

spherHA collagen

GUIDED BONE REGENERATION IN POST-EXTRACTION SOCKETS

CASE REPORT #2 - 16TH DEC 2021



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Post-extraction sockets

Bone filling and collagen-membrane
application



6 months follow-up

Probing depth in five sites:
central, medial, distal, lingual/
palatine, and vestibular distances



10 patients 26-66 years

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RATIONALE

Regenerative therapy in dentistry involves the replacement and/or regeneration of oral tissues altered as a result of disease or injury. Furthermore, traumatic extraction has also been associated with additional loss of bone. In the healing phase after extraction, alveolar bone undergoes additional atrophy as a result of the natural remodelling process. This begins immediately after extraction and may result in up to 50 % resorption of the alveolar ridge with impact on dental implant placement.

Post-extractive socket preservation procedures aim to prevent alveolar ridge atrophy and maintain adequate dimensions of bone in order to facilitate implant placement. Here we report the clinical results of a guided bone regeneration strategy tackled with SpherHA, a biomimetic nanostructured hydroxyapatite, and Collygen, an absorbable collagen membrane.

METHODS



Post-extraction sockets

Guided Bone Regeneration



Bone defects

Full treatment protocol in the following page



10 patients

26-66 years



3 and 6 months

follow-up



Probing depths

central, medial, distal, lingual/
palatine, and vestibular distances

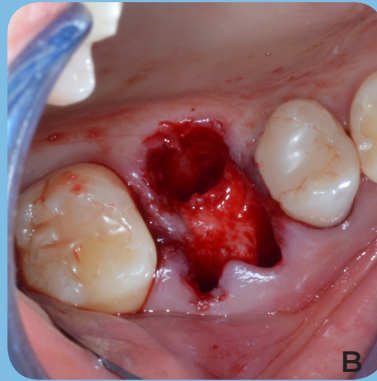
RESULTS

No adverse effects were observed. Mean post-operative pain after treatment at 15 days was 3.2 ± 1.1 . None of the patients reported pain at 3 and 6 months.



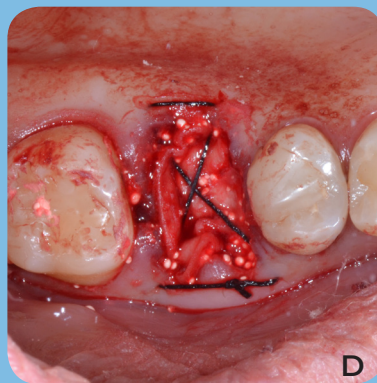
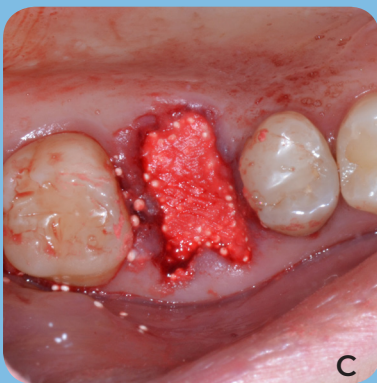
Representative image showing (A) soft tissue healing at 3 months. Representative x-ray images of treated defect at (B) 3 and (C) 6 months showing successful bone regeneration.

TREATMENT PROTOCOL



A. Defect before tooth extraction.

B. Post-extraction site and surgical cleaning.

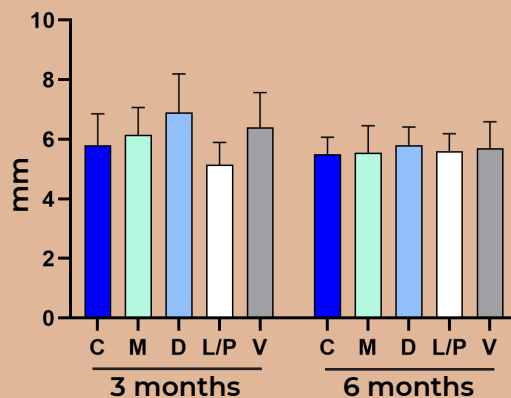


C. Bone filling with SpherHA* nanostructured hydroxyapatite.

D. Collygen membrane application†.

* either dense granules, porous chips, injectable paste, or mouldable crunch

† the membrane is held with a criss-cross suture of the mucosal flaps



Probing in central (C), medial (M), distal (D), lingual/palatin (L/P), and vestibular (V) sites.



Graphic representation of **(left)** treated teeth prevalence and **(right)** mean distance change in probing sites between 3 and 6 months.