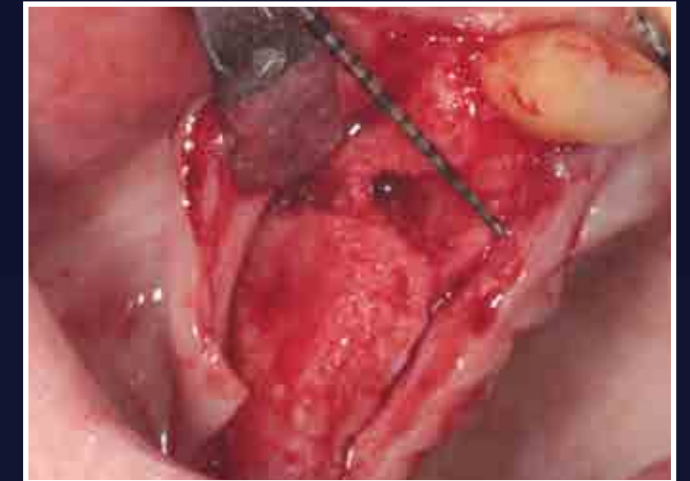
3. 12 weeks post extraction of UL5



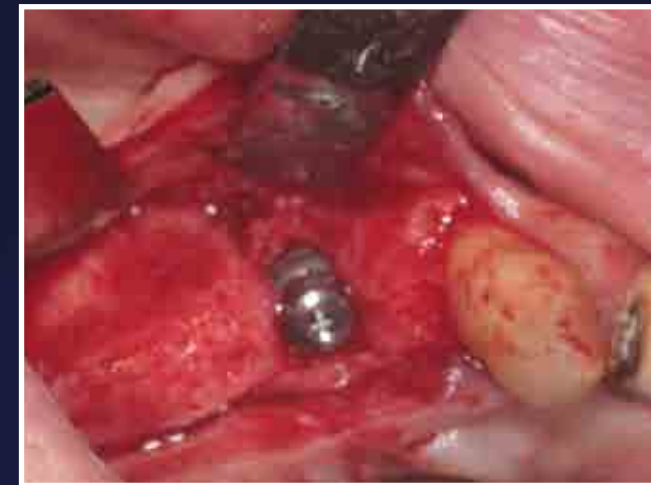
2. Initial situation



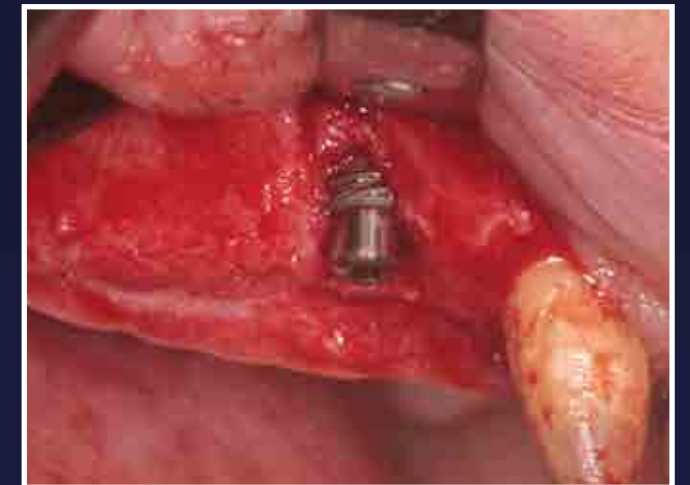
4. Imperfect healing



5. Post-degranulation



6. Implant in place



7. 2mm exposed on buccal side; high cover screw on implant



8. Graft with EthOss® bone grafting material and decision to place a second implant in the future



9. Sutures, with the EthOss left exposed. No incisions made in periosteum to allow healing by secondary intention



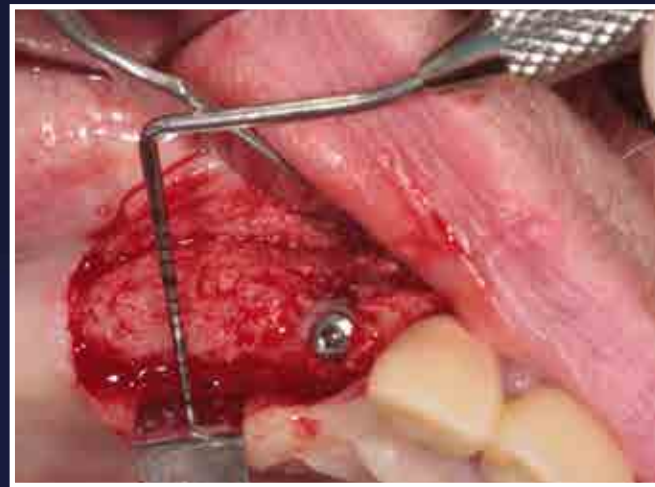
10. Covered with Reso Pac resorbable dressing. This protects the EthOss up to 24 hours



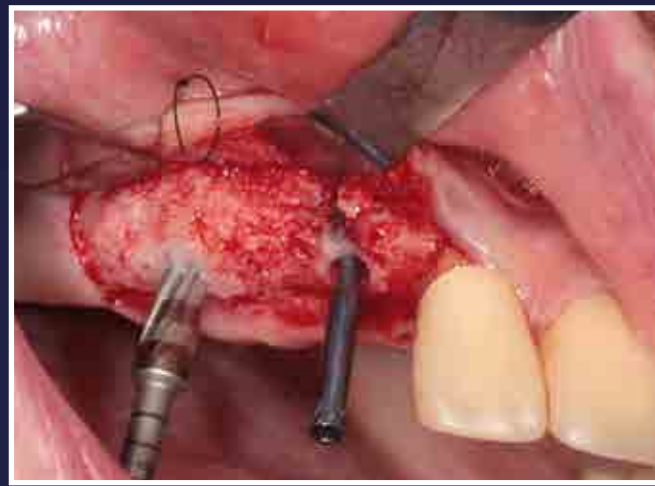
11. 12 weeks post first surgery



12. B-TCP granules still visible at this stage, but between them real vital bleeding bone



13. 1.5mm gain in width



14. Second implant: Densah burs used to expand the crest and to avoid perforation of the sinus



15. EthOss bone graft material placed. This is the secondary graft technique



16. Sutured. Almost closed. Note the response of the tissue after the first EthOss graft: Thick keratinized tissue



17. 14 weeks post-surgery



18. High healing cover screw has allowed a minimally invasive uncover of the implants, no sutures needed



19. Final crowns on implants and remaining teeth - 8 months post-surgical treatment



20. Final crowns

PATIENT MEDICAL HISTORY

Female
74 years old
Non-smoker

Has controlled diabetes as well as being on Atorvastatin 40 mg

Severe periodontally involved UL6 and 7, wanted posterior teeth to restore occlusion

Case from Dr Peter Fairbairn, United Kingdom



Dr Peter Fairbairn



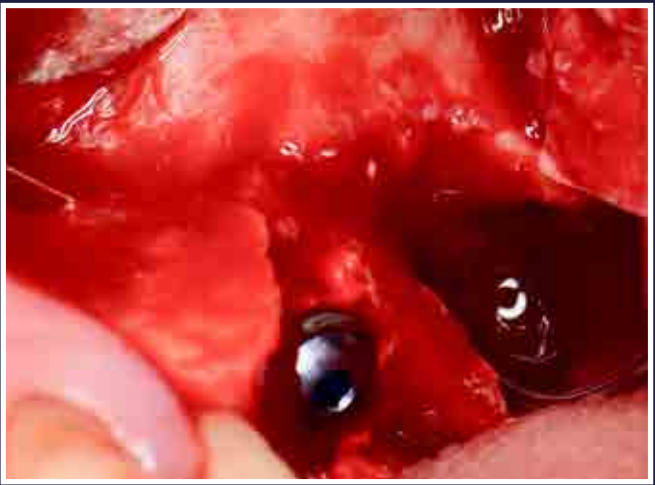
1. Severe periodontal disease with grade 3 mobility, decided to remove



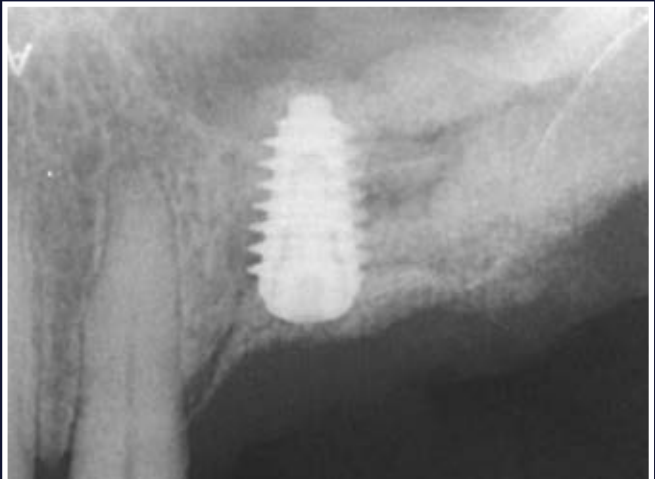
2. Four weeks post extraction showing soft tissue healing and hard tissue loss



3. Radiograph showing bone loss



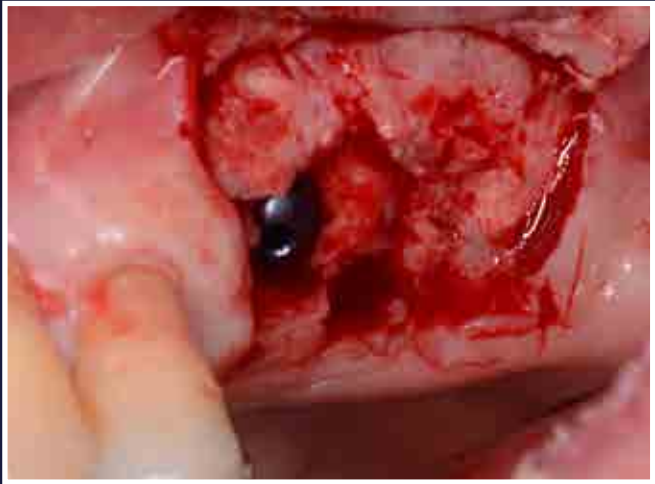
4. AnyRidge® implant was placed into the mesial tri-furcation but the extent of the socket distally meant a socket graft was preferred



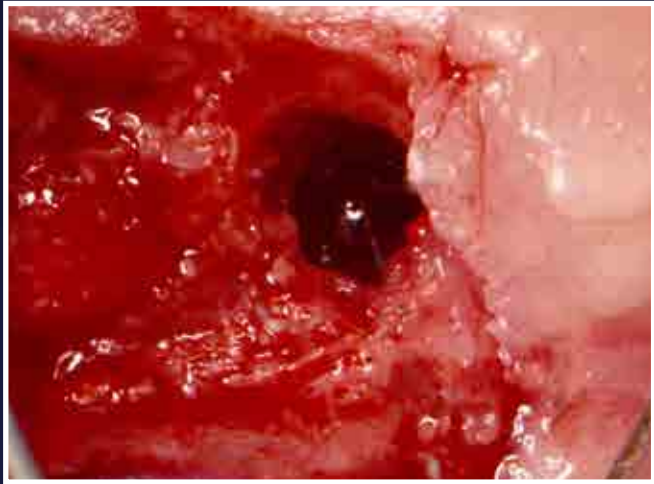
5. Radiograph showing placement with a small internal sinus lift and the distal socket graft with EthOss



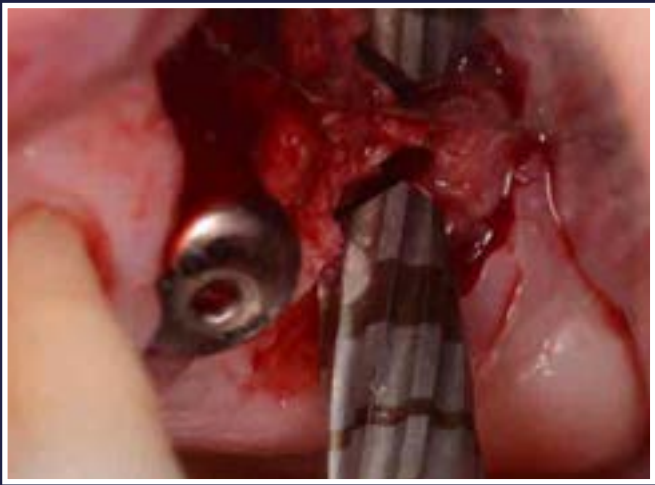
6. Healed site 10 weeks post-op, note improved keratinised tissue



7. Another flap raised showing the new buccal plate and regenerated socket at 10 weeks post-op



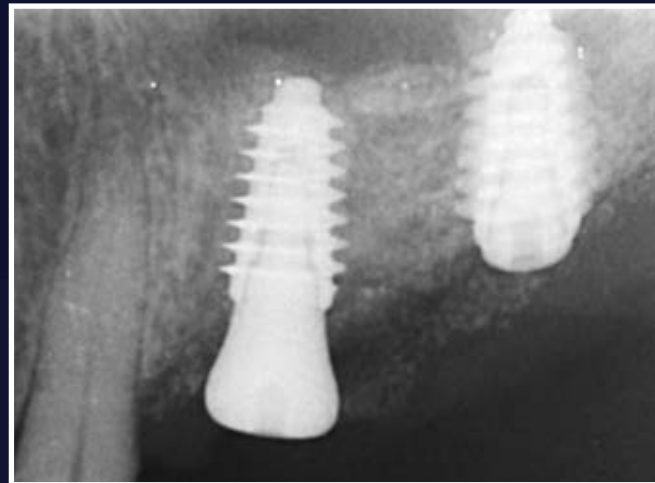
8. The osteotomy is now made in the distal site showing bone quality



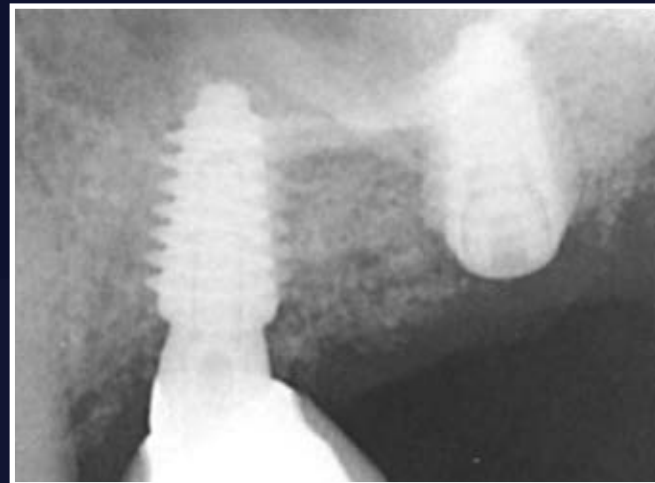
9. Densification drill is used to lift the sinus lining



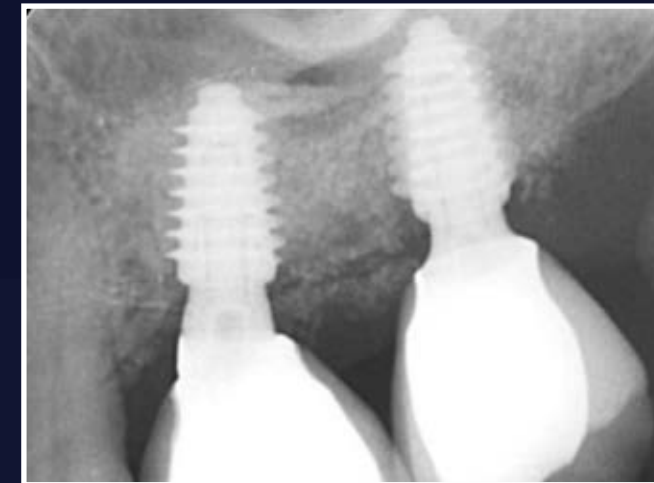
10. The site is grafted with EthOss® bone grafting material and another AnyRidge® implant placed



11. At this stage a healing cap was fitted on the mesial implant and then sutured closed



12. An impression was done and the site loaded a week post-op



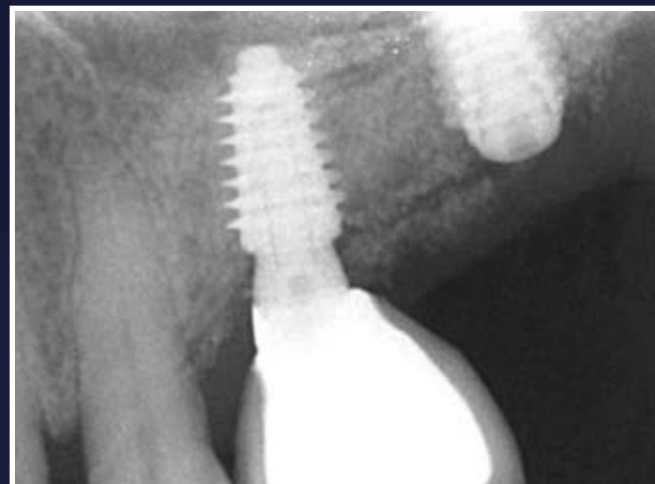
17. At two years post-loading the hard tissue has now matured nicely and even showed vertical growth between the implants



18. Site reviewed two years post-loading, soft tissue now well matured with new papillae formed, even between the two implants



13. Another 4 weeks post-op and site is maturing tissue wise



14. Another 10 weeks post the distal placement. Implant is ready for loading



19. The initial start point showing tissue loss



20. Two years loaded showing the hard and soft tissue regeneration, EthOss showing true host regeneration of tissue



15. Healing cap was fitted and a week post-op the site was ready to restore



16. A pick-up impression post was used



PATIENT MEDICAL HISTORY

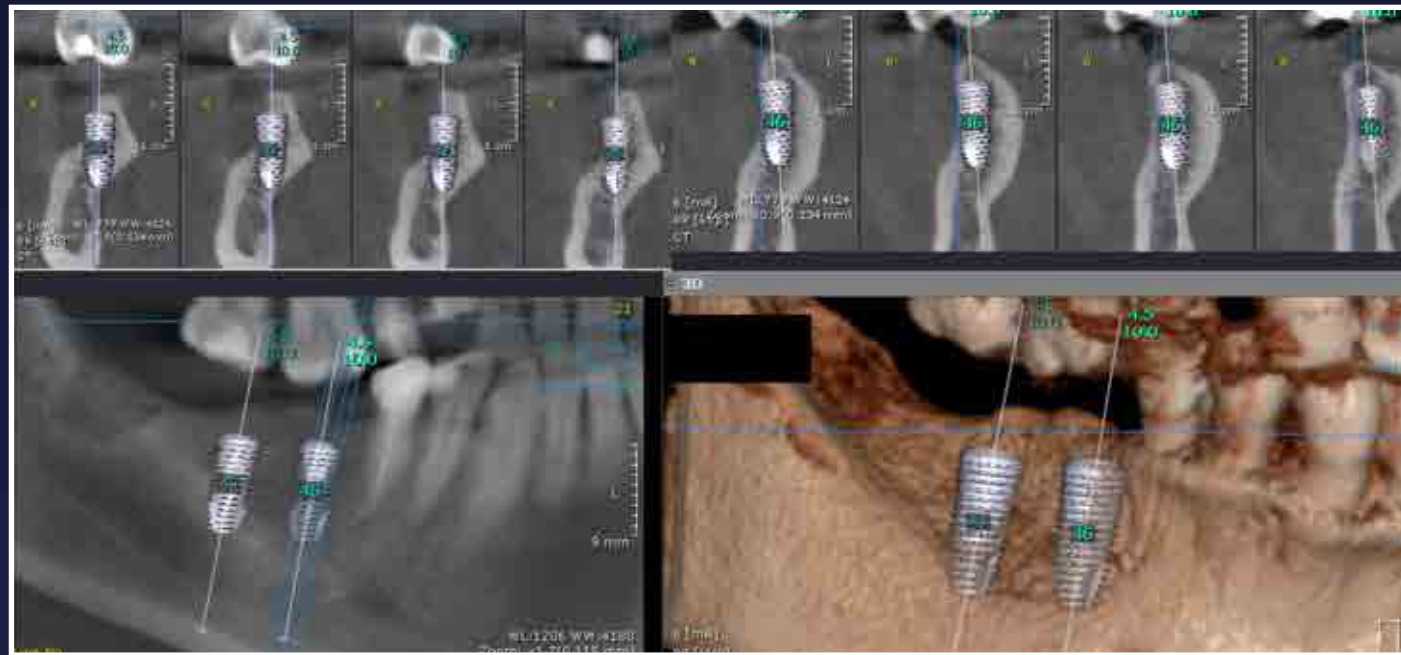
Female
46 years old

No severe general disorders

Case from Dr Andrei Mostovei,
Moldova



Dr Andrei Mostovei



1. Preoperative CBCT view with virtual implants placed in desired position – insufficient amount of bone from the buccal side (class B and C-w by Misch).



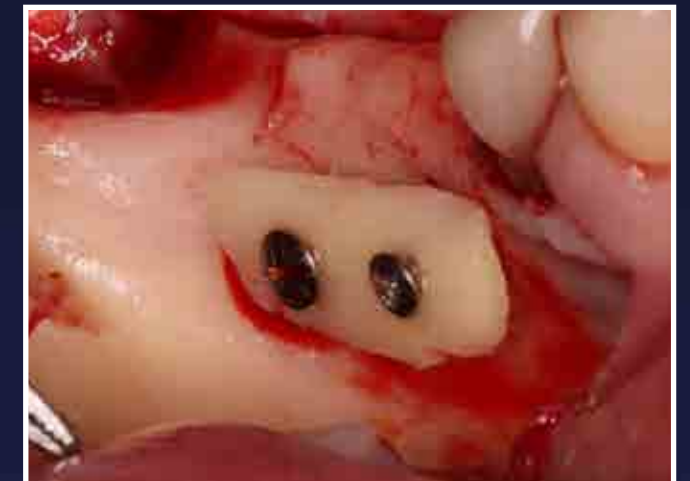
2. Intra-oral aspect of soft tissue, moderate amount of keratinized mucosa



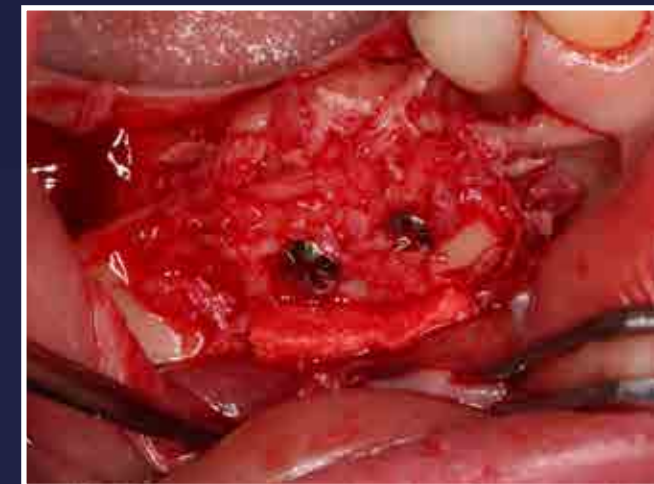
3. Four corner flap extended to external oblique line to perform bone block taking and transplantation through one wound



4. Aspect of the bone block collected from the external oblique lines with piezotome



5. Fixation of the lamellar bone block in the recipient site with titanium mini-screws



6. Augmentation with autogenous bone scrapings and collagen sponge below the bone block

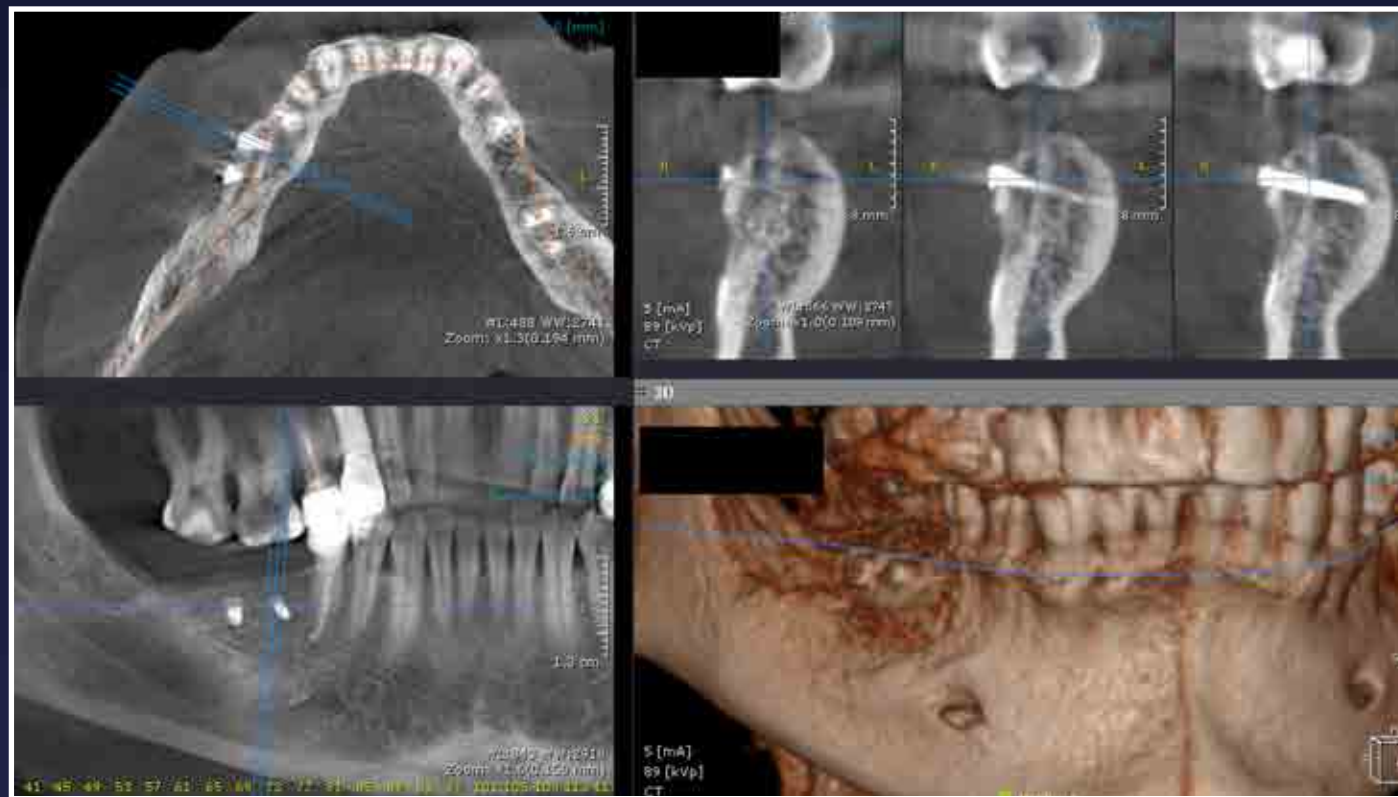


7. EthOss® bone grafting material application with fast, resorbable collagen sponge (Fleece HD)

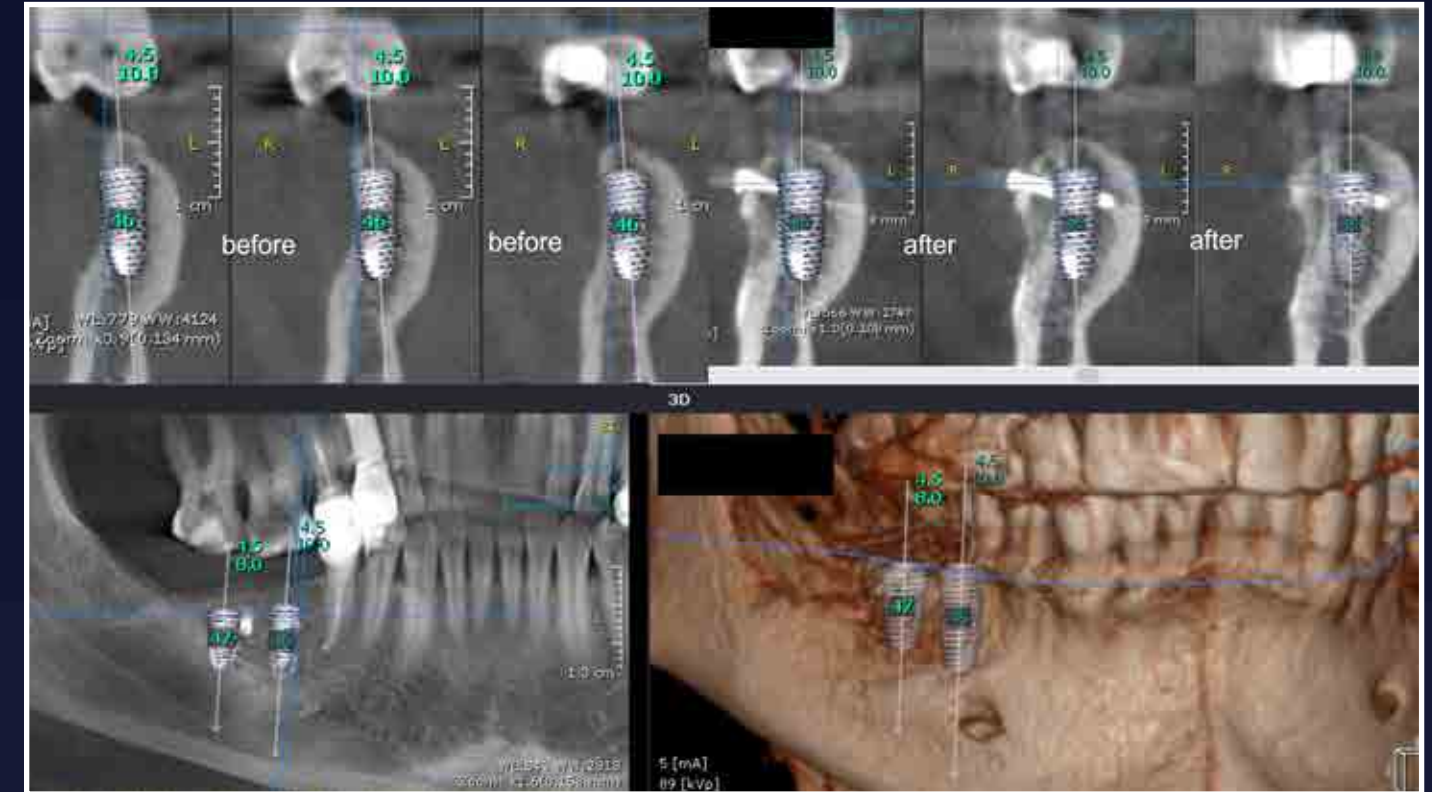


8. Intra-oral view after suturing – using apical mattress, modified mattress and simple node sutures

9. Intra-oral view after 5 months of healing



10. Pre-operative CBCT showing integration of the bone block



11. Virtual implant positioning with CBCT aspects



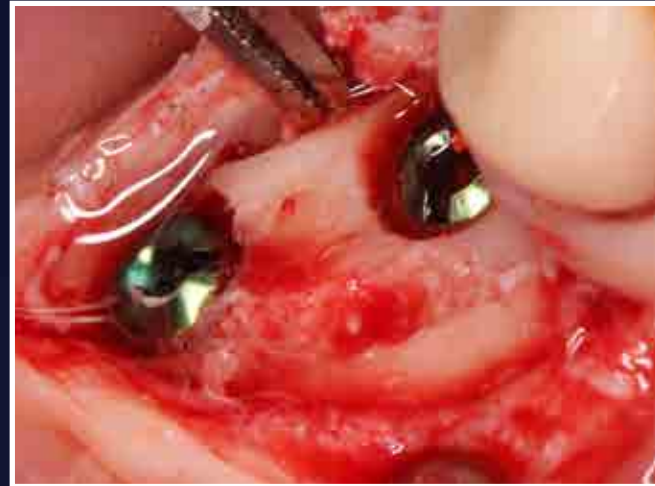
12. Intra-oral view before implant surgery, visualization of titanium fixation screws



13. Bone evaluation after mucoperiosteal flap reflection



14. Dentium super line implants placed sub-crestally, cover screws applied before bone reshaping



15. Bone aspect after reshaping with spherical drill to increase prosthetic space



16. Replacement of cover screws with healing abutments of 4.5mm and 5.5mm in diameter



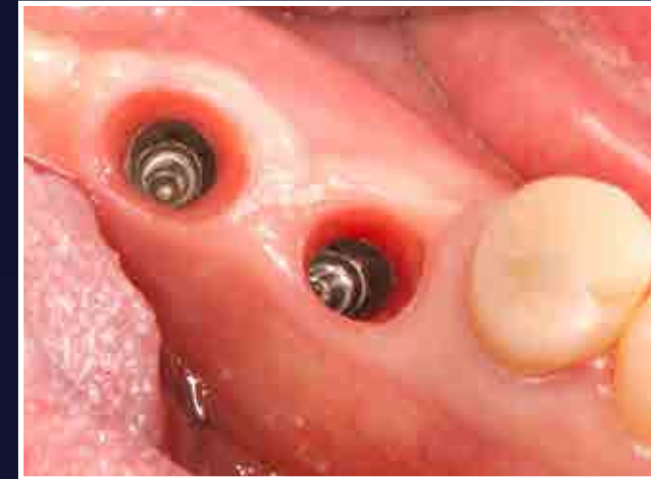
17. Intra-oral aspect after suturing, collagen sponge was applied between healing abutments for secondary intention healing



18. OPG taken after implant placement



19. Intra-oral aspect of healing abutments and mucosa after integration period of 6 weeks



20. Mature gingival cuff around implants without bleeding



21. Aspect of the screw retained crowns with attenuated occlusal relief



22. Aspect of the crowns from buccal and occlusal sides

PATIENT MEDICAL HISTORY

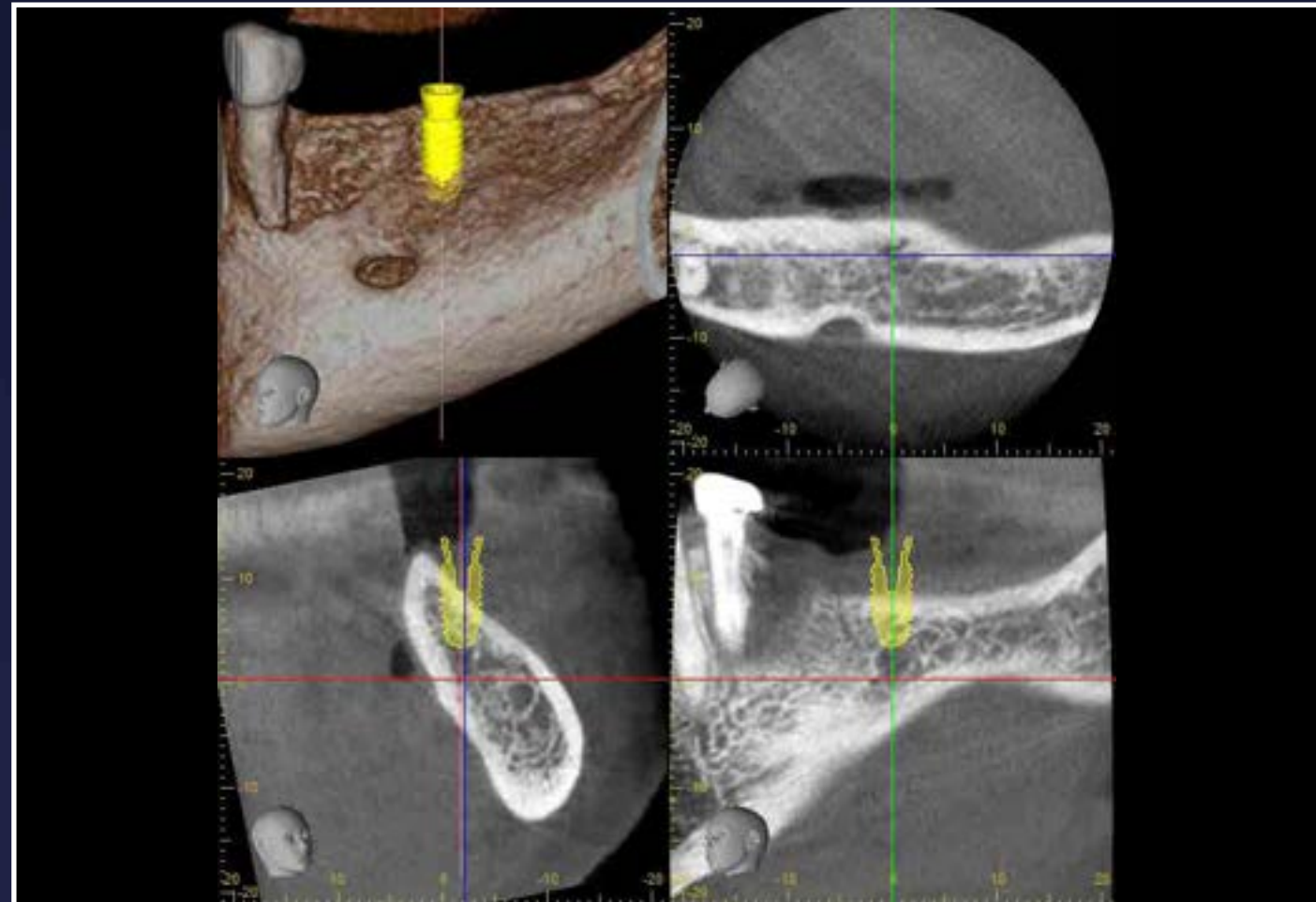
Female
73 years old
Non Smoker

Generally healthy

Case from Dr Mike Ainsworth,
United Kingdom



🇬🇧 Dr Mike Ainsworth



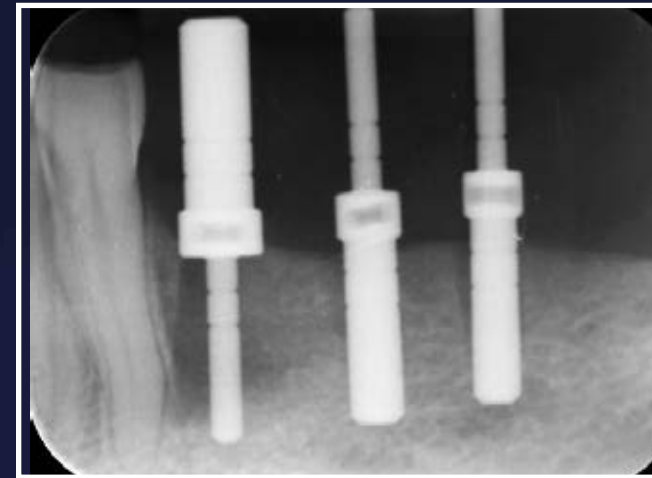
1. Pre-op radiograph



2. Initial situation



3. Flap raised



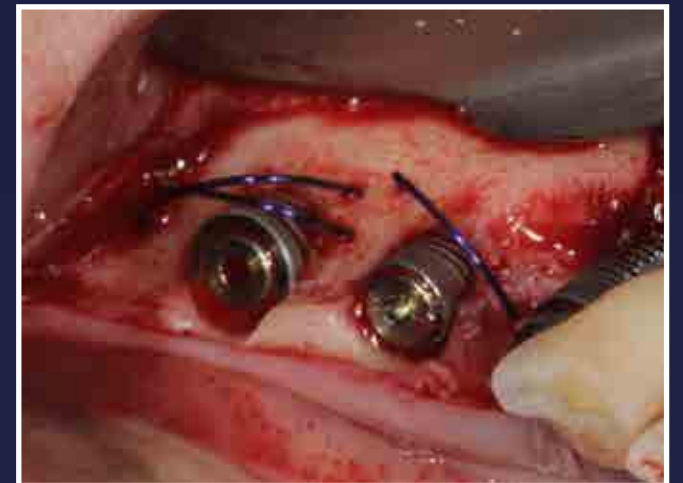
4. Direction check radiograph



5. Direction check photograph



6. Implants in place



7. 2/0 PDS sutures used to create "dome" to increase graft stability. These sutures will be resorbed

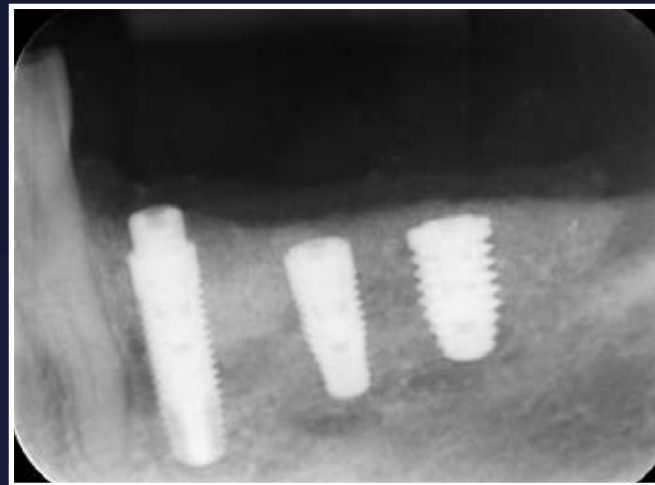
Suture Tenting Technique with Grafting



8. EthOss® bone grafting material placed



9. 6x7.0 prolene sutures placed



9. PA radiograph prior to uncovering at 3 months



10. Test fitting of custom abutments



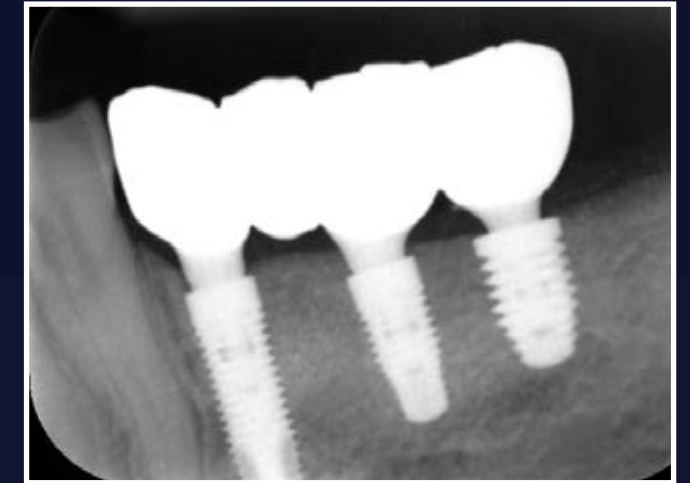
11. Custom abutments in situ



12. Bridge in situ



13. Fit bridge



14. Radiograph - loaded 12 months



15. Loaded at 12 months

Suture Tenting Technique with Grafting

PATIENT MEDICAL HISTORY

Male
67 years old
Non-smoker

Generally healthy, expecting poor prognosis teeth removal and missing teeth replacement with implants

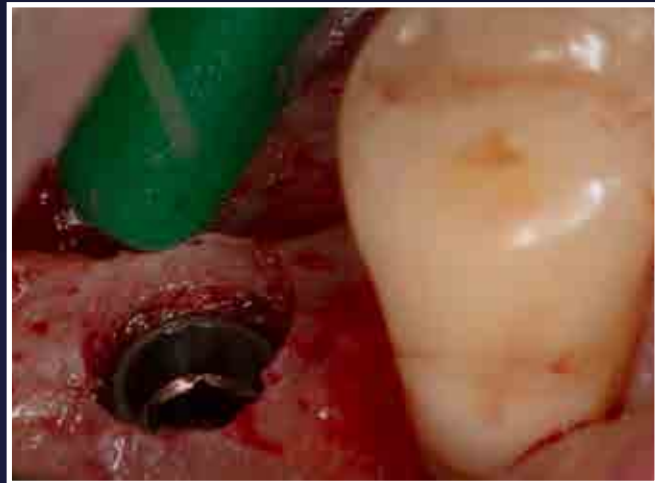
Case from Piotr Florczak, Poland



 Dr Piotr Florczak



1. Atraumatic extraction and flap



2. AnyRidge® 4.5 / 10mm implant inserted
40Ncm2



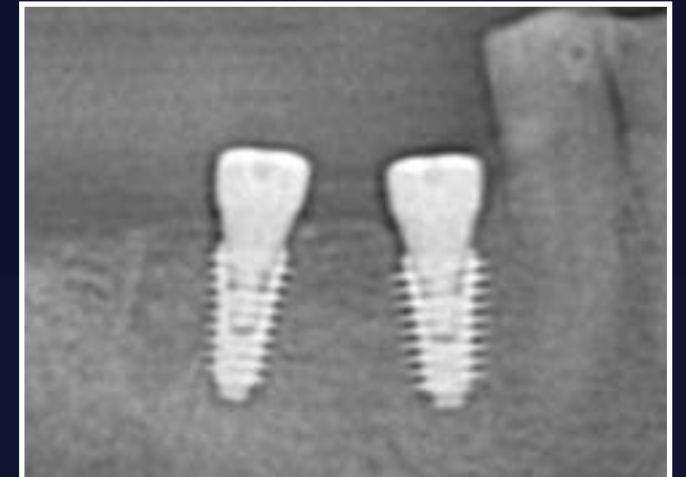
3. Implants with healing abutments 5.0 / 5mm and EthOss



4. A-PRF



5. Sutured closed PTFE



6. Postoperative radiograph



7. After 6 weeks



8. 6 weeks post removal of the healing screws



9. Stability reading after 6 weeks 76 ISQ



10. Impression copings for open tray technique

GROW
SAFER



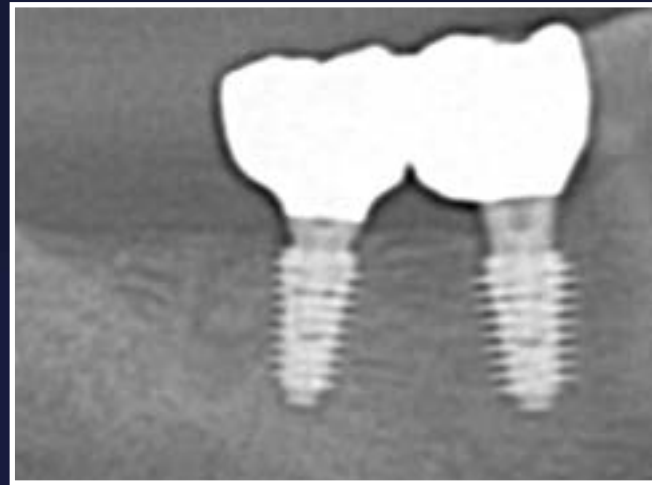
11. Zirconium crowns



12. Screw retained full Zirconium crowns



13. Screw retained full Zirconium crowns



14. One year post loading



15. One year post loading

PATIENT MEDICAL HISTORY

Male
60 years old

Failed anterior 4 unit bridge. Crestal decoronation of the UR3 canine root with periapical radiolucency (PARL), similar on the UL1.

Case by Dr Dominic O'Hooley,
United Kingdom



🇬🇧 Dr Dominic O'Hooley



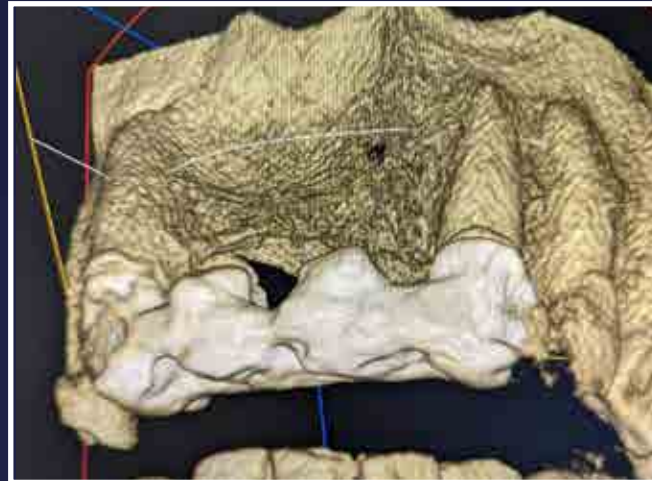
1. Occlusal view showing severe horizontal ridge defect. Mirror view



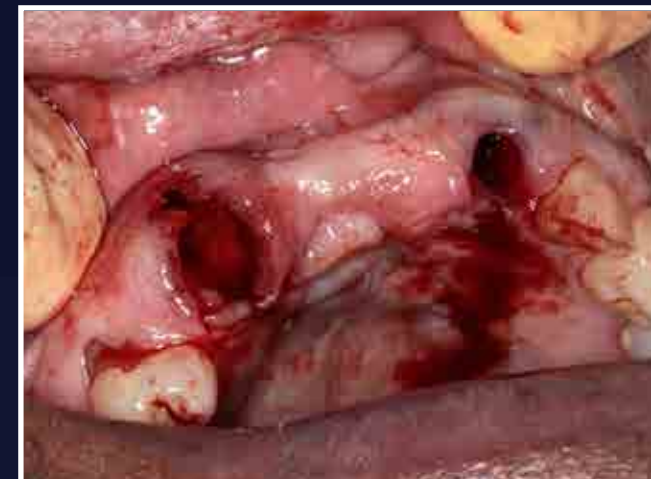
2. Occlusal CT scan view showing defect



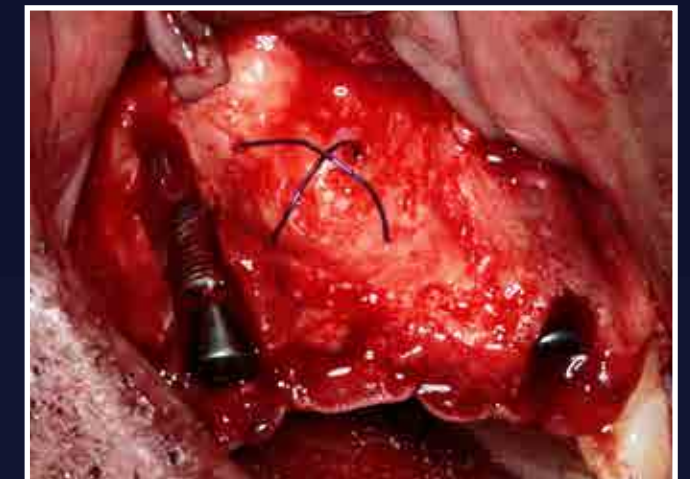
3. Upper right canine pre-operative CT view



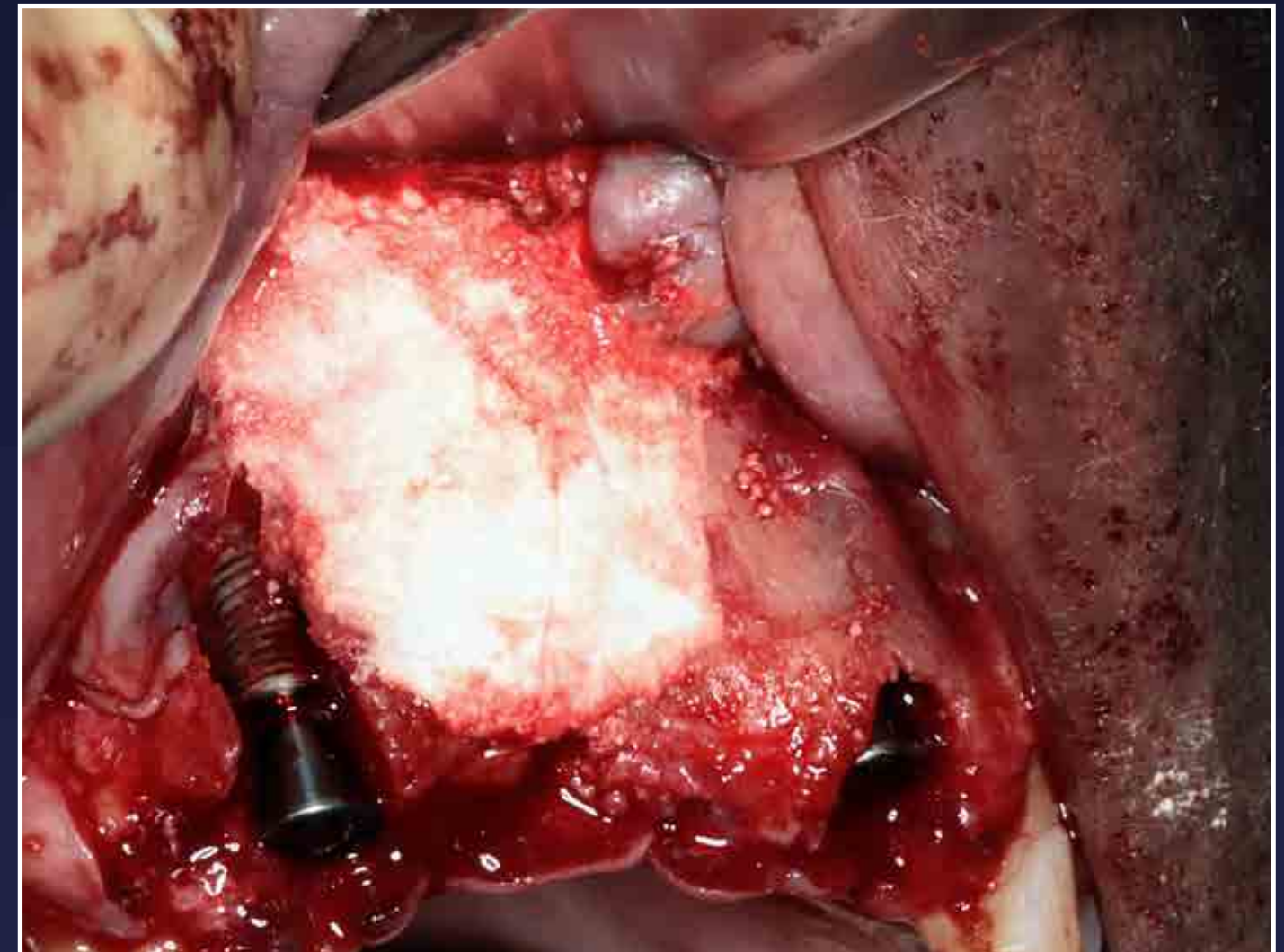
4. CT views of defect



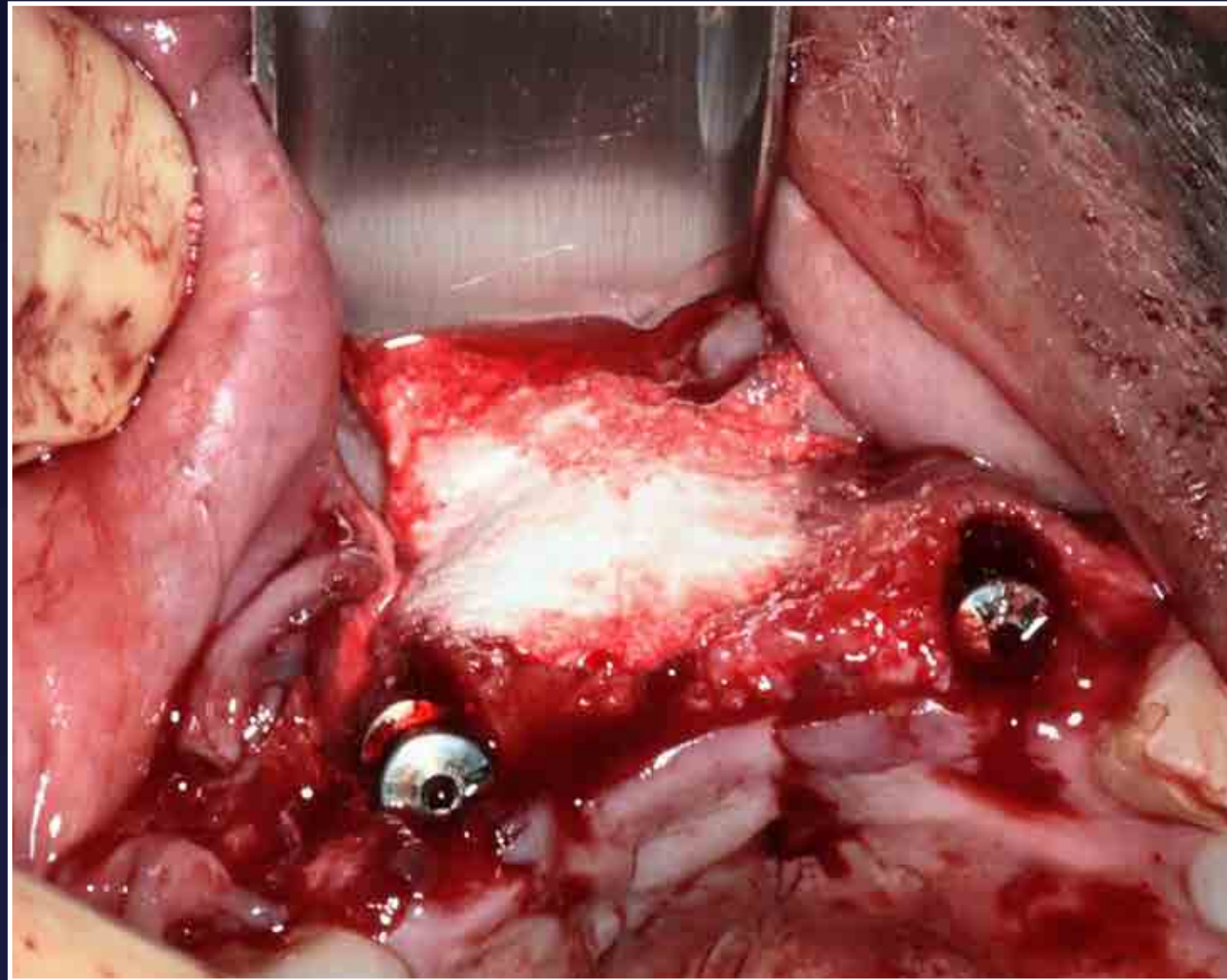
5. After minimally traumatic extractions dehiscence detected UR3



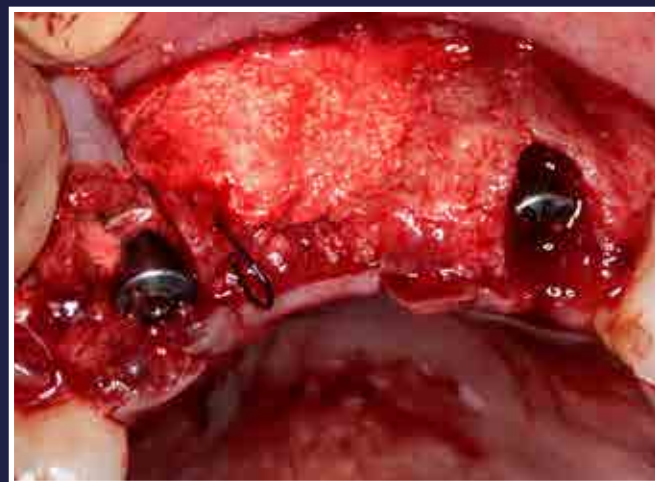
6. After Southern Inverta CoAxis implant placement and 2.0 PDS suture horizontal tenting technique



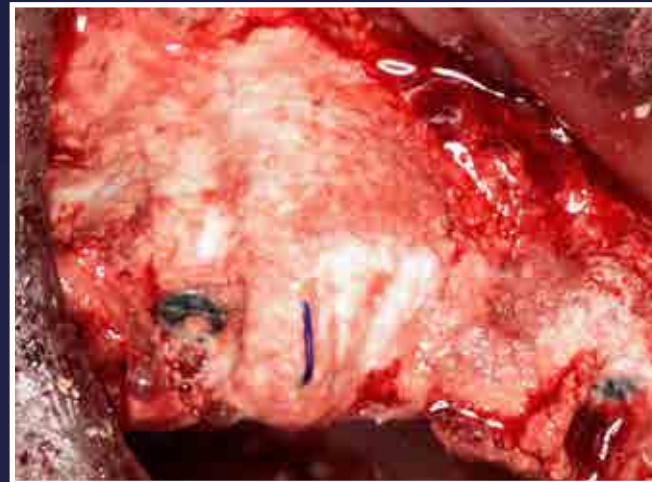
7. After first tranche of EthOss® bone grafting material, 1.0cc



8. First tranche of EthOss 1.0cc



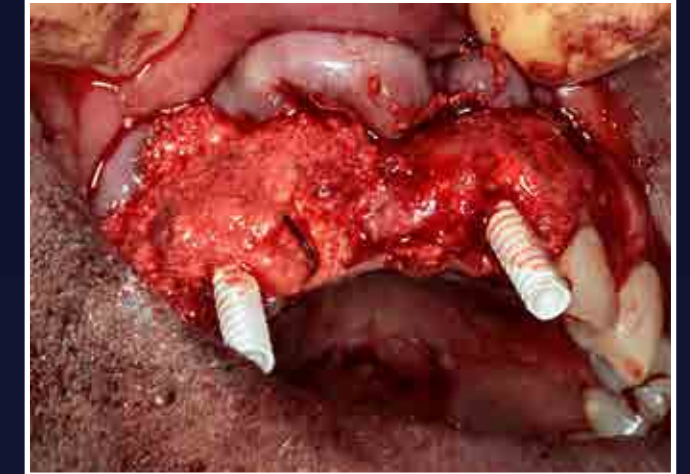
9. 2.0 PDS suture vertical tenting technique



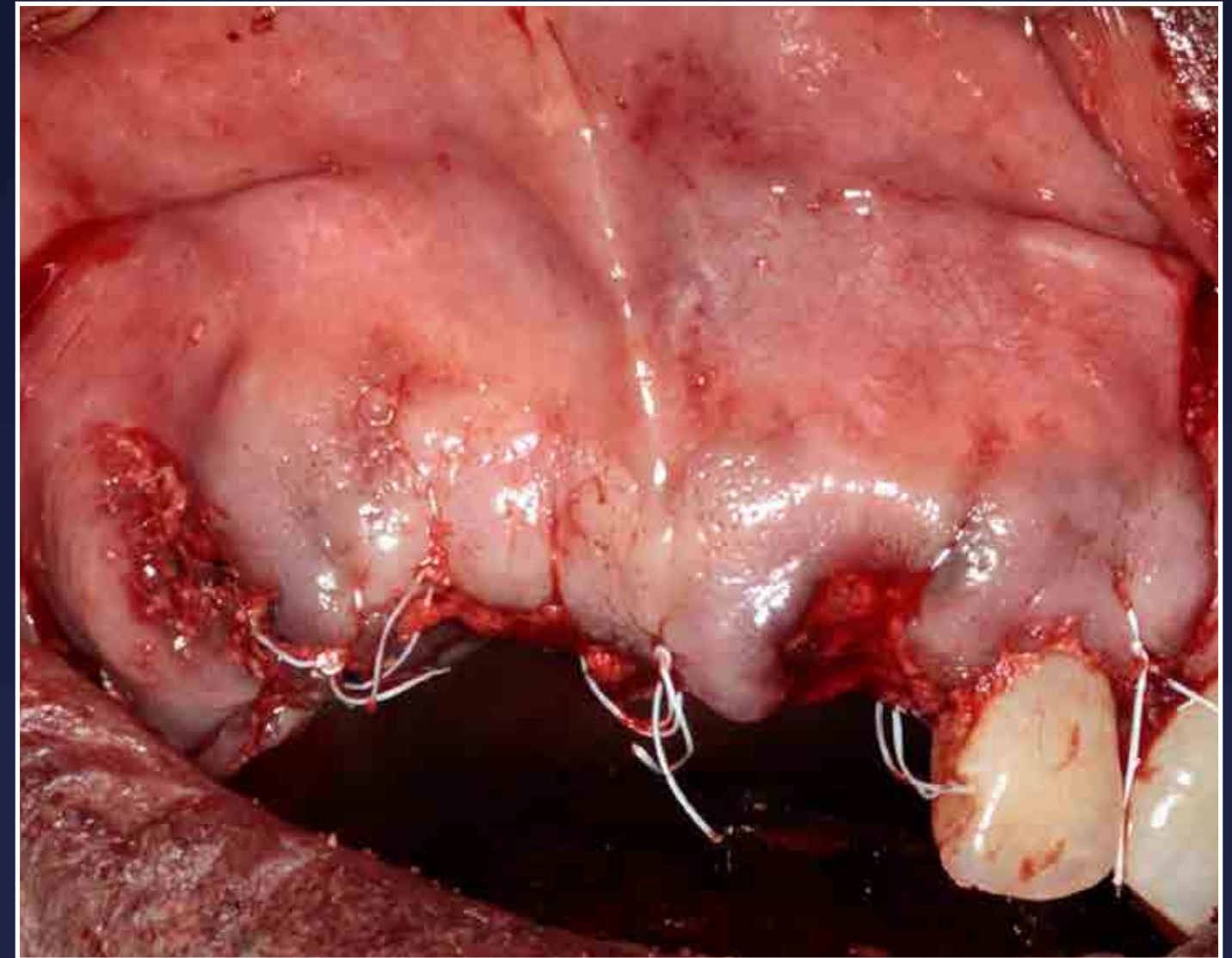
10. Second tranche EthOss 1.0cc



11. Another view - second tranche EthOss 1.0cc



12. PEEK cylinder placement prior to provisional shell bridge pick up



13. Flap closure tension free

Immediate Loading and Placement in the Aesthetic Zone



14. Immediately after fitting provisional bridge



15. Two weeks post-op



16. Definitive bridge at 7 months



17. Ridge bulk



18. CBCT shots at 7 months



19. Remarkable increase in bony volume



20. Excellent bone regeneration on the central incisor


PATIENT MEDICAL HISTORY

Male
16 years old
Non-smoker

Patient suffered a vertical fracture due to trauma. They present with pain on percussion, bleeding and suppuration on probing, PD > 10mm

Case from Dr. Vanessa Suarez Cordoba, Colombia



 Dr. Vanessa Suarez Cordoba



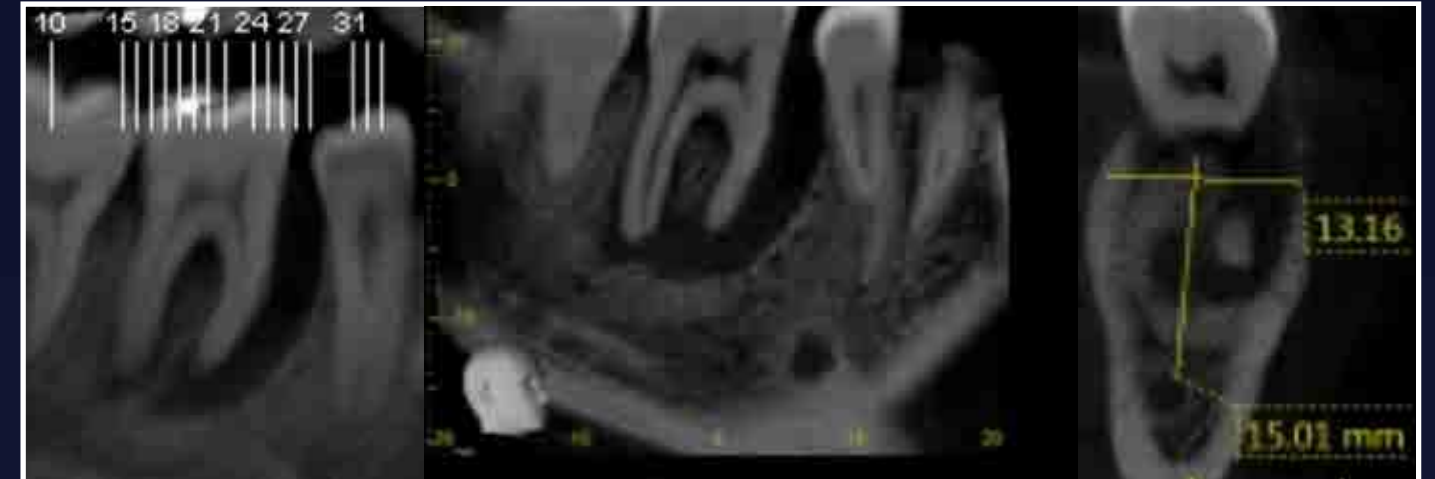
1. Initial situation



2. Probing pocket depth - greater than 10mm



3. Preoperative OPG radiograph



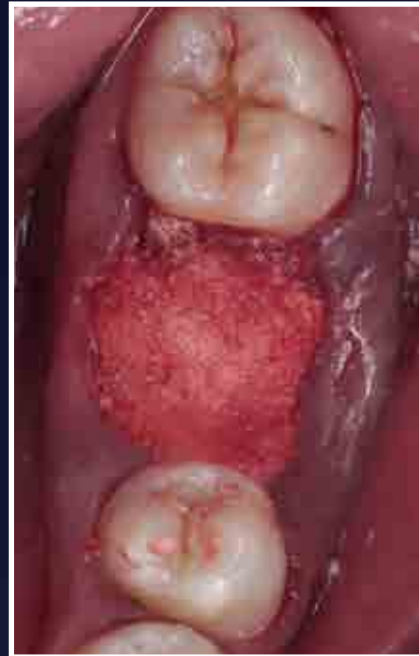
4. CBCT findings



5. Atraumatic extraction



6. Curettage and socket management



6. Bone grafting of socket with 0.5cc EthOss® bone grafting material



7. Suture with vicryl 6-0 and simple stitches



8. 1 week post-surgery



9. 2 weeks post-surgery



10. 1 month post-surgery



11. immediate radiograph vs 1 month after surgery



12. Production of handmade surgical guide



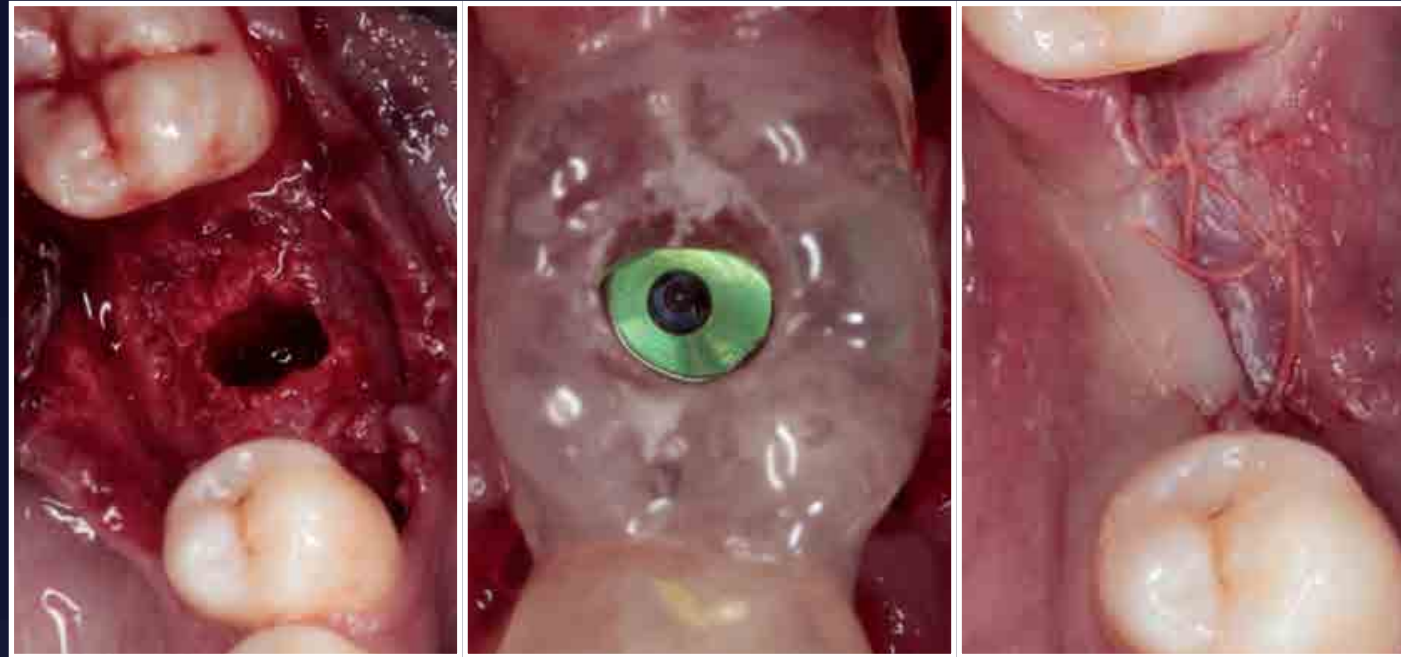
13. 2nd phase surgery 12 weeks post-op



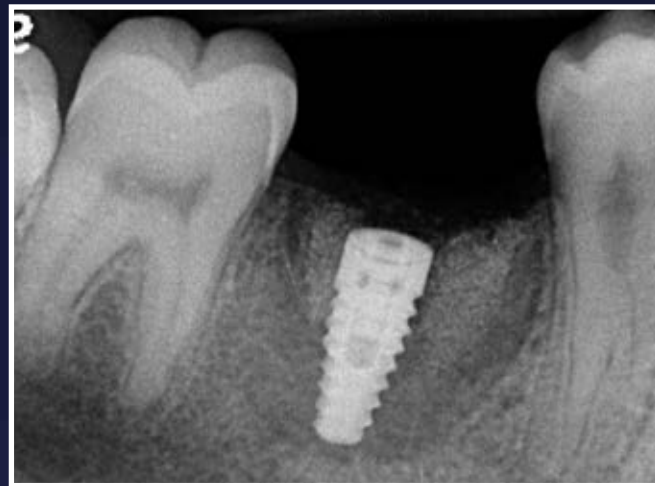
14. 2nd phase surgery
Occlusal view of the ridge



15. Performing biopsy using trephine



16. 4.6x10.5 RBT implant (BioHorizons) placed with surgical guide



17. Immediate radiograph



18. 1 week post 2nd surgery



19. Radiograph 1 week post 2nd surgery



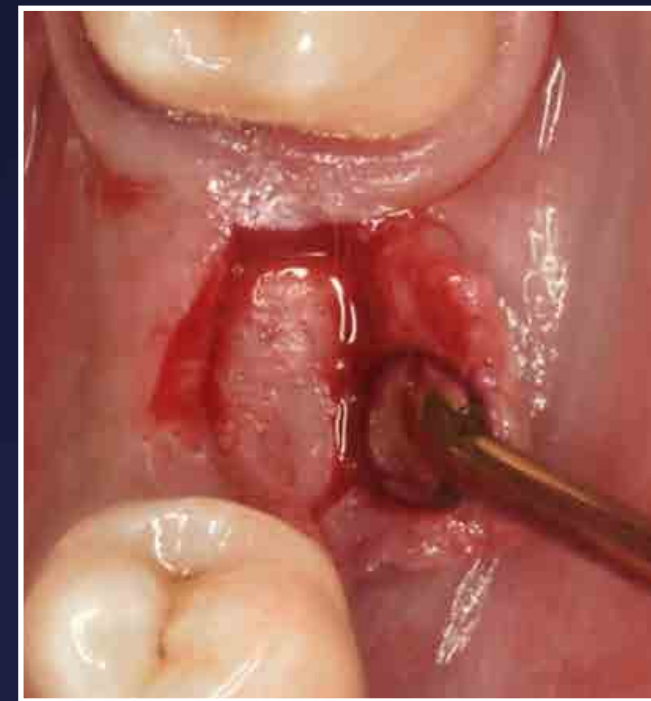
20. Radiograph 10 weeks post 2nd surgery



21. Radiograph 15 weeks post 2nd surgery



22. Radiograph 4 months post 2nd surgery



23. Uncovering surgery and evidence of bone formation

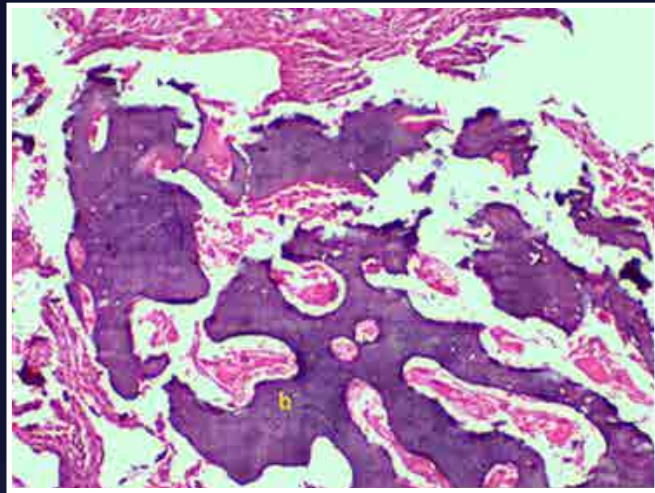


24. Healing abutment

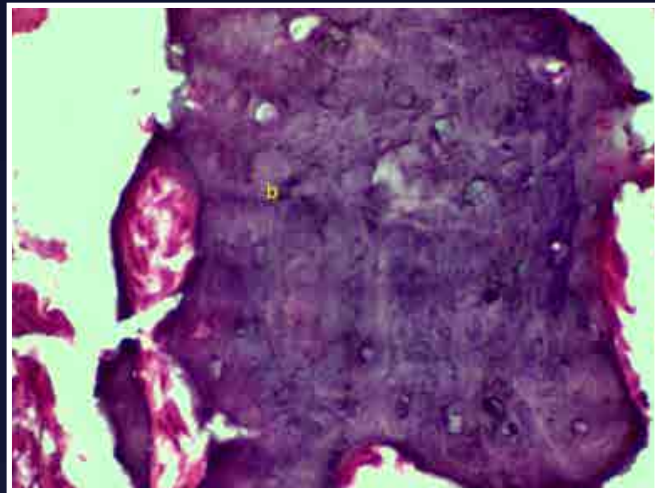
Large Cystic Site Socket Graft with Associated Histology

Histological results showing new bone formation and replacement by native bone

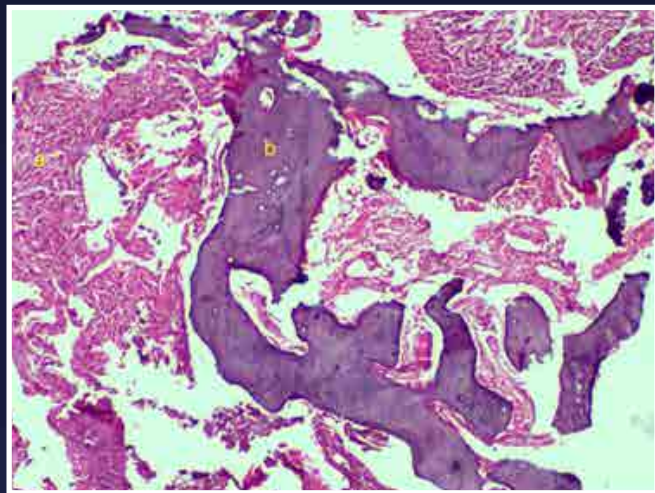
a - Fibrous connective tissue; b - New trabecular bone; c - Osteocyte



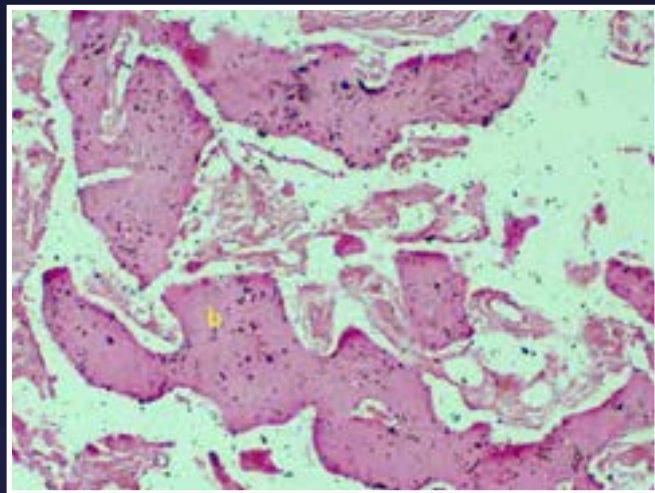
1. 10x



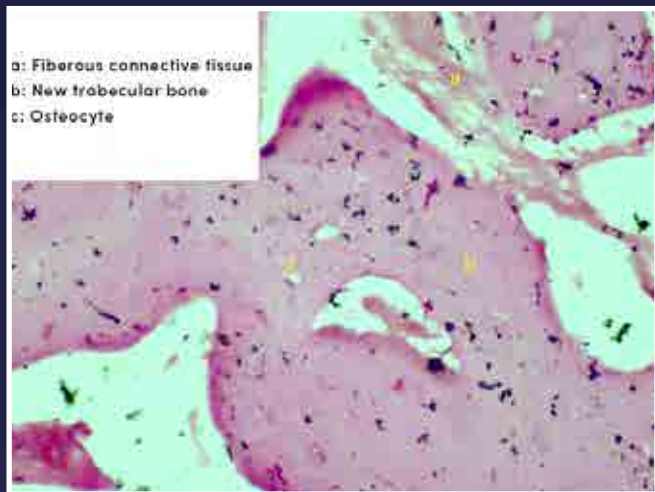
2. 40x



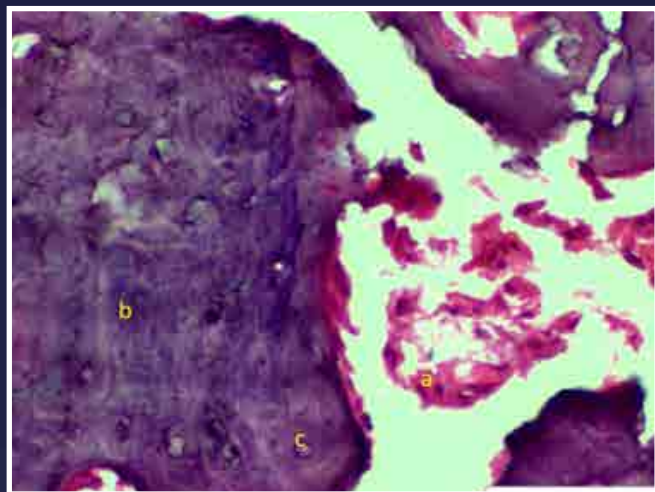
3. 10x



4. 10x



5. 10x



6. 40x

GROW YOUR EXPERTISE

PATIENT MEDICAL HISTORY

Female
74 years old
Non-smoker

Patient on Ramipril and Statins and is non-diabetic. Vertical fracture of the 46, the lower right 1st molar. There was a large peri-apical area and the tooth was removed with a straight forceps extraction. The site was then allowed to heal for 4 weeks to allow the host macrophages to help clean the infected site

Case from Dr Peter Fairbairn,
United Kingdom



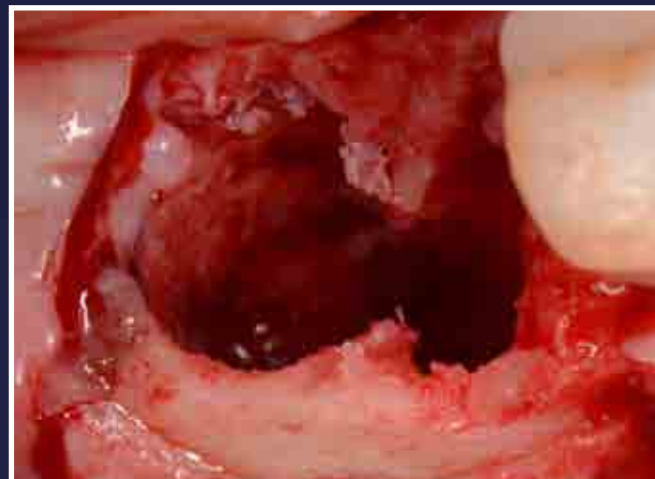
🇬🇧 Dr Peter Fairbairn



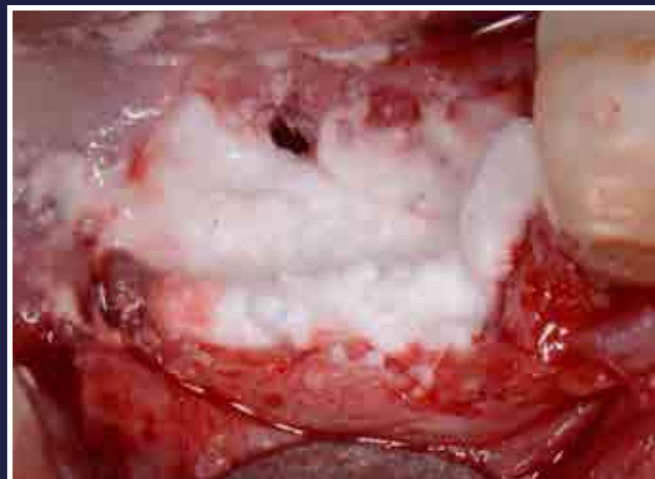
1. Radiograph initial situation



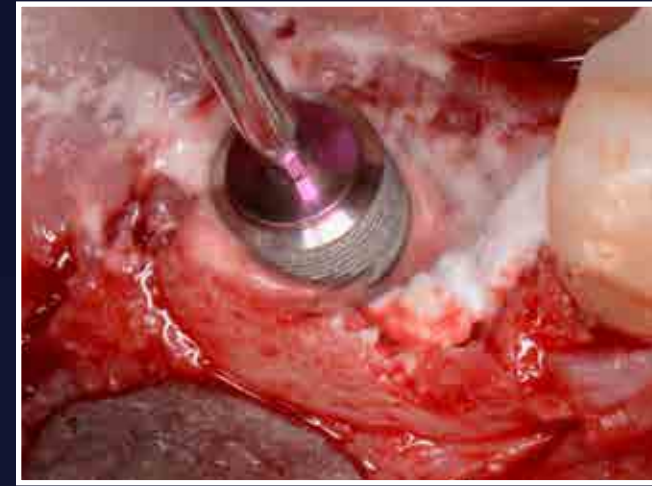
2. Degranulating site



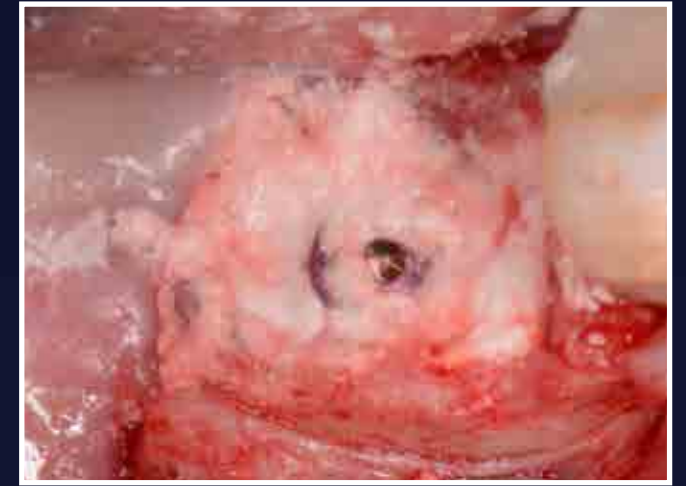
3. Site degranulated with EthOss® Degranulation Burs



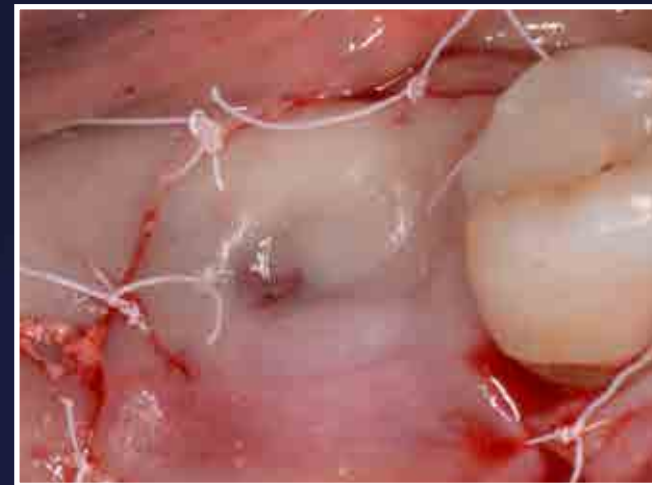
4. Site grafted with EthOss® bone grafting material



5. Push-in technique with cover screw driver



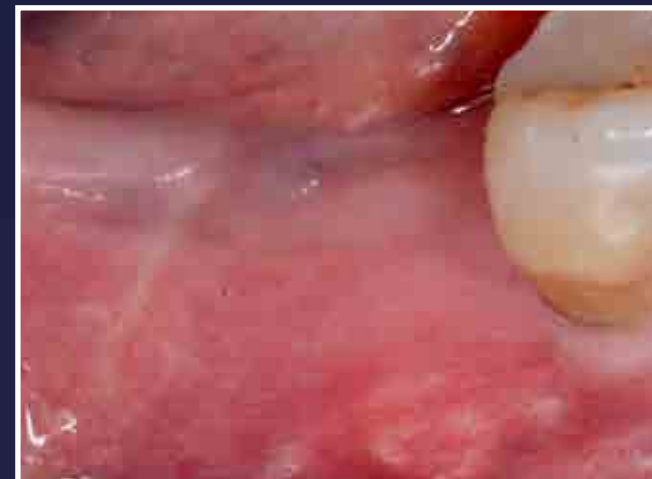
6. Implant in situ with set EthOss



7. Sutured closed - left to heal for 4 weeks



8. Radiograph at implant and graft placement

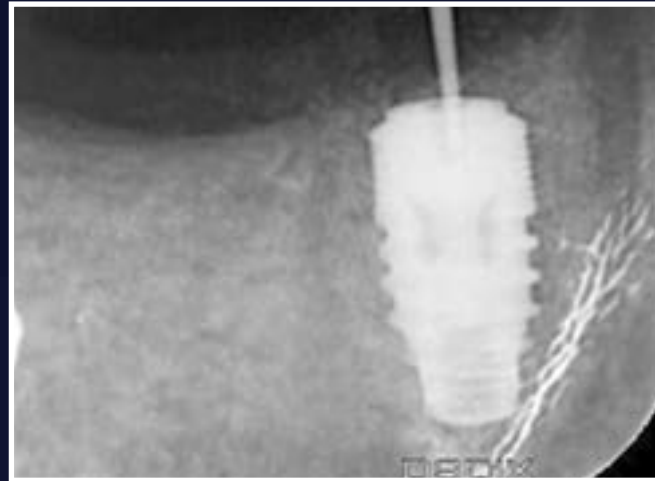


9. 10 weeks post-surgery



10. 10 weeks post-surgery - flap raised showing new host bone

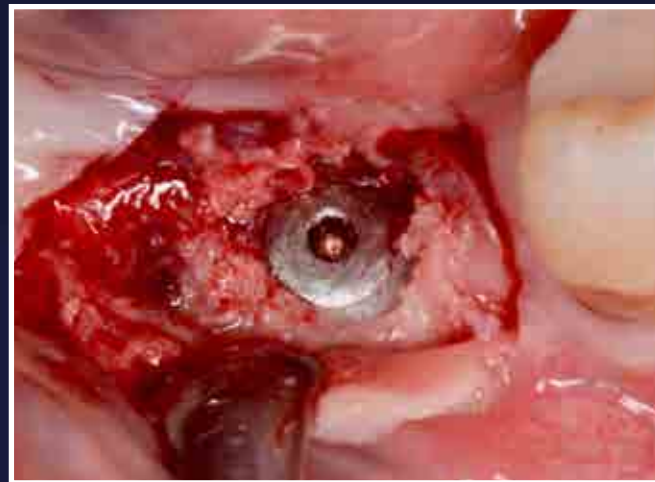
Push-in Case with No Primary Stability and No Bone to Implant Contact



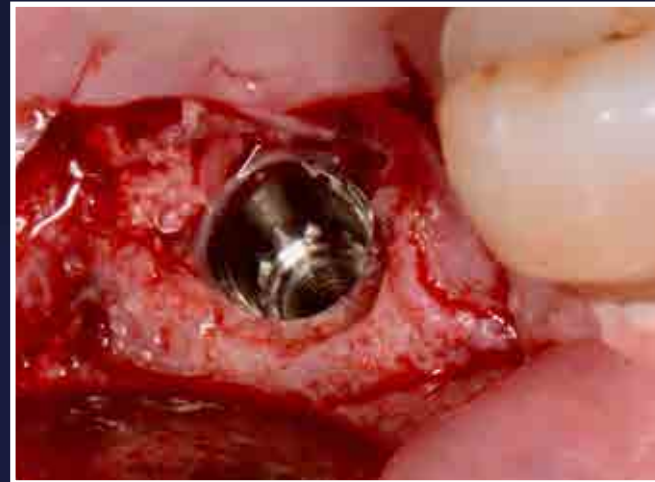
11. Radiograph 10 weeks post surgery



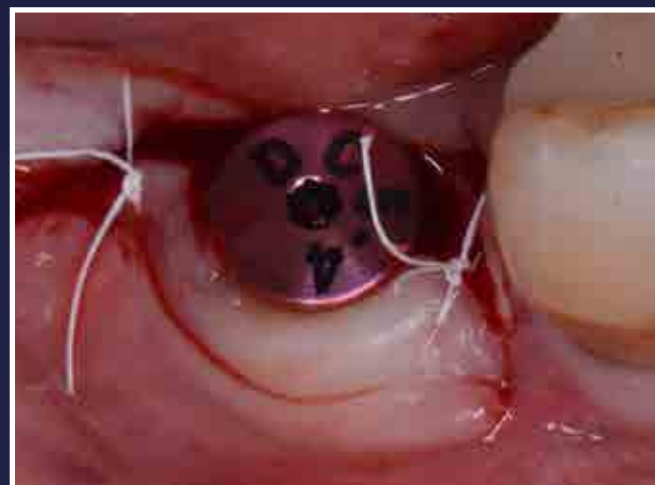
12. Round bur needed to access implant



13. Implant uncovered



14. Cover screw removed



15. Healing cap

Push-in Case with No Primary Stability and No Bone to Implant Contact



16. Loaded 2 weeks post-op



17. Radiograph at loading



18. Loaded one year

With special thanks to all our contributors

Dr Andrei Mostovei
Dr Dmytro Dziuba
Dr Dominic O'Hooley
Dr Kami Karimian
Dr Ludwig Hansson
Dr Malte Schaefer
Dr Michael Ainsworth
Dr Nicolas Widmer
Dr Oliver Lys
Dr Peter Fairbairn
Dr Piotr Florczak
Dr Riz Syed
Dr Ștefan Anca
Dr Stuart Kilner
Dr Vanessa Suarez Cordoba
Dr Verena Toedtling

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

info@ethoss.dental

For further information on the case studies from this book or to enquire about EthOss bone graft material, please contact our team:

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Tel: +44 (0)1535 843106

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