

Immediate Certain-Prevail implant placement in the esthetic zone using a flapless Approach

author_ Suheil M. Boutros, USA



Fig. 7

post treatment gingival recession and bone resorption in the esthetic zone are potential limitations. These case reports present different surgical techniques for the preservation and augmentation of anterior aesthetics that combine minimally invasive extraction, immediate implant placement, and the use of an implant system that allows platform switching to preserve buccal bone.



Fig. 1



Fig. 2



Fig. 3

Dental implants have been successfully used for the last 35 years to restore partially and fully edentulous patients (Fig. 1, 2). Prior to implant placement, the traditional protocol recommended a 6–12 months healing of the alveolar bone following tooth extraction. In addition, a load-free healing period of 3–6 months was recommended for osseointegration to occur (Fig. 2). In an attempt to decrease the long healing period, protocols were developed to increase the viability of implant placement immediately following tooth extraction. Thus, there has been an increasing interest in implant placement into a fresh extraction socket, because this procedure has been shown to be a predictable treatment method (Fig. 3, 4). The advantages of immediate versus delayed placement include a reduction in

Case 1 Abstract

Fig. 1_ Preoperative appearance of right maxillary central incisor.

Fig. 2_ Preoperative radiograph of failing root canal therapy.

Fig. 3_ Flapless extraction and implant placement.

Fig. 7_ Restoration one year post placement.

Endosseous implants have been traditionally placed using a two-stage surgical approach with a 6–12 month healing period after tooth extraction. In order to decrease healing time, surgical protocols were introduced to allow immediate implant placement and in certain cases immediate non-functional loading following tooth extraction.

Although survival rate for this technique is high, and predictable,