

NOVABONE

Proven to Signal, Recruit, Proliferate, and Differentiate.

NOVABONE[®] MORSELS

CLINICAL CASES

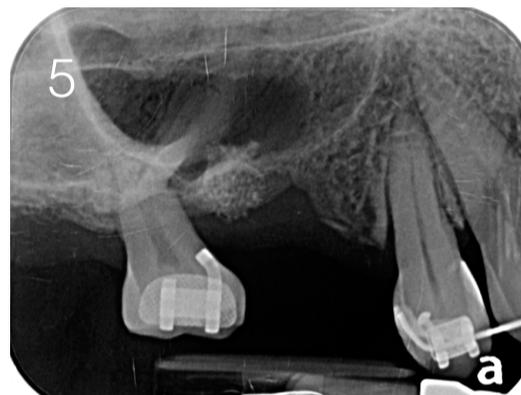


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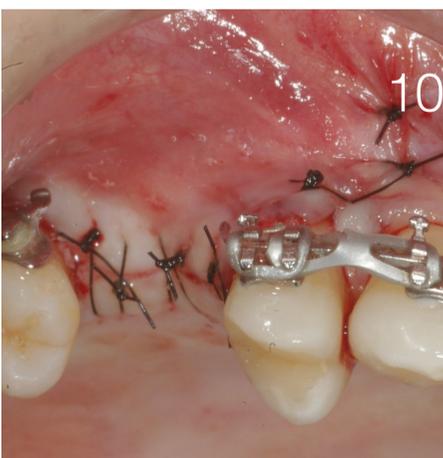
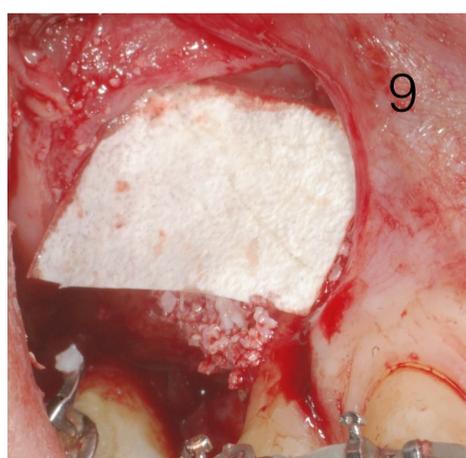
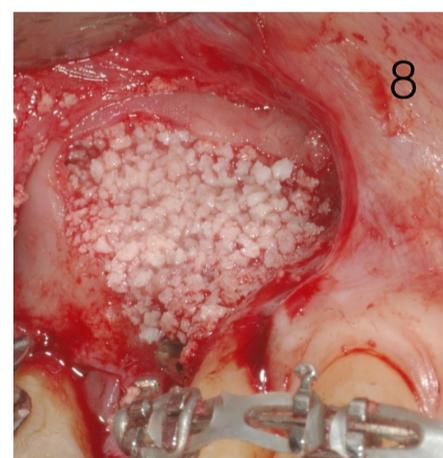
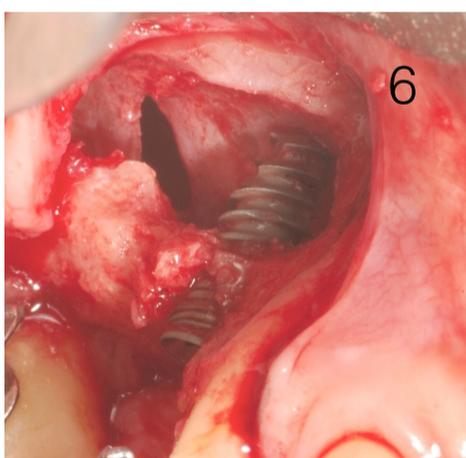
SINUS LIFT AND BONE GRAFT

Case 1:

51 years old female patient lost tooth number 15 for endodontic and periodontal reasons (Fig 1, 2, and 3). Two months after the extraction and implant with sinus elevation was performed (Fig 4). The implant failed after 4 months. The site cleaned and the patient wait two months to repeat the tratment (Fig 5). Orthodontic tratment was done to distrubute the spaces and to improve the oclusion.



The site was reopened and the sinus elevation the membrane was perforated. One Dynamix Implant (Cortex Dental Ind.) was estabilized usin a small piece of native bone. (fig 6). The membrane was repaired with a collagen membrane (Fig 7) and Novabone Morsels (NovaBone Products) was used for bone regeneration (Fig 8). A collagen membrane (3Biomat Inc.) was used to protect the bone and the flap was sutured (Fig 9 and 10). Control Rx was done (Fig 11).





After the healing time the site was re-opened and a 3mm healing cap was used (Fig 12 and 13). An impression was taken using the snap technique (Fig 14) and a tissue profile was created with a temporary restoration (fig 15). Final restoration and control Rx after two years of follow-up (Fig 16 and 17).

BONE REGENERATION IN IMPLANT THERAPY

Case 2:

42 years old female heavy smoker with a root fracture in tooth number 11 (Fig 1). The root was extracted and a postextraction implant was performed (Fig 2). The implant was lost two months after surgery and a large defect in the hard and soft tissue was generated (Fig 3). After the time the flap was opened and a big bone deficiency was found (Fig 4). At Dynamix Conical implant (Cortex Dental IND.) was inserted in the residual bone (Fig 5), a complementary bone regeneration procedure was done using Morsels (NovaBone Products, Fig 6) and a collagen membrane (3Biomat Inc, Fig 7). After 5 months the site was re-opened. the implant was loaded with a temporary restoration and a connective tissue graft was done to improve the soft tissue (Fig 8, 9, 10 and 11). After 3 months a final Crown was delivered (Fig 12).



BONE GRAFT IN POST-EXTRACTION IMPLANT

Case 3:

46 years old female with non medical pre-existing condition was referred for implant management in tooth 11 due to a non-restorable root fracture. A immediate implant was inserted in a palatal position. The gap between bucal plate and the implant surface was filled with novabone Morsels to preserve the dimensions of the ridge and the profile of the soft tissue (Fig 1). A 3 mm healing cap was used to seal the socket (Fig 2 and 3). The soft tissue profile was managed using a temporary crown (Fig 4 and 5). The case ready for final restoraion three years after the implant was inserted (Fig 6).

