

Alveolar ridge augmentation due to peri-implantitis

Patient History

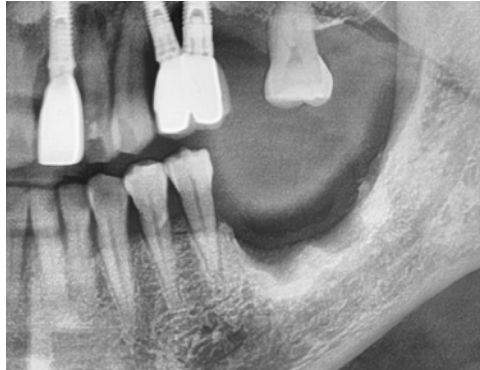
Patient suffered from an advanced peri-implantitis which caused a massive bone resorption, requiring extractions. The condition was then to be treated with bone grafting to fill in the gap.

Process & Conclusion

Implants were extracted 2 years prior, leaving gaping sockets that, after an osteotomy, were then filled with a mixture of InterOss® granules and autologous bone chips. X-ray at 6 months shows the cavities have healed into solid bone.



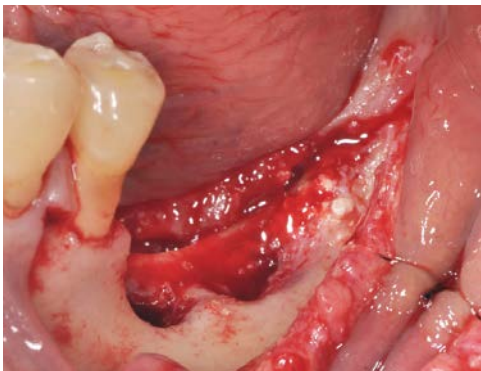
X-ray taken 2 years prior showing bone loss around the implants.



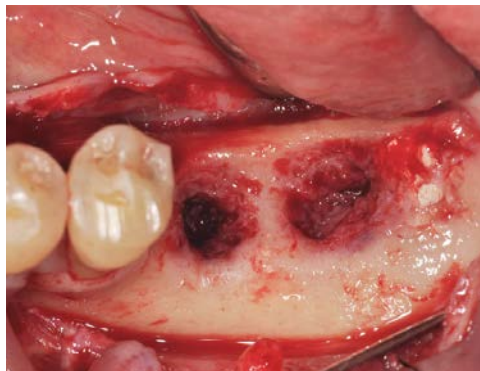
Pre-operative X-ray.



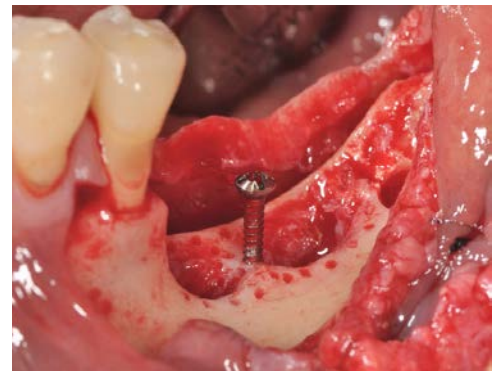
Pre-operative view.



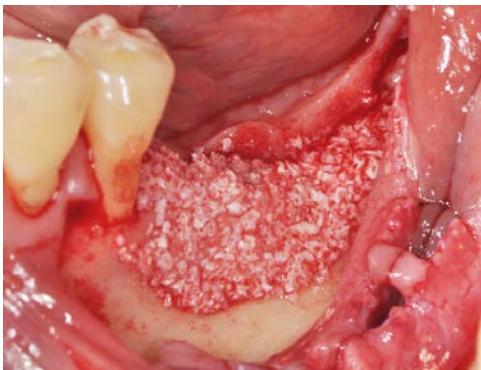
A view of the bone defect.



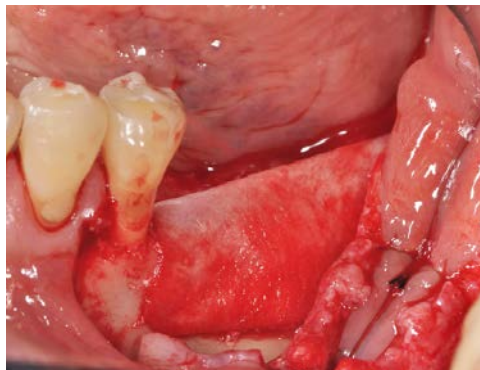
An occlusal view of the bone defect.



Screw placement for stabilization.



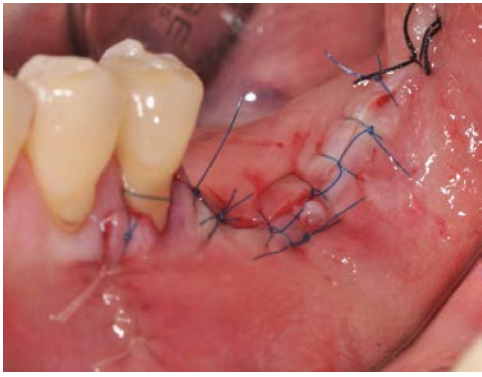
InterOss® placement.



Membrane placement.



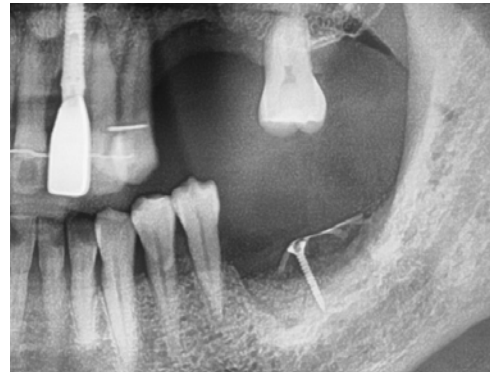
PTFE membrane placement.



Post-surgical view.



Post-operative view at 1 month.



Post-operative X-ray at 6 month.