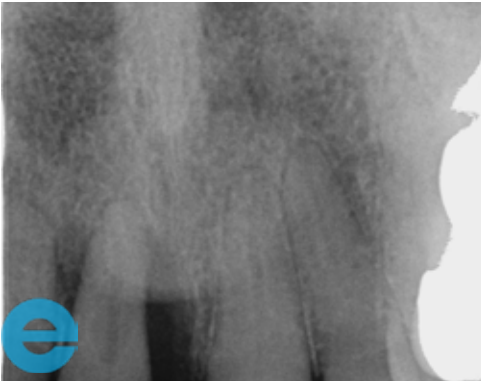


TENTING CASE STUDY



1. Initial situation. Periapical radiograph showing resorption



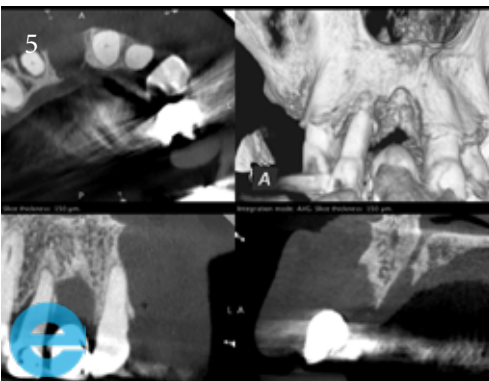
2. Initial presentation - thin buccal tissue on tooth



3. Atraumatic extraction leaving the socket epithelium intact



4. Maryland bridge, note close adaptation and support of the socket periphery.



5. Two weeks following extraction - CBCT image of the extraction socket

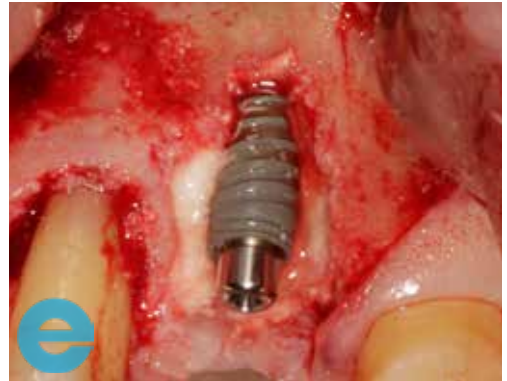


6. Four weeks following extraction - surgery, flap raised, completion of degranulation.

TENTING CASE STUDY



7. Palatal defect repair with EthOss®



8. Implant placement with 2 mm cover screw



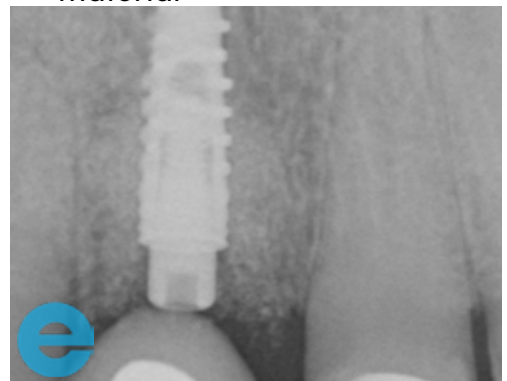
9. Implant placed in ideal position for cement-retained prosthesis.



10. Placement of 2-0 PDS tenting sutures to create "dome device" to prevent micromovement of the graft material



11. Placement of a "wetter" mixture of graft material in stages under the dome device, carefully drying and compressing with each stage.

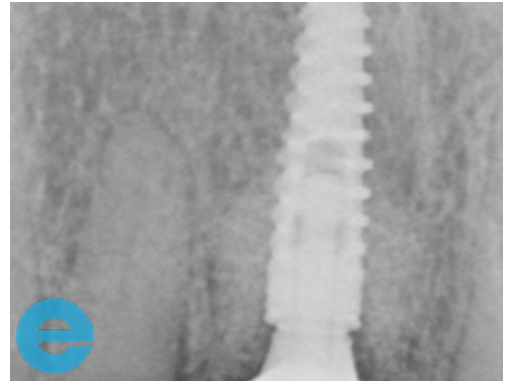


12. Control radiograph at twelve weeks healing.

TENTING CASE STUDY



13. After two weeks healing post second stage.



14. Twelve months control, following crown cementation



15. Probing the distal of tooth 12 shows 1 mm pocket depth indicating adequate healing response.



16. Final tissue maturation at twelve months, shows stippling, contour and volume consistent with underlying bone health.



17. Final tissue maturation at twelve months, shows stippling, contour and volume consistent with underlying bone health



GROW STRONGER

USEFUL RESOURCES

RECOMMENDED CLINICAL PROTOCOL

Clinical study showcasing recommended clinical protocol for EthOss

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The official recommended guide on how to use EthOss

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Explainer video

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