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Clinical Cases





Alveolar Crest Expansion – Dr. Hiram Fischer

Bone Regeneration after Exodontia and Immediate Implant Placement – Dr. Hiram Fischer
Combination of adbone TCP with PRP + Sinus Lift – Dr. Hiram Fischer

Odontogenic Inflammatory Cyst - Dr. Luis Loureiro

Tooth Root Extraction - Dr. Hiram Fischer

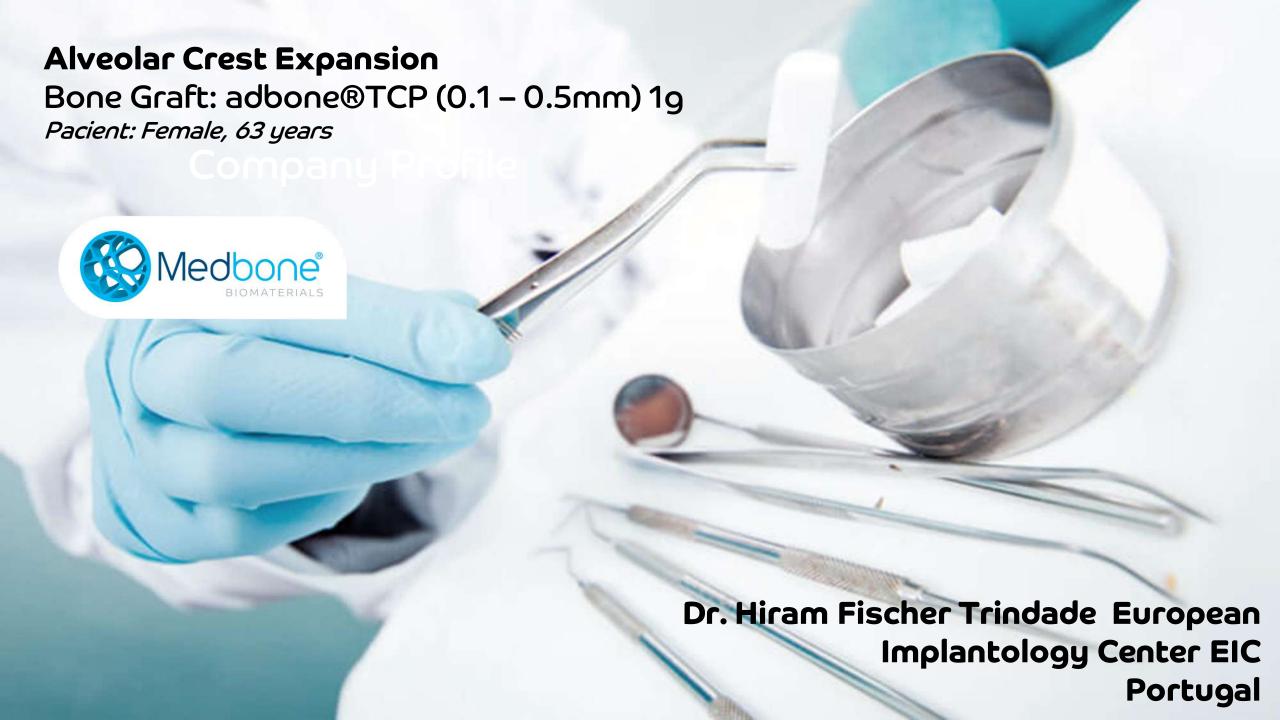
Alveolar Regeneration - Dr. Hiram Fischer

Atraumatic Sinus Lift - Dr. Hiram Fischer

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Bone Augmentation and Implant Placement - Dr. Hiram Fischer

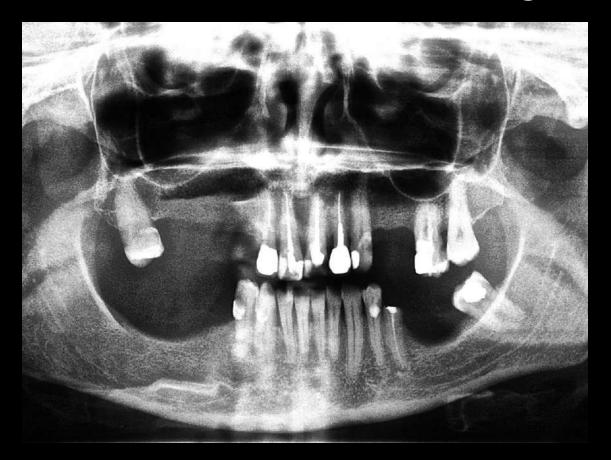
Bone Regeneration after Tooth Extraction and Implant Placement - Dra Margarida Gabriel



Outcome

- A alveolar crest expansion was performed on a 63 years old female patient using adboneTCP, 0.1 – 0.5 mm granules and PRP, due to a severe bone loss.
- The bone graft and implants were placed at the time of surgery with a PFT membrane.
 The membrane was removed after 3 weeks.
- A 5 month follow-up X-Ray is available.
- Complete restoration of the final case was performed after 11 months.

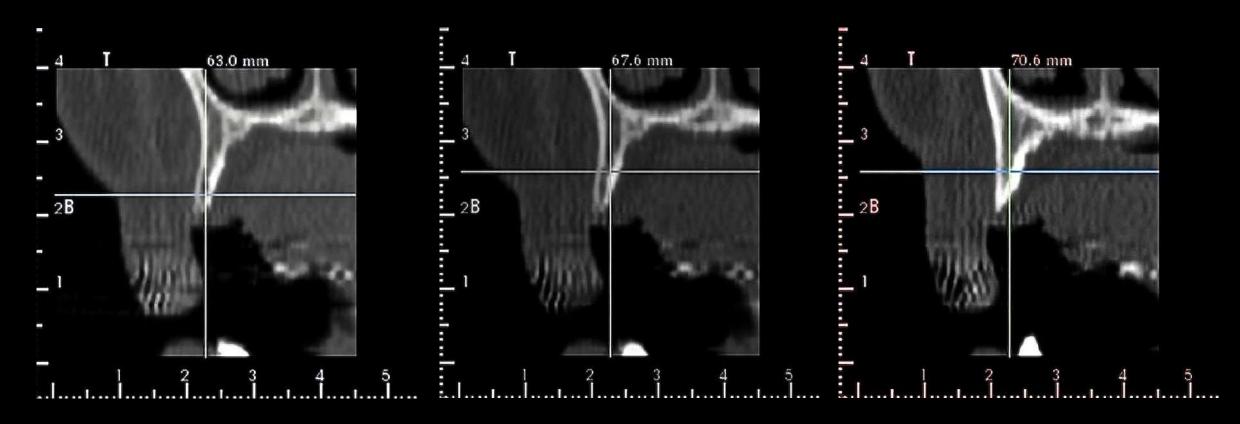
Before Surgical Treatment X-Ray





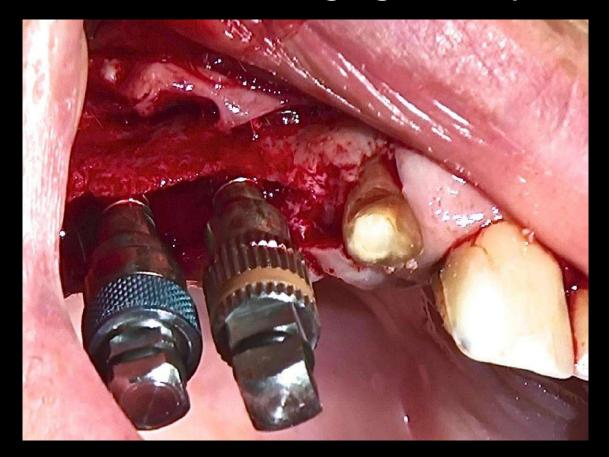


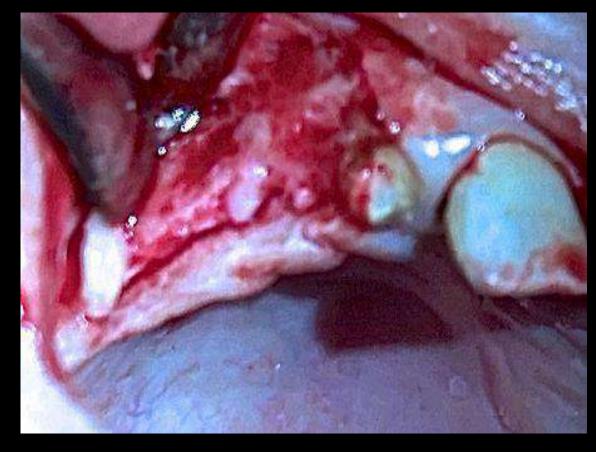
Before Surgical Treatment X-Ray





Surgery - Intraoperative Image After Implant

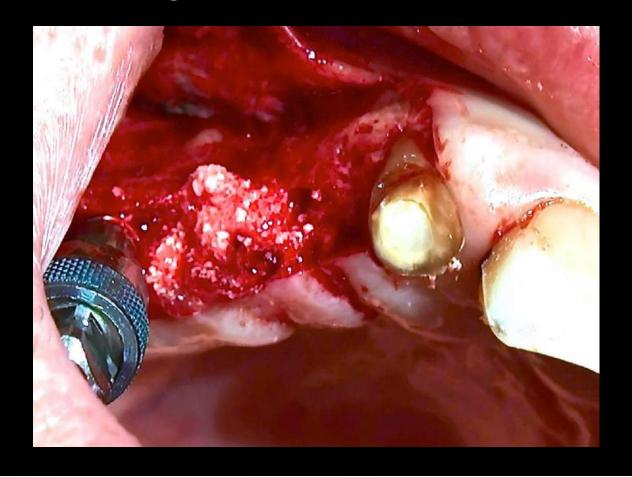






Site grafted with adbone TCP

adbone TCP + PRP







Site grafted with adbone TCP



Suture



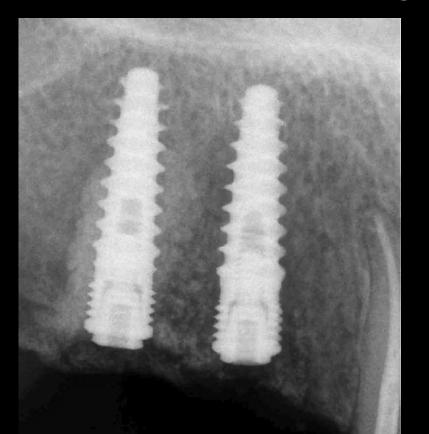


Follow-up: 1 week (PTF membrane is visible)

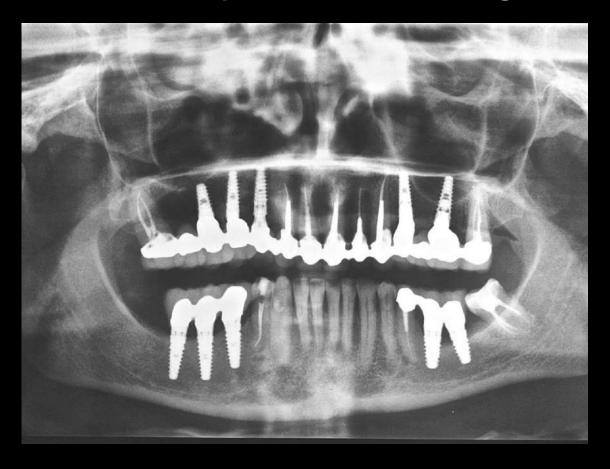




Follow-up: 5 months X-Ray



Follow-up: 11 months X-Ray





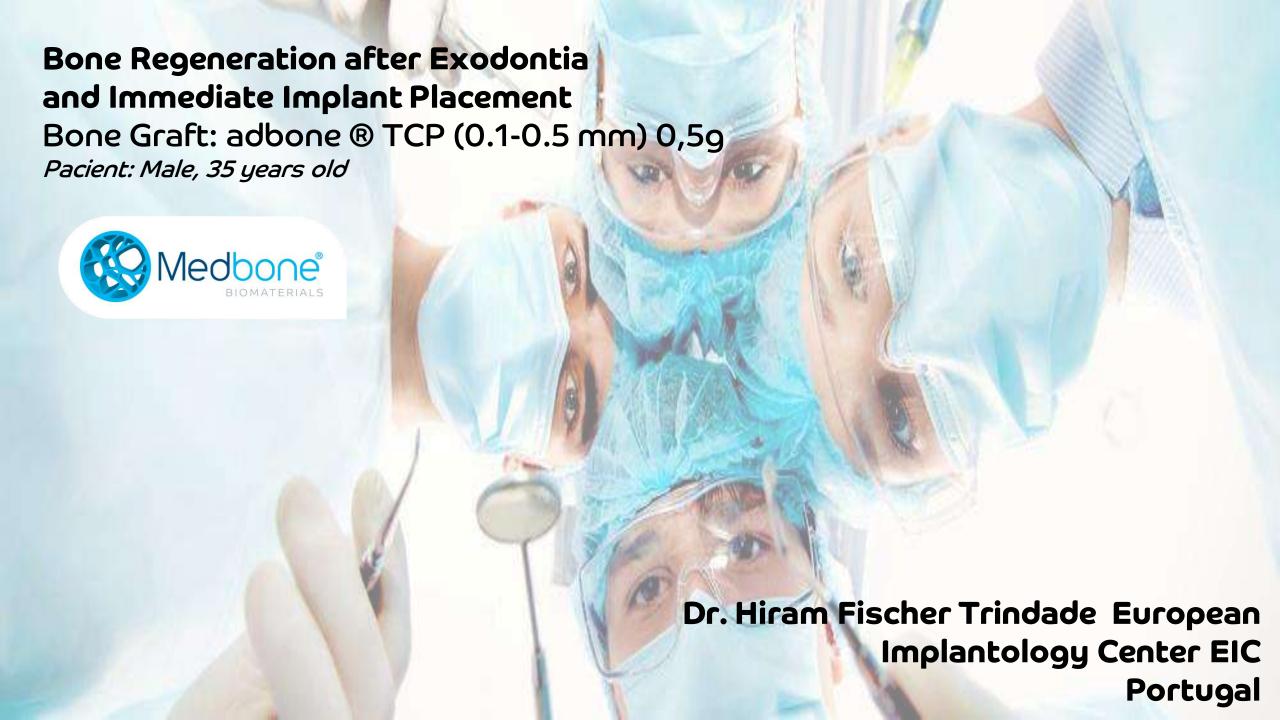
Follow-up: Before and After

Before After









Outcome

- A 35 year-old male patient presented a severe root
- · resorption.
- Severe root resorption is very difficult to treat and
- often requires the extraction of teeth.
- The surgical phase was initiated with the removal of UR1. It was used 0,59 of adboneTCP, 0.1 - 0.5 mm granules, due to a severe bone loss.
- The implant was placed at the time of grafting.
- Radiographically, the bone density appeared to have improved in the UR1 place.

Before Surgery 35 year-old male patient with a severe root resorption

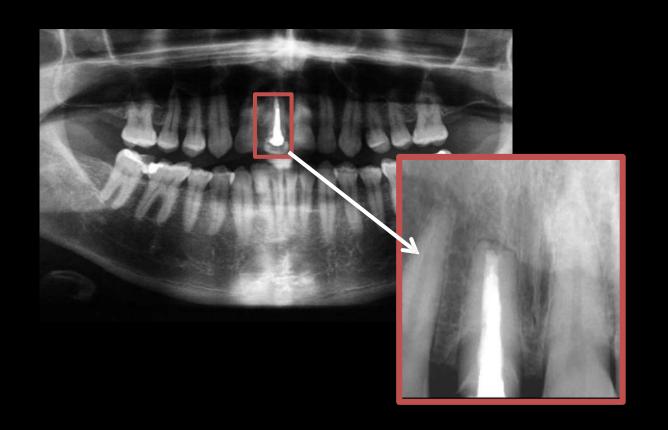


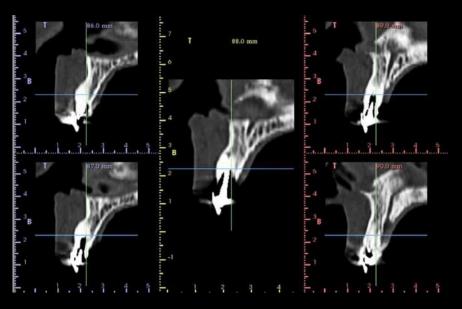






Radiographs illustrating the root resorption





Initial CT - Prior to Treatment



Exodontia
Root Extraction and Curettage

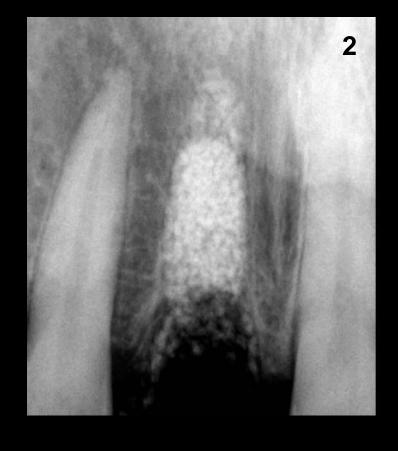


X-ray after the extraction



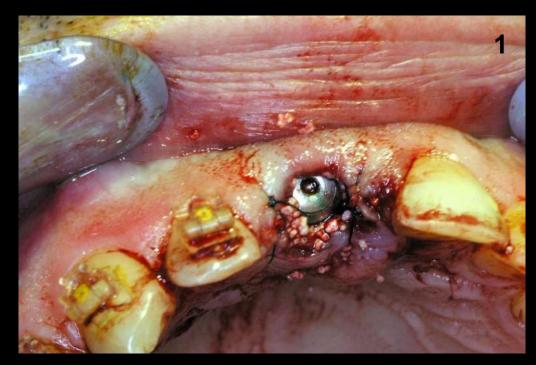






- 1. Insertion of adbone TCP
- 2. Post-operative radiograph showing the alveoli filled with bone graft.

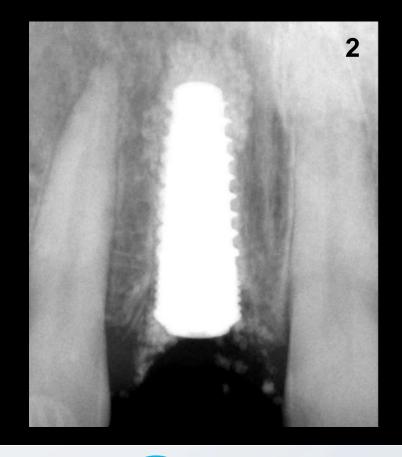




Implant placed simultaneous with grafting

- 1. Implant Placement
- 2. Post-operative radiograph showing the immediate implant placement after bone grafting.

Radiograph from the day of the surgical procedure









A week after the surgical procedure





3 month follow-up





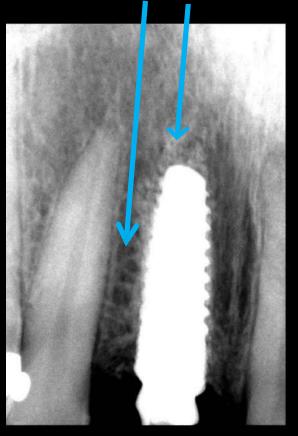


- •Excellent bone formation around the implant
- No signals of infection or inflammation



The shadows close to the implant reflect the excellent quality of the bone

- 6 months follow-up
- •X-Ray illustrating the final prosthesis, waiting for the conclusion of the orthodontic treatment instead of the prosthetic rehabilitation





- •12 months follow-up (January 2014)
- The case is not finished.
 Implant continues with temporary crown
- Still no signals of infection or inflammation





Combination of adbone TCP with PRP + Sinus

Bone Graft: adbone®TCP (1-2 mm) 1g

Pacient: Male, 45 years old



PRP for Bone Healing

- PRP (autologous) Platelet-Rich Plasma
- Technique that acts as a source for growth factors in bone grafting.
- Its use has been predominantly in maxillofacial surgery as an autologous additive to bone grafts and soft tissue transplants
- Platelets and the growth factors they release are essential for regulating the cellular events that follow tissue damage. They adhere, aggregate, form a fibrin mesh, and subsequently release a large variety of growth factors and cytokines.
- Due to the advantages, each day more professionals choose to use this technique.

PRP for Bone Healing

•PRP has been shown to enhance the rate of bone formation and maturation, stimulating cell proliferation of osteoblasts and fibroblasts.

adbone®TCP 1-2 mm 1g



Preparation of PRP



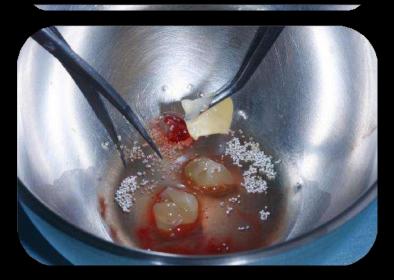
Combination of adbone TCP with PRP + Sinus Dr. Hiram Fischer Trindade - Portugal







Mixture of adbone with the rich fibrin clot from PRP.



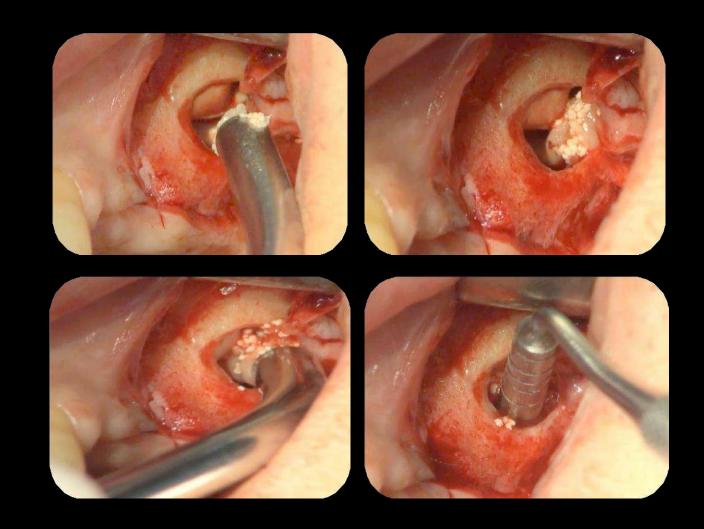


Combination of adbone TCP with PRP + Sinus Dr. Hiram Fischer Trindade - Portugal



Maxillary Sinus Lift

 Intraoral images showing the left maxillary sinus filled with adbone TCP mixed with PRP.



Combination of adbone TCP with PRP + Sinus Dr. Hiram Fischer Trindade - Portugal

Odontogenic Inflammatory Cyst

Bone Graft: adbone ® TCP (0,5 - 1mm)

Pacient: Female, 76 years old

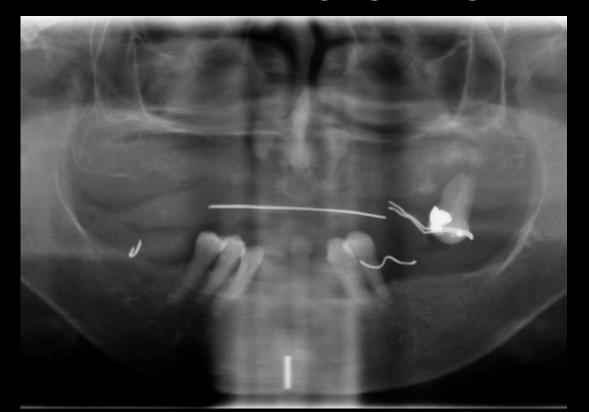


Dr. Luís Loureiro Lisboa - Portugal

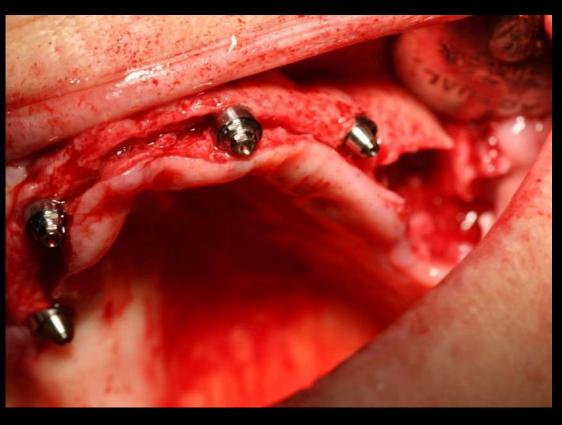
Outcome

- An odontogenic inflammatory cyst on a 76 year old female patient was extracted. The reconstruction of the area was performed with 1 g of adbone®TCP, 0.5 1 mm granules with the aim of leveling the osseous crest of the upper jaw for a better fitting of the immediate loading prosthesis.
- Monthly follow-ups were performed to monitor the rate of osteointegration and consequently the reduction of the cyst. Radiographic evidence is presented prior to surgery, after surgery and with a 5 and 7 month follow-up.

Prior to Surgery X-Ray



Cleaning of the Cyst

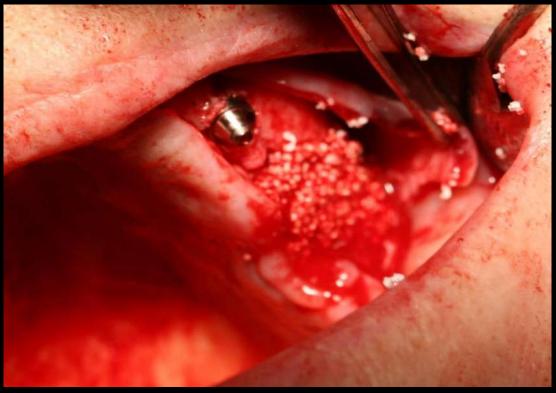


Odontogenic Inflammatory Cyst Dr. Luís Loureiro- Portugal



Filling of the Bone Cyst with adbone®TCP





Odontogenic Inflammatory Cyst Dr. Luís Loureiro- Portugal



Suturing

After Surgery X-Ray



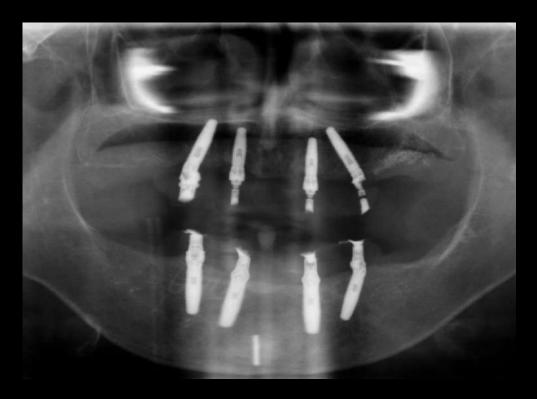


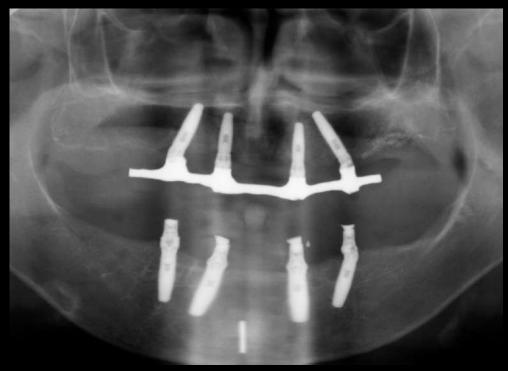
Odontogenic Inflammatory Cyst Dr. Luís Loureiro- Portugal



5 months Follow-up X-Ray

7 months Follow-up X-Ray





Odontogenic Inflammatory Cyst Cleaning of the Cyst Dr. Luís Loureiro- Portugal



Tooth Root Extraction

Bone Graft: adbone ® TCP 0,5 (0,1 - 0,5 mm)

Pacient: Female, 67 years old



Dr. Hiram Fischer Trindade European Implantology Center EIC Portugal

Outcome

- Bone grafting after tooth root 23 extraction was performed on a 67-year-old female patient. 0,59 of adbone®TCP 0,1 - 0,5 mm, was used due to a severe bone loss in the distal and buccal walls. It was not used PRP during all procedure.
- The extraction was performed in June 2012. After 6 months, the patient returned to place the implant. When opening the implantation site, regeneration of the alveolar process was visible.
- A 6 month follow-up X-ray is available.
- The implants (15 x 4.6 mm SV DUO CON) were then placed with
- immediate loading due to a very high density bone.
- The graft was done without any patches, using only the alveolar process already existent.
- 3 months later, the patient returned in order to place the ceramicdental crown.

Before Surgical Procedure – Tooth Root 23 visible in the X-Ray





Follow-up: 6 month follow-up X-Ray – Alveolar regeneration is visible

6 months after tooth root 23 extraction



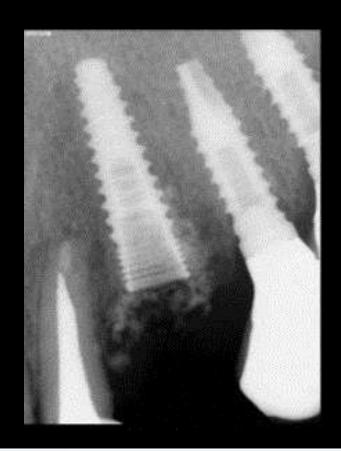
Regeneration of the alveolar process is already visible





Follow-up: 6 month follow-up X-Ray (left)- Implant placement after alveolar regeneration

After bone regeneration, the implant was placed



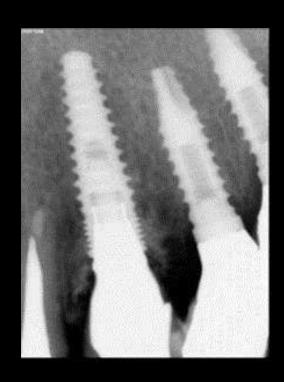




Follow-up: 9 month follow-up X-Ray (left) – Placement of the ceramic dental

crown

3 months late the patient returned to place the ceramic dental crown



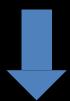


Bone Grafting to reconstruct the cortical bone is a difficult procedure, due to esthetic impairment. In this case the result was excellent.





The patient was asked to do a CT scan the only way to see a 3D reconstruction of the alveolar structure - to show the bone formation

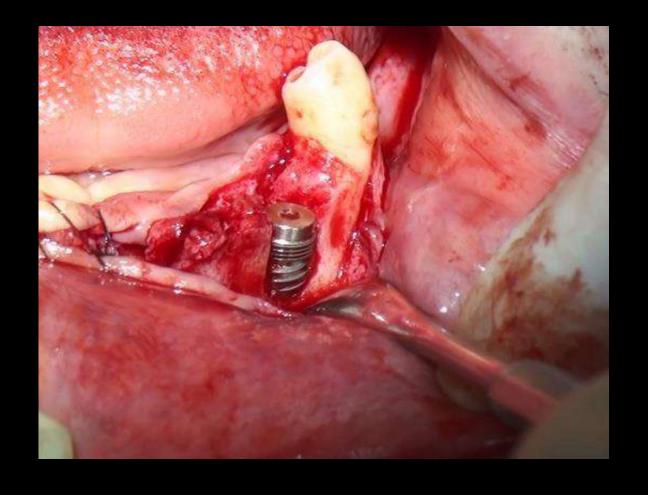


Regeneration of dense bone tissue on the buccal wall, similar to dense cortical bone.

Outcome Highly Positive

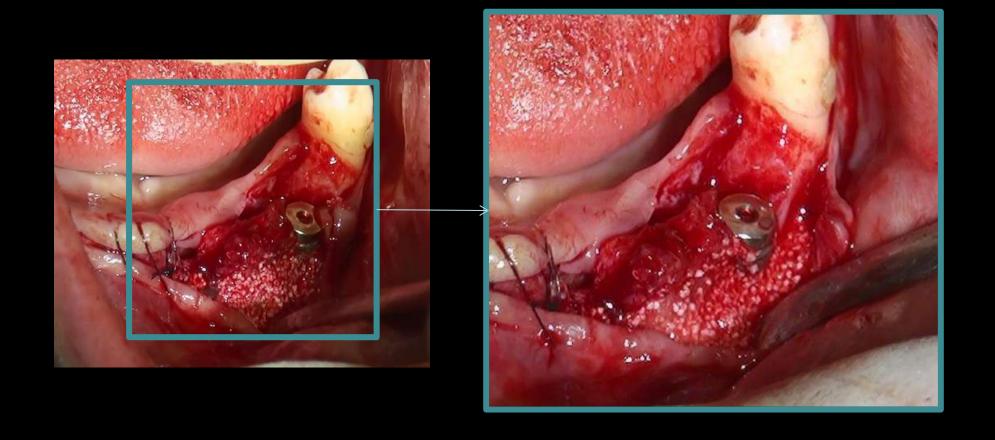






Alveolar Regeneration Dr. Hiram Fischer Trindade - Portugal





Alveolar Regeneration
Dr. Hiram Fischer Trindade - Portugal

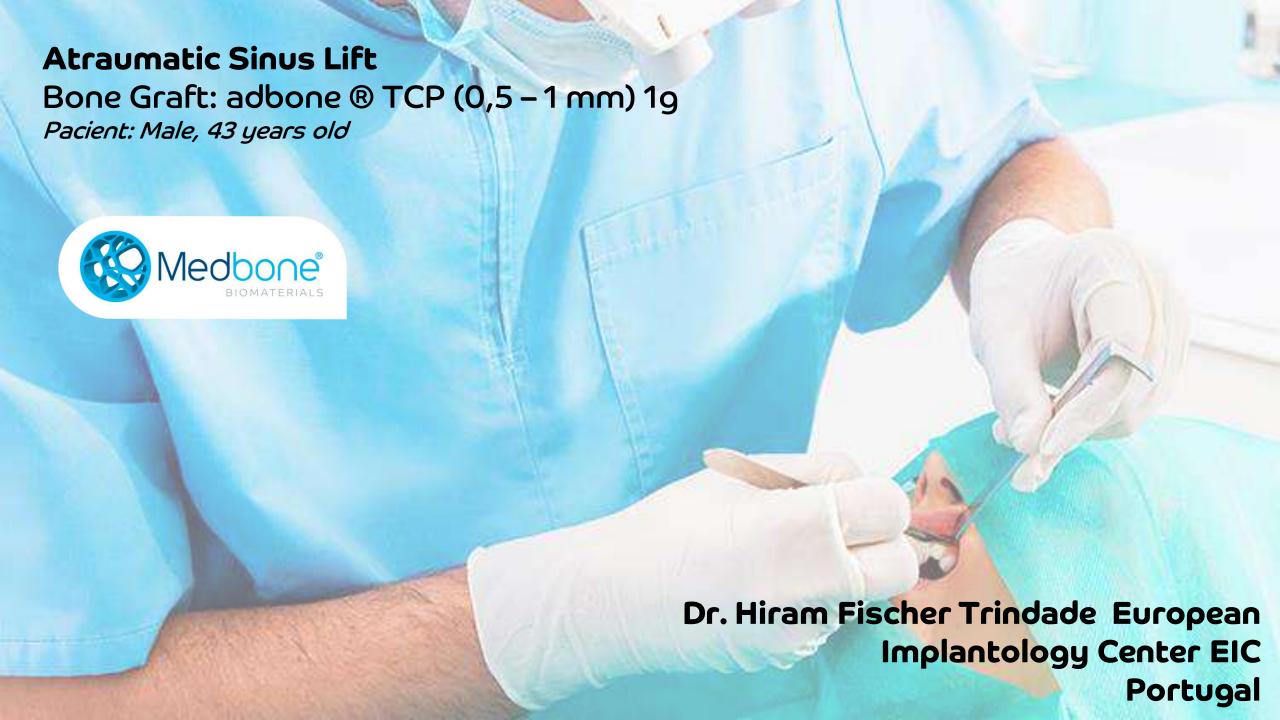






Alveolar Regeneration Dr. Hiram Fischer Trindade - Portugal





Pre-operative radiograph showing the bone defect

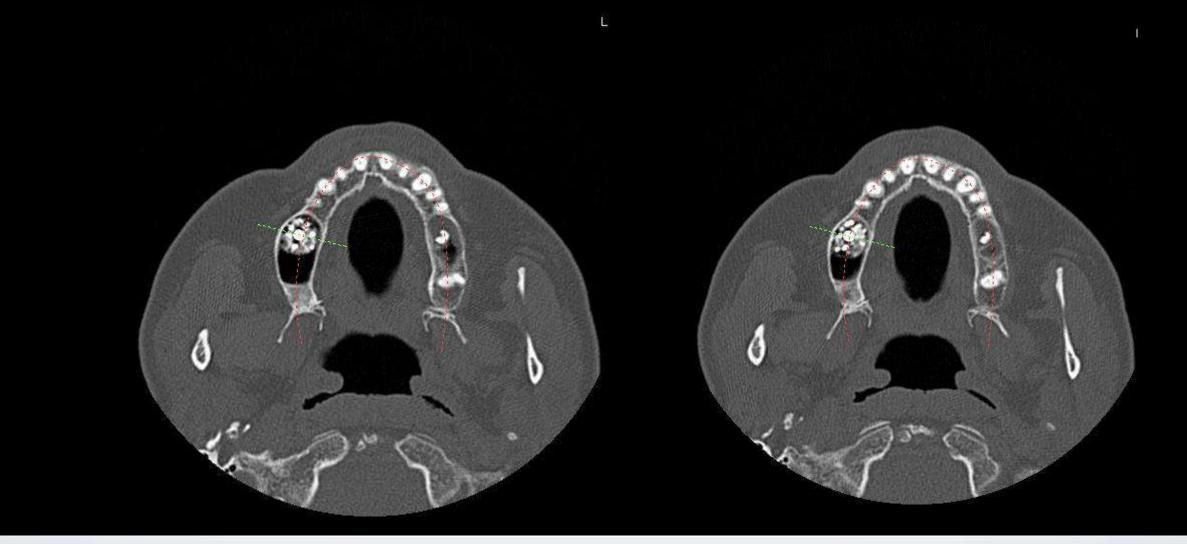


Grafting of the buccal concavity with adbone TCP in the sinus.

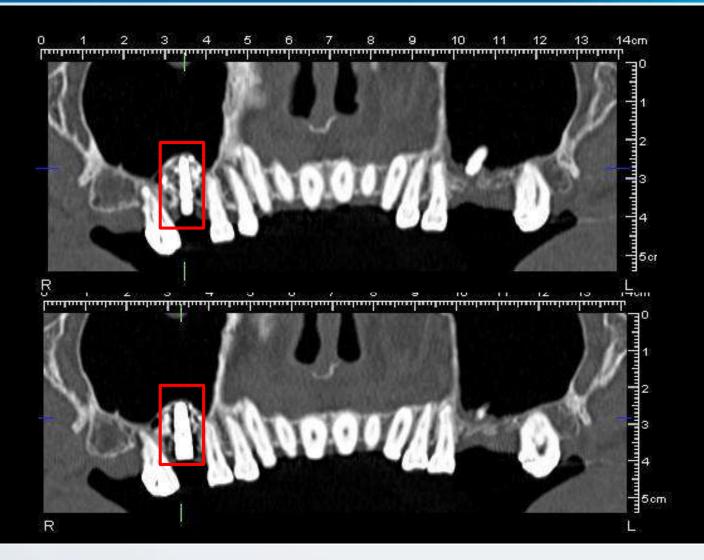










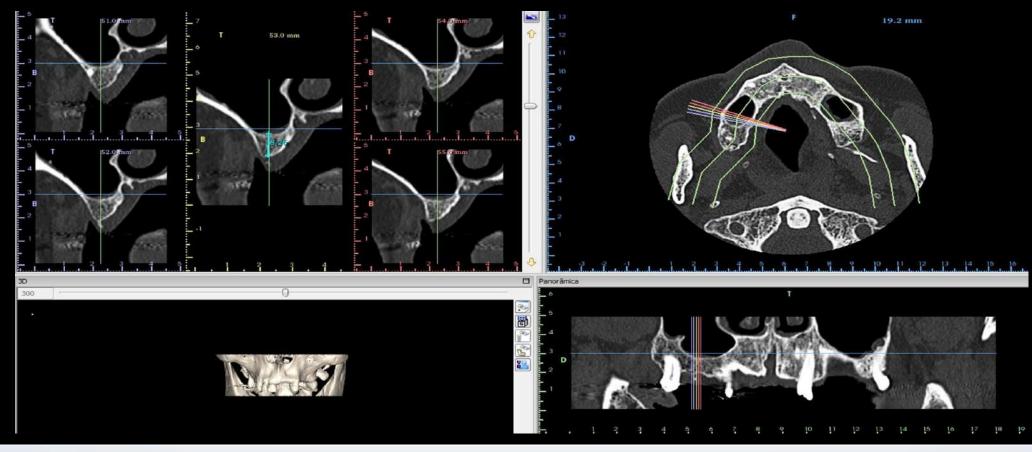




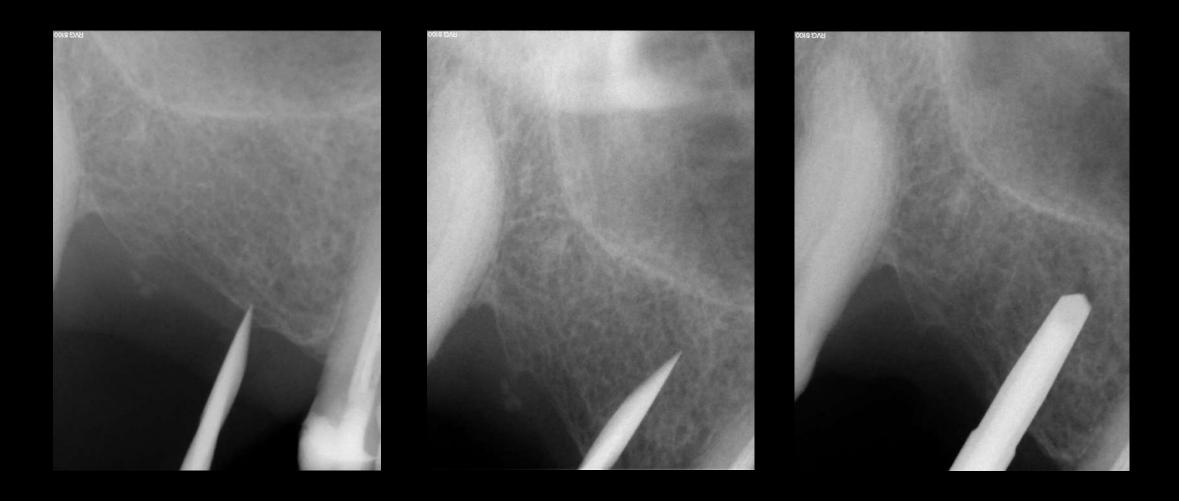




CT prior to treatment

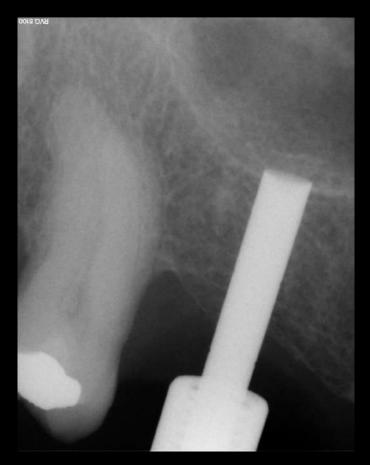








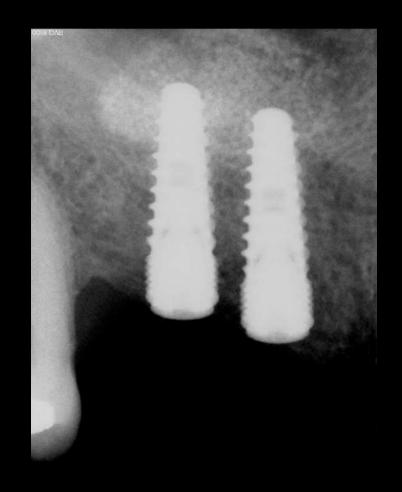




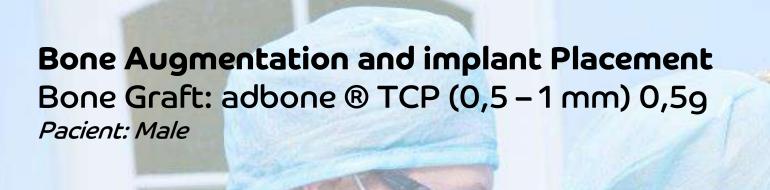






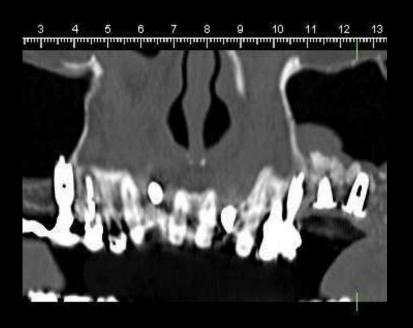


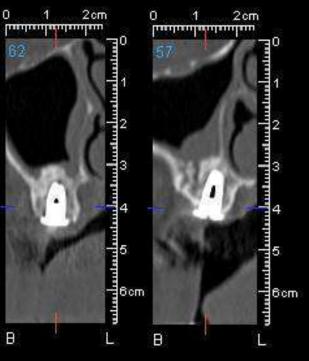


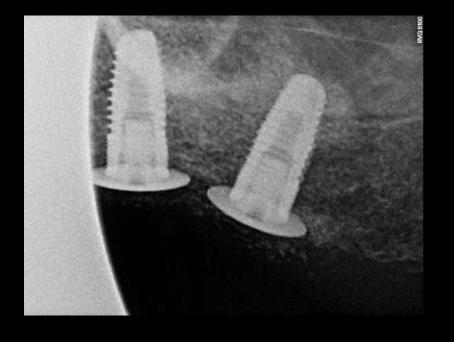




Dr. Hiram Fischer Trindade European Implantology Center EIC Portugal







- Defects were grafted with adbone TCP
 - Placement of 2 dental implants

Bone Augmentation and implant Placement Dr. Hiram Fischer Trindade - Portugal



Placement of titanium prosthesis abutments after 3 months from implant placement surgery.







Bone Augmentation and implant Placement Dr. Hiram Fischer Trindade - Portugal



Placement of 2 provisional acrylic crowns connected together. The final restoration with definitive prosthesis was scheduled after 3 months.

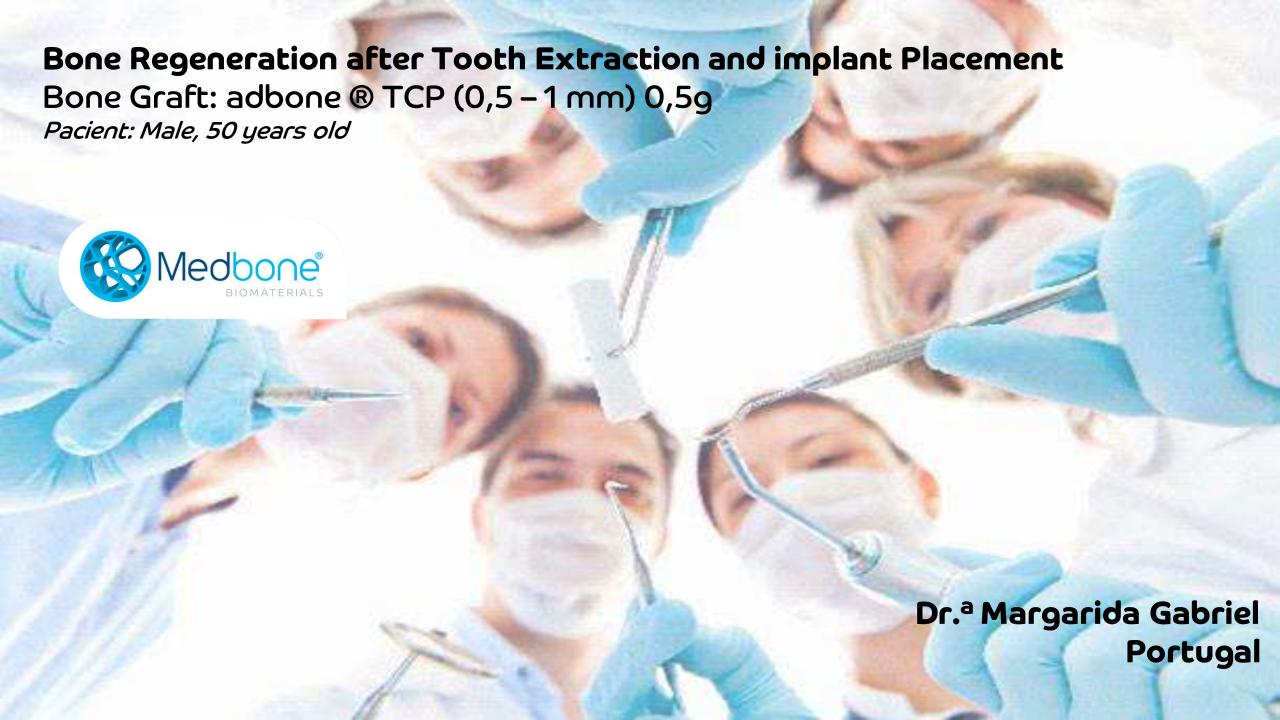






Bone Augmentation and implant Placement Dr. Hiram Fischer Trindade - Portugal

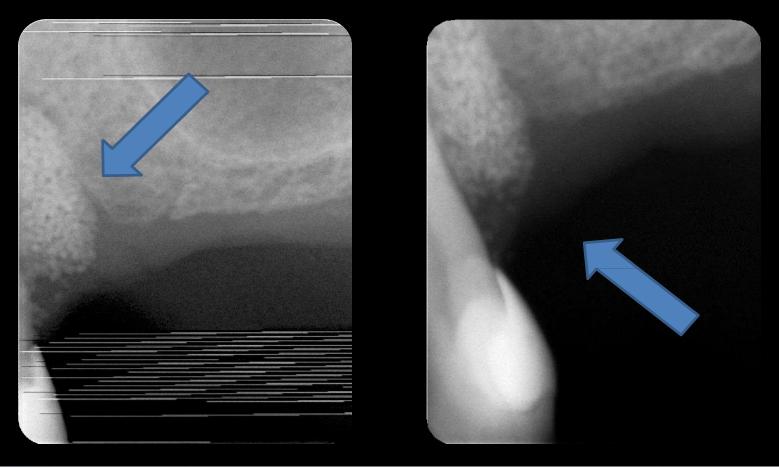




Outcome

- An extraction of the tooth 24 was performed on a 50 years old male patient using granules adbone®TCP, 0.5 - 1 mm.
- The patient lost this tooth and bone grafting was needed to regenerate the bone defect.
- A dental implant was posteriorly placed.
- A 7 month follow-up X-Ray is available.
- The clinical case is finished complete and it was
- successful.

X-Ray performed immediately after surgery



Bone Regeneration after Tooth Extraction and implant Placement Dr. Margarida Gabriel - Portugal



X-Ray performed one week after implant surgery





Bone Regeneration after Tooth Extraction and implant Placement Dr. Margarida Gabriel - Portugal



-Follow-up: 7 months X-Ray

- adbone®TCP was completely resorbed and replaced by new vital bone



Bone Regeneration after Tooth Extraction and implant Placement Dr. Margarida Gabriel - Portugal





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