



Clinical Cases Collection Europe

Edition 2

THE Graft
THE Graft Collagen
Opentex-TR
Biotex

Purgo  **Regen**

Contents

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3D Guided bone regeneration



Dr. Lapa Bessa, Luís
Portugal

Case Summary

| | | | | | |
|-----------------|--|---------------------|------------------|---------------------------|--|
| Nationality | Portuguese | Age | Forties | Grafting Area | |
| Chief Complaint | Tooth loss caused by multiple dental treatment failed and periodontitis. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. Atraumatic extraction , socket preservation with THE Graft™ Collagen and socket sealing with free gingival graft. 2. Second stage surgery with fully guided implant surgery and vertical augmentation of the inter implant soft tissue. 3. Rehabilitation with zirconia restorations. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ Collagen | Used exclusively | - | |

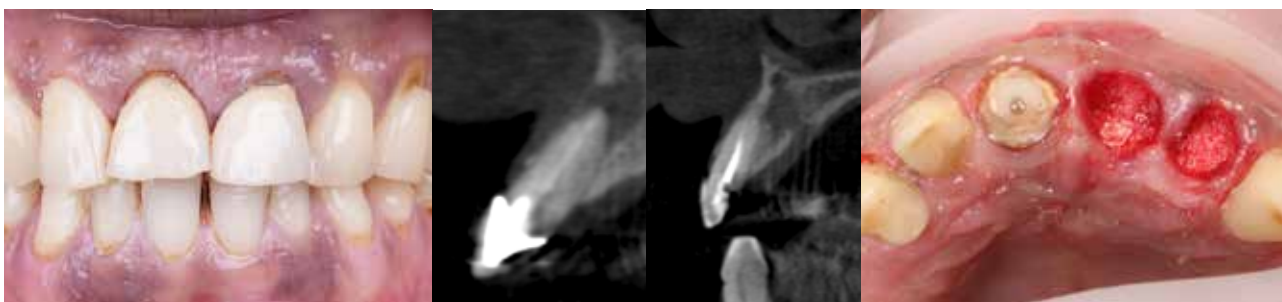
Before and After

| Before | After |
|--|---|
| <p>Initial situation with falling with history of endodontic failed treatment and bone loss.</p> | <p>Final situation after socket preservation with bone graft and 2nd surgery fully guided implant placement.</p> |

Conclusion

The stability of hard and soft tissues has been observed throughout the follow-up period. The collagenated bone graft is a useful bone graft to use in socket preservation procedures. It is easy to adapt and bring satisfactory results. After 4 months it was possible to perform the implant surgery and the implants had primary stability.

Case Summary



1. Pre-operative image. History of multiple endodontic failed treatments and buccal bone loss particularly in teeth #21 and #22.

2. Pre-operative CBCT image. Sagittal view of tooth #21 and #22.

3. Intra-operative image. Atraumatic extraction and socket preservation with THE Graft™ Collagen.



4. Intra-1st operative image. Socket sealing with a free gingival graft.

5. Post-1st operative image. Volume maintenance at 2 weeks follow-up.

6. Post-1st operative CBCT image. Sagittal view of the socket preservation procedure in the region of tooth #21 and #22.



7. Intra-2nd operative image. Fully guided surgery.

8. Intra-2nd operative image. Horizontal volume augmentation and papilla reconstruction using the de-epithelized free gingival graft.

9. Post-2nd operative image. Customized healing abutments for emergence profile development.



10. Final prosthesis CBCT image. 1 year after socket preservation and second stage implant placement.

11. Final prosthesis. 1 year after socket preservation and second stage implant placement.

12. Final prosthesis. Final monolithic zirconia crowns.

GBR with Soft tissue augmentation in guided dental implant placement, aesthetic area



Dr. Vatenas, Imantas
Lithuania

Case Summary

| | | | | | |
|-----------------|---|------------|------------------|---------------------------|--|
| Nationality | Lithuanian | Age | Early forties | Grafting Area | |
| Chief Complaint | Sliding tooth number# 21, root fracture, secondary caries. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. Extraction on the tooth #21. 2. Immediate, guided dental implantation tooth number 21. 3. Guided bone regeneration with connective tissue graft. 4. Immediate fixation of the individual zirconium healing abutment. 5. Final zirconium crown delivery after three months. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used exclusively | - | |

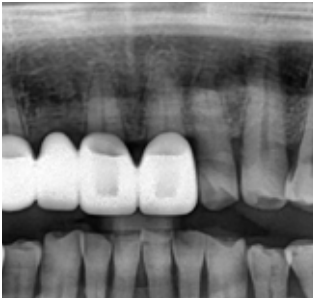
Before and After

| Before | After |
|---|--|
| <p>Hopeless tooth #21, very thin buccal wall.</p> | <p>Augmented intra-socket buccal area.</p> |

Conclusion

Alveolar ridge can be predictably preserved, using THE Graft™, during immediate dental implant placement in the aesthetic area.

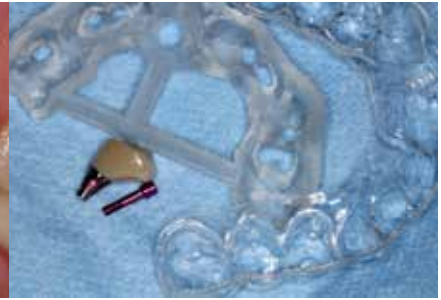
Case Summary



1. Pre-operative radiographical image.



2. Pre-operative image. Hopeless tooth #21 needs to be extracted.



3. Intra-operative image. Surgical guide, zirconium individual healing abutment, temporary solution for the tooth #21 prepared for the immediate dental implantation.



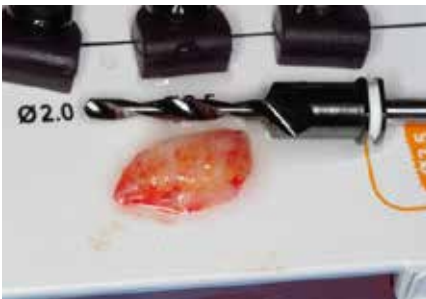
4. Intra-operative image. Tooth #21 non-traumatically extracted.



5. Intra-operative image. Osteotomy for the dental implant prepared using surgical guide.



6. Intra-operative image. Dental implant inserted.



7. Intra-operative image. Connective tissue graft from the palate was taken.



8. Intra-operative image. Connective tissue graft fixed between the buccal wall and periosteum. Bone graft filled the gap between the buccal wall and the dental implant.



9. Intra-operative image. Individual zirconium healing abutment screwed to the dental implant. Occlusal view.



10. Intra-operative image. Individual zirconium healing abutment screwed to the dental implant. Buccal view.



11. Post-operative radiographical image.



12. Post-operative image. Wound in the palate sutured.

Case Summary



13. Post-operative image. Sutures removed 2 weeks after.



14. Post-operative image. Occlusal view, 3 months after the procedure.



15. Final prosthesis. Profile of the soft tissues, after IHA was removed.



16. Final prosthesis. Full contour zirconium crown.



17. Final prosthesis. Final zirconium crown fixed to the dental implant.



18. Final prosthesis P.A. image.



19. Final prosthesis CBCT image.

Immediate implant placement after tooth extraction and simultaneous GBR



Dr. Cosmin, Dima
Romania

Case Summary

| | | | | | |
|-----------------|--|------------|------------------|---------------------------|--|
| Nationality | Romanian | Age | Mid-twenties | Grafting Area | |
| Chief Complaint | A 26 years old male patient visited the private clinic Dental Progress. The patient had a healthy status, was under no medication, and was a smoker. The patient's complaint was the lateral incisor #22, where he had an abscess and pain. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. Fracture tooth extraction. 2. Implant placement simultaneously with GBR (Placed resorbable membrane on the buccal and the gap between the buccal bone and the implant surface was filled with THE Graft™). 3. A customized healing cap was used. 4. 4 months after surgery, screw retained zirconia crown was fixed. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used exclusively | - | |

Before and After

| Before | After |
|---|-------------------------------------|
| <p>#22 with the fractured the root and buccal bone defect</p> | <p>Good stability of THE Graft™</p> |

Conclusion

The gap between the buccal bone and the implant surface was filled with porcine demineralized matrix from Purgo, THE Graft™. Due to its natural structure the anorganic bone THE Graft™ likens physical and chemical aspects of mineralized matrix of human bone. When packed into a bone defect, THE Graft™ gradually resorbs and is replaced with bone during the healing process. This procedure is very important in preventing the buccal bone resorption. After 4 months a new screw retained zirconia crown was fixed on the implant and no visible changes occurred from the initial situation with the natural tooth, giving the patient a very good esthetic and functional final result.

Case Summary



1. Pre-operative image. The patient's complaint was the lateral incisor #22, where he had an abscess and pain. 2. Pre-operative image. On the CBCT we could notice the fracture of the root and apical reaction. 3. Intra-operative image. Fractured root extraction.



4. Intra-operative image. Removal of granulation tissue. 5. Intra-operative image. After the tooth extraction, the implant was inserted in the ideal palatal position. 6. Intra-operative image. New osteotomy



7. Intra-operative image. Placed collagen sponge on the labial wall. 8. Intra-operative image. Filled with THE Graft™ for gap between the buccal bone and the implant surface. 9. Intra-operative image. Connected parallel pin for positioning grafting materials.



10. Intra-operative image. Connected parallel pin for positioning grafting materials. 11. Intra-operative image. Implant placement. 12. Intra-operative image. Checking the parallelism.

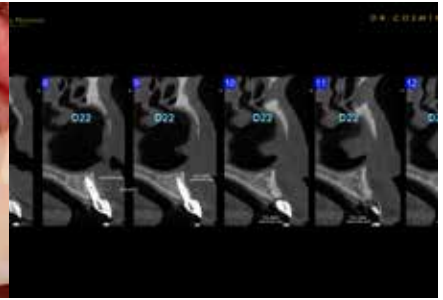
Case Summary



13. Intra-operative image. Wound closure



14. Connected a customized healing cap.
A customized healing cap was used to sustain the natural structures not to collapse after the tooth extraction.



15. Post-operative CBCT. The augmented area is highly stable.



16. Final prosthesis, 4 months after surgery. A new screw retained zirconia crown was fixed on the implant and no visible changes occurred from the initial situation with the natural tooth.

Immediate implant placement with simultaneous GBR



Dr. Cosmin, Dima
Romania

Case Summary

| Nationality | Romanian | Age | Mid-forties | Grafting Area | |
|-----------------|---|------------|---------------------|---------------------------|--|
| Chief Complaint | Functional problems with pain especially during the mastication. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. Tooth extraction. 2. Socket preservation using Purgo THE Graft™. 3. Implant insertion. 4. Horizontal bone augmentation. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used in combination | Mixed with autograft | |

Before and After

| Before | After |
|---|--|
| <p>Bone loss caused by the root fracture.</p> | <p>Good stability of the new bone formation.</p> |

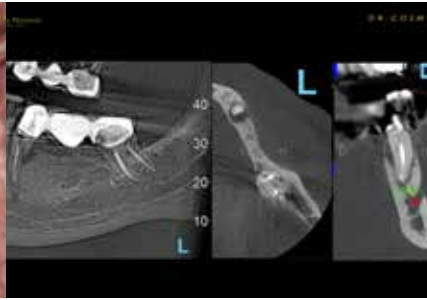
Conclusion

Socket preservation with THE Graft™ stabilized with the PTFE suture proved a high capacity for conserving the natural bone structure around the implants.

Case Summary



1. Pre-operative image.



2. Pre-operative CBCT.



3. Intra-operative image. #35 Tooth extraction and removed granulation tissue.



4. Intra-operative image. Drilling.



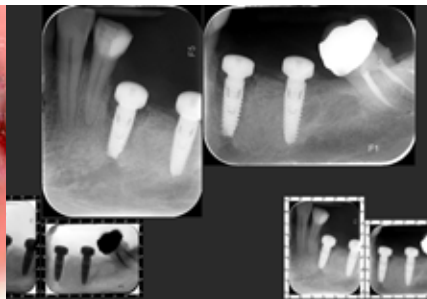
5. Intra-operative image. Connected screws.



6. Intra-operative image. Applied THE Graft™ with autograft



7. Intra-operative image. Connected healing abutments and suture.



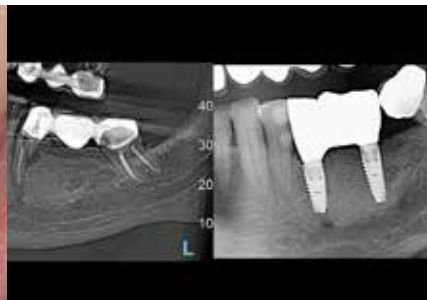
8. Post-operative PA. image.



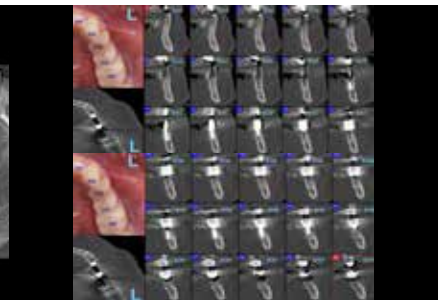
9. Post-operative image, 4 months after GBR



10. Final prosthesis.



11. Post-operative PA. image.



12. Post-operative CBCT.

03

Horizontal/Vertical
Ridge Augmentation

Full maxilla augmentation following multiple failed GBR



Dr. Surmenian, Jérôme
France

Case Summary

| | | | | | |
|-----------------|---|------------|---------------------|--|--|
| Nationality | French | Age | Late forties | Grafting Area | |
| Chief Complaint | <ul style="list-style-type: none"> - Implants loss. - Failed GBR to replace implants. - Patient consulting for bone reconstruction. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. Removal of two last implants #11, #22. 2. Bilateral vertical reconstruction in posterior maxilla, and horizontal augmentation in anterior maxilla. 3. Implant placement after healing. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used in combination | 75% of THE Graft™ (0.25-1mm size) and 25% of the allograft are mixed with PRF. | |

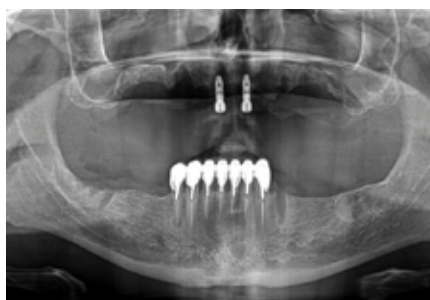
Before and After

| Before | After |
|---|---|
| <p>Vertical and horizontal bone atrophy concerning the whole maxilla.</p> | <p>After 3 years of function bone stability is observed around the implant. There is no volume loss around the implant.</p> |

Conclusion

It is possible to rebuilt severe atrophy without using autogenous bone.

Case Summary



1. Pre-operative panorama image. Remained 2 implants and the bone defect.



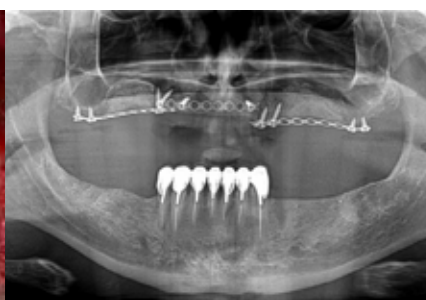
2. Intra-1st operative panorama image. Flap elevation and defect revealed.



3. Intra-1st operative image. Ti mesh secured to create a space free from pressure (fast system)



4. Intra-1st operative image. Sticky Bone with 75% THE Graft™ and 25% Allograft compacted under the Ti mesh .



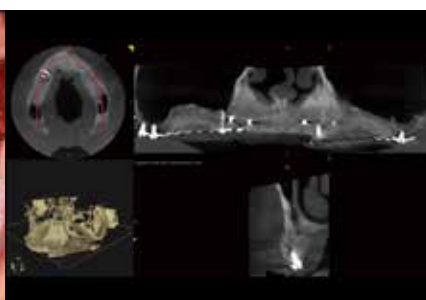
5. Post-1st operative panorama image.



6. Intra-2nd operative image, Re opening 4.5 months after GBR. No fibrotic tissue observed. Full maxilla reconstruction was achieved.



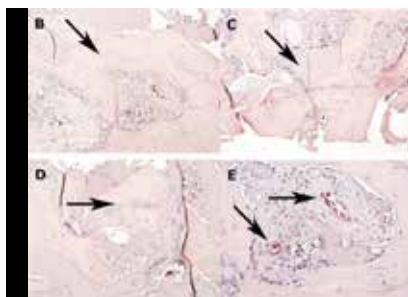
7. Intra-2nd operative image, Re opening 4.5 months after GBR. View after Ti mesh removal.



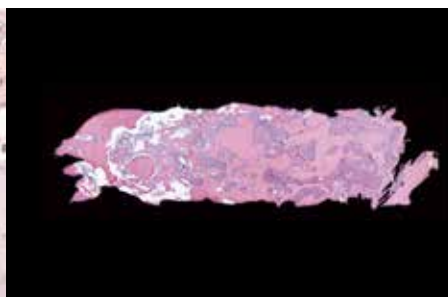
8. Post-2nd operative CBCT image. The bone volume is stable and THE Graft™ looks well integrated after 3 months from 1st surgery



9. Histology sample from the vertical augmentation.
Connective Tissue (CT) : 30%
New Bone Formation (NB) : 50%
Bone Substitute Material (BSM) : 20%
Hybrid-bone by integration of BSM granules into NB.
BSM is well integrated within NB and CT.
Within CT blood vessel formation can be observed, indicating vascularization of the augmented area



10. Histology.
B: NB formation (200x)
C: Residual BSM (200x)
D: Hybrid bone formation (200x)
E: Vessel formation (200x)
B-E: Representative images of evaluated structures, arrow(s) indicate relevant areas and/or structures.



11. Histology sample from the horizontal augmentation.
Connective Tissue (CT) : 20%
New Bone Formation (NB) : 50%
Bone Substitute Material (BSM) : 30%
Hybrid-bone by integration of BSM granules into NB.
BSM is well integrated within NB and CT.
Within CT blood vessel formation can be observed, indicating vascularization of the augmented area.
No severe inflammation, and no pathological lymphocyte infiltration can be observed. Foreign-body multinucleated giant cells are hardly detectable between interphase granules and CT, indicating a completed degradation process.

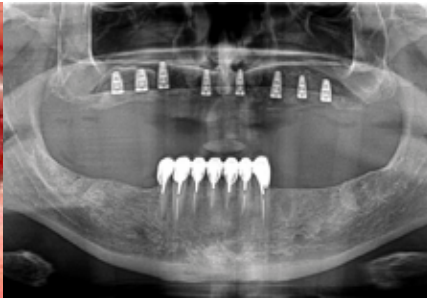
Case Summary



12. Implant placement. Implant Placement.



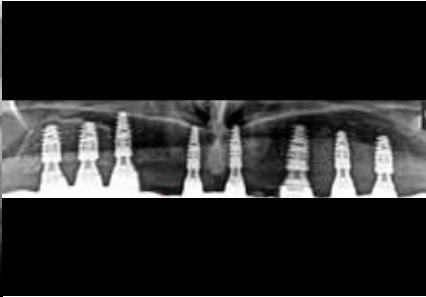
13. Implant placement. Implant Placement.



14. Implant placement panorama image.



15. Final prosthesis panorama image.



16. Follow-up, 3 years after operation.

3D Augmentation in posterior mandible and implants placement after 3 months



Dr. Surmenian, Jérôme
France

Case Summary

| Nationality | French | Age | Late forties | Grafting Area | |
|-----------------|--|------------|------------------|-------------------------------|--|
| Chief Complaint | Bone augmentation in lower right to allow future implants. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. Vertical augmentation in the lower right mandible. 2. After 3 months of healing : Implant Placement. 3. After 3 months of osseointegration : Implant uncovering and soft tissue grafting. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used exclusively | 100% THE Graft™ 0.25-1mm size | |

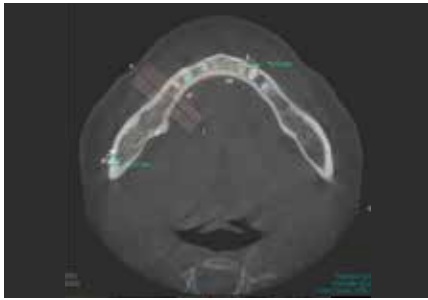
Before and After

| Before | After |
|--|--|
| <p>Pre-op CBCT shows vertical and horizontal deficiencies.</p> | <p>Post-op CBCT shows reconstruction of the ridge.</p> |

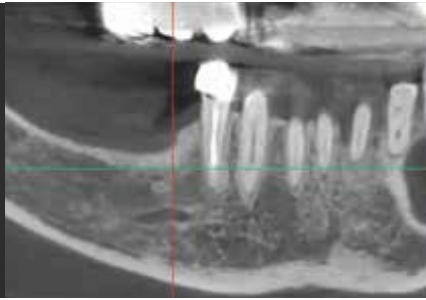
Conclusion

Vertical augmentation in posterior mandible can be achieved in 3 months without autogenous bone and / or collagen membrane.

Case Summary



1. Pre-operative CBCT image.



2. Pre-operative CBCT image.



3. Intra-1st operative image. Ti mesh secured to create a space free from pressure (fast system).



4. Intra-1st operative image. Sticky Bone 100% porcine THE Graft™ (Purgo) under the Ti Mesh.



5. Intra-1st operative image. Thin layer of Sticky Bone is covering the Ti Mesh to avoid any contact btw the titanium and the tissue.



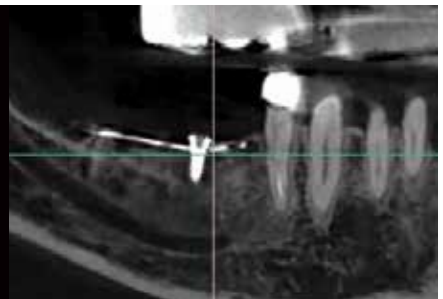
6. Intra-1st operative image. Covered by PRF membrane, no other collagen membrane used.



7. Intra-1st operative image. Resorbable Sutures without tension.



8. Post-1st operative scan image. Control showing the installation of the Ti Mesh.



9. Post-1st operative CBCT image, 3 months after GBR.



10. Post-1st operative CBCT image, 3 months after GBR.



11. Intra-2nd operative image. Re opening – Removal of the Ti Mesh- Notice the absence of fibrotic tissue.



12. Intra-2nd operative image. 4.2 x 8 Implants are submerged.

Case Summary



13. Post-2nd operative CBCT image. Implants in the regenerated bone.



14. Intra-3rd operative image. Implant uncovering after 3 months osteointegration, showing a corticalized bone.



15. Intra-3rd operative image. Free gingival graft was performed to increase the keratinized tissue.



16. Final prosthesis panorama image.



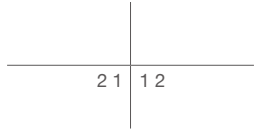
17. Final prosthesis.

Three dimensional bony reconstruction in anterior mandibular via plasma-stabilized guided-bone-regeneration


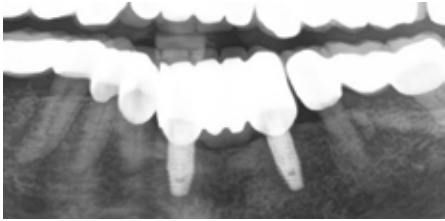


Dr. Stehling, Philip
Germany

Case Summary

| Nationality | German | Age | Late sixties | Grafting Area  |
|-----------------|---|--------------------|---------------------|--|
| Chief Complaint | Bone loss after tooth removal, Implant planned. | | | |
| Treatment Plan | 1. Two stage Implant placement , second stage after 4 months healing. 2. Implant based Bridge for gap closure. | | | |
| Materials | Category | Products | Method | Description of the method |
| | Bone graft | THE Graft™ L, 0,5G | Used in combination | Kieler Sushi (Plasma stabilized bone augmentation technique) |

Before and After

| Before | After |
|---|--|
|  |  |
| Scar Tissue at #41. | 4 years post op. |

Conclusion

The patient came for implantological treatment, showing severe bone loss in horizontal and vertical in CBCT, specially in #41 and #42. Bone augmentation was performed via plasma stabilized Kieler sushi. After 4 months, healing sufficient bone was created and implants were placed.

Case Summary



1. Pre-operative image. #41 Scar Tissue.



2. Intra-1st operative image. Flap elevation.



3. Intra-1st operative image.



4. Intra-1st operative image. Purgo THE Graft™ Large 0.5gr Kielcer Sushi (Plasma Stabilized Augmentation).



5. Intra-1st operative image. Purgo THE Graft™ Large, 0.5gr Kielcer Sushi.



6. Intra-2nd operative image.



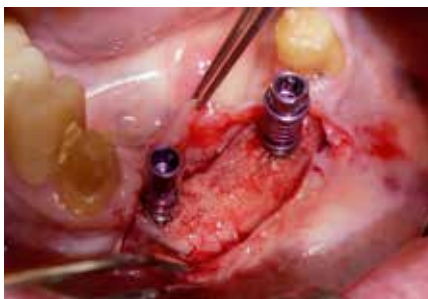
7. Intra-2nd operative image. Flap elevation.



8. Intra-2nd operative image.



9. Intra-2nd operative image. Preparation of Implants.



10. Intra-2nd operative image. Implant placement 4.3, 11mm.

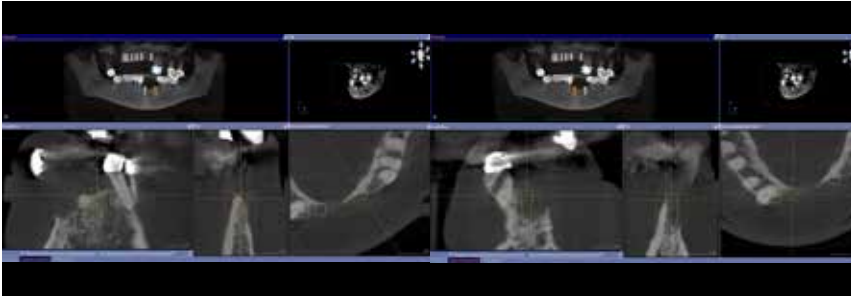


11. Intra-2nd operative image. Healing Abutments.



12. Intra-2nd operative image. Suture.

Case Summary

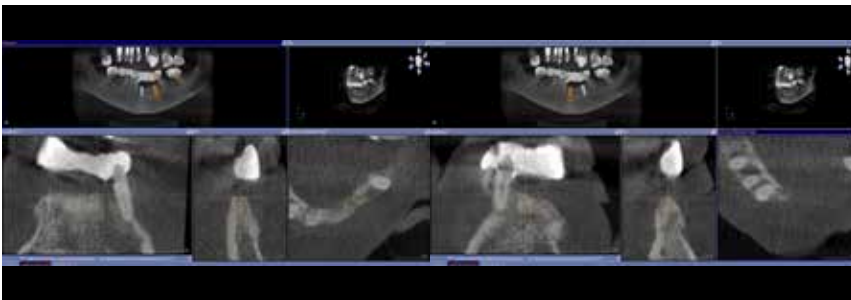


13. Post-2nd operative CBCT image.

14. Post-2nd operative CBCT image.



15. Post-2nd operative image.



16. Post-2nd operative CBCT image.

17. Post-2nd operative CBCT image.

18. Post-2nd operative panorama image.



19. Final prosthesis panorama image.

Regenerate bone and tissue vision



Dr. Spînu, Alexandru
Romania

Case Summary

| | | | | | |
|-----------------|---|------------|------------------|---------------------------|--|
| Nationality | Romanian | Age | Early sixties | Grafting Area | |
| Chief Complaint | <p>A patient presented a periodontal disease, a failing bridge 48-44, with the alteration of the function of mastication and self-maintenance. The implanto-prosthetic treatment is proposed, because of horizontal bone deficiency, bone grafting and soft tissue grafting procedure are needed to place Implants in the best 3D Position.</p> | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. Bone augmentation. 2. Delayed implants placement. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used exclusively | - | |
| | Membrane | BioCover | - | - | |

Before and After

| Before | After |
|-------------------------------|---|
| <p>Narrow mandible ridge.</p> | <p>Good bone stability around implants and a good corticalization around implants neck.</p> |

Conclusion

No negative finding concerning material interaction with bone and soft tissue. Observed inflammatory cell infiltration is only locally observable in regions where bone remodeling is not yet finished, indicating an ongoing degradation and remodeling process.

Case Summary



1. Pre-operative image. Narrow ridge, 8 weeks of healing after tooth extraction #45, #48.



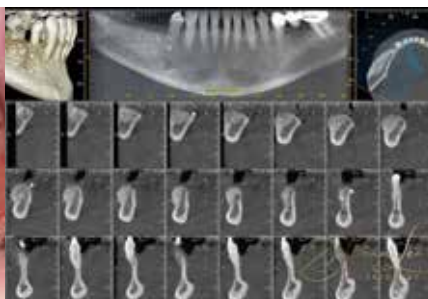
2. Pre-operative Panorama. Failing teeth #45, #48.



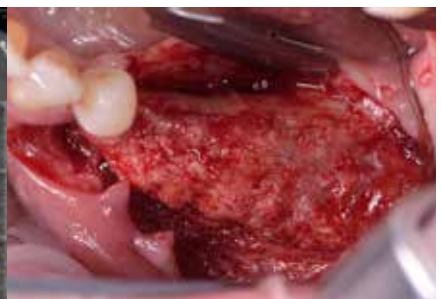
3. Intra-1st operative image. Narrow mandible ridge, decortication, BioCover membrane lingual stabilization.



4. Intra-1st operative image. BioCover membrane lingual and buccal stabilization.



5. Post-1st operative CBCT. CBCT after guided bone regeneration.



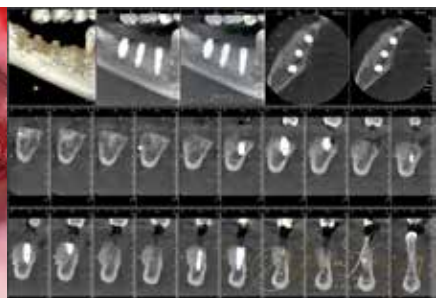
6. Intra-2nd operative image, 4 months after GBR. Great bone healing and regeneration outcome.



7. Intra-2nd operative image. Implant placement in a prosthetic position and bone regeneration above the bony housing contour.



8. Intra-2nd operative image. Micro bone block has been taken from the most distal and buccal site to prepare histology.



9. Post-2nd operative CBCT image. CBCT after implant placement in a regenerated bone.



10. Post-2nd operative image. Great emergency profile.



11. Post-2nd operative image. Good soft tissue sculpting.



12. Final Prosthesis. Good bone stability around implants and a good corticalization around implants neck.

Case Summary



13. Final prosthesis, 5 months after GBR. Screw retained bridge.

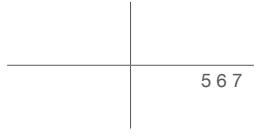
14. Final prosthesis. Screw retained bridge

Mandibular 3D graft bone regeneration with non resorbable membrane and sticky bone





Dr. Afota, Franck
France

Case Summary

| | | | | |
|-----------------|--|------------|---------------------|--|
| Nationality | French | Age | Mid-forties | Grafting Area  |
| Chief Complaint | Implant rehabilitation. | | | |
| Treatment Plan | 1. GBR with PTFE membrane. 2. Implants placement. | | | |
| Materials | Category | Products | Method | Description of the method |
| | Bone graft | THE Graft™ | Used in combination | THE Graft is mixed with A and S-PRF according to sticky bone procedure. |

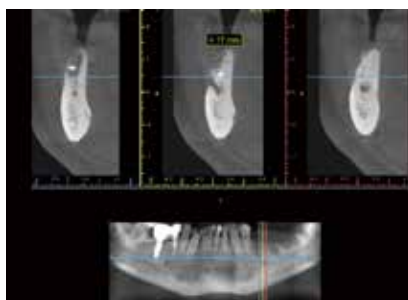
Before and After

| Before | After |
|---|--|
|  |  |
| Atrophic posterior mandible after implants removal. | Atrophic posterior mandible after implants removal. |

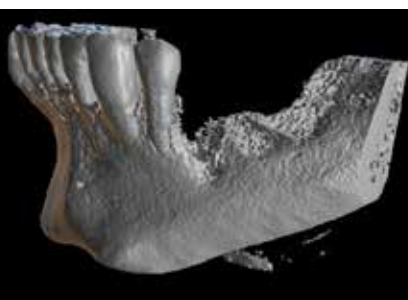
Conclusion

PTFE membrane associated with THE Graft™ offers reliable bone reconstruction for 3D defects.

Case Summary



1. Pre-operative CBCT. Bone loss in posterior mandible.



2. Pre-operative 3D CT. Objective bone loss identified through 3D scanning.



3. Pre-operative image.



4. Intra-1st operative image. Flap elevation and mental nerve dissection.



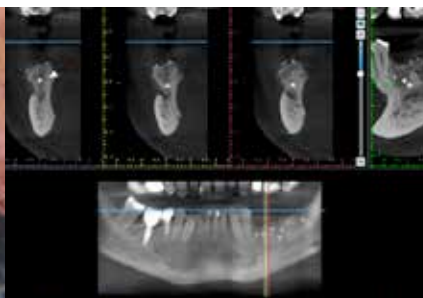
5. Intra-1st operative image. PTFE membrane is positioned in lingual side with bone tacks.



6. Intra-1st operative image. Sticky bone with Purgo THE Graft™ is prepared and placed under non-resorbable membrane. Bone tacks are also positioned on the vestibular part.



7. Intra-1st operative image. Flap is closed with apical mattress sutures (Glycolon).



8. Post-1st operative image, after 6 months. Bone is fully regenerated.



9. Intra-2nd operative image, after 6 months. Membrane is removed.



10. Intra-2nd operative image. Bone volume is now sufficient to perform implant placement. We notice a total integration of Purgo THE Graft™ into the site.



11. Intra-2nd operative image. 3 implants are placed into the regenerated bone.



12. Intra-2nd operative image. Surcorrection of the bone is performed with sticky bone around healing screws.

Case Summary



13. Follow-up. 2 years F/U



14. Follow-up panorama image. 2 years F/U

Mandibular 3D graft bone regeneration with tenting GBR (armed sausage technique) and sticky bone



Dr. Afota, Franck
France

Case Summary

| | | | | | |
|-----------------|--|------------|---------------------|---|--|
| Nationality | French | Age | Mid-forties | Grafting Area | |
| Chief Complaint | Implant rehabilitation. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> GBR with armed sausage technique. Implants placement. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used in combination | THE Graft is mixed with A and S-PRF according to sticky bone procedure. It allows best stabilization of particular grafts | |

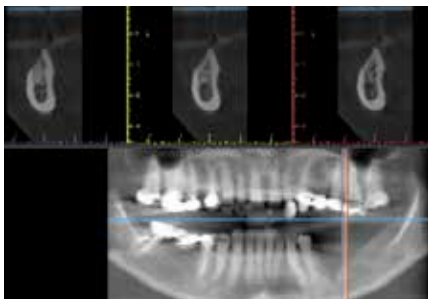
Before and After

| Before | After |
|--|---|
| <p>Atrophic posterior mandible after implants removal.</p> | <p>Total rebuilding of bone and implants placement.</p> |

Conclusion

THE Graft provides reliable bone reconstruction for significant horizontal defects.

Case Summary



1. Pre-operative CBCT. Patient with atrophic mandibular (Cawood Class IV).



2. Intra-1st operative image. Atrophic posterior mandibula, dissection of mental nerve in order to relax the vestibular flap.



3. Intra-1st operative image. Placement of 4 tenting screws (fast TLB).



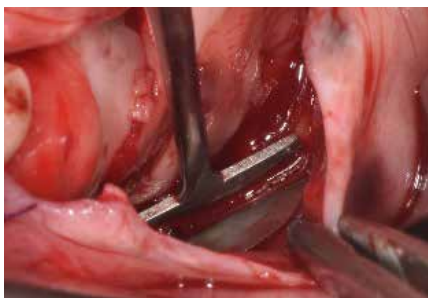
4. Intra-1st operative image. Sticky bone with Purgo THE Graft™.



5. Intra-1st operative image. Resorbable membrane is placed on lingual part.



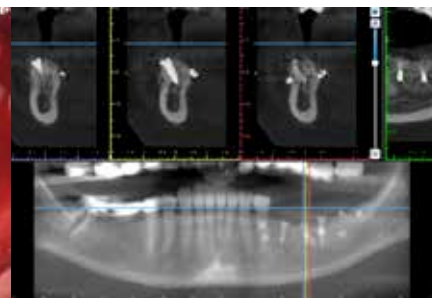
6. Intra-1st operative image. Fixation of membrane with tacks.



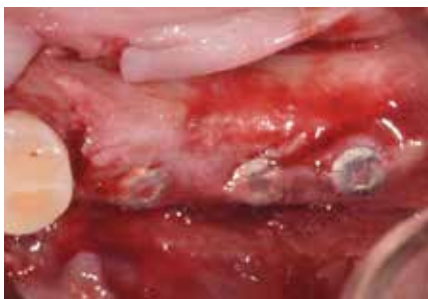
7. Intra-1st operative image. Passivation of vestibular flap.



8. Intra-1st operative image. PRF membranes are placed before closure.



9. Post-1st operative CBCT, 4 months after GBR. We notice new bone regenerated on mandibular site. Screws maintains the volume in good position.



10. Intra-2nd operative image, after 4 months. The bone is totally regenerated.



11. Intra-2nd operative image. 3 implants are positioned into the bone graft.

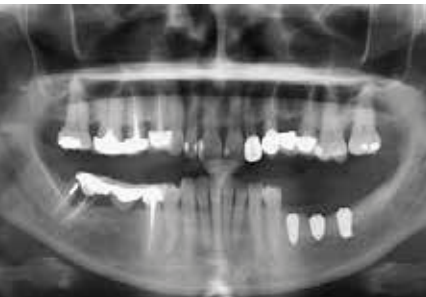


12. Intra-2nd operative image, after 3 months. Apically flap is performed.

Case Summary



13. Post-2nd operative image. Bone and soft tissue are stable before prosthetic step.



14. Post-2nd operative panorama.



15. Follow-up. 2 years F/U.



16. Follow-up panorama image. 2 years F/U.

3D GBR Alveolar preservation and delayed guided implant placement



Dr. Lapa Bessa, Luís
Portugal

Case Summary

| Nationality | Portuguese | Age | Mid-forties | Grafting Area | |
|-----------------|--|------------|---------------------|--|--|
| Chief Complaint | Tooth loss caused by periodontitis (severe bone loss and mobility) and root resorption. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. Atraumatic extraction of #12, 11, 21, 22 and placement of a provisional bridge based on the teeth #13 and #23. 2. Bone regeneration with OpenTex-TR membrane and bone substitute. 3. Re-open after 6 months, removal of the membrane and fully guided implant surgery. 4. Rehabilitation with anterior zirconia bridge under implants. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used in combination | Activated with PRF | |
| | Membrane | OpenTex-TR | Fixation with pins | Fixation in the palatal and vestibular area. | |

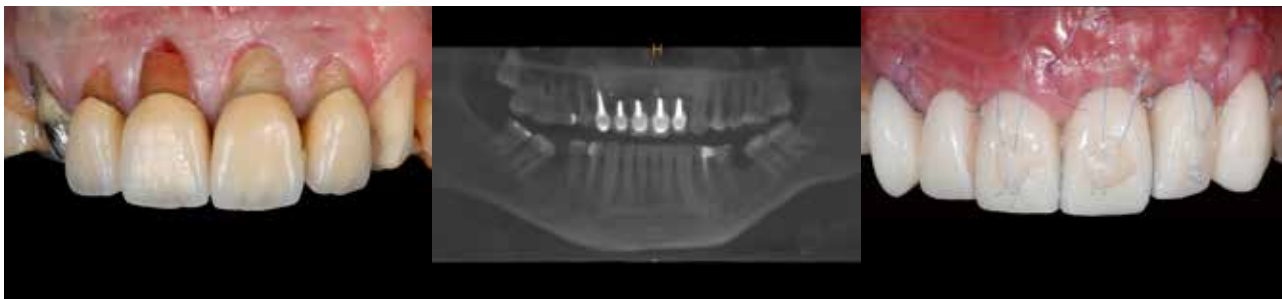
Before and After

| Before | After |
|--|------------------------------|
| <p>Initial situation with falling teeth (mobility, root resorption, severe bone loss).</p> | <p>Final rehabilitation.</p> |

Conclusion

The OpenTex-TR membrane adapted well after 6 months, when reopened, it was possible to observe the formation of new vascularized bone which allowed the placement of the implants with guided surgery.

Case Summary



1. Pre-operative image. Root resorption and severe bone loss of teeth #12, #11, #21 and #22.

2. Pre-operative panorama image.

3. Pre-operative image. Provisional bridge after atraumatic tooth extraction and management of the soft tissues.



4. Pre-operative image. Soft tissue healing.

5. Intra-1st operative image. Bone defect.

6. Intra-1st operative image. Stabilization of the PTFE membrane (OpenTex-TR) and placement of THE Graft™. Big and small particles activated with PRF.



7. Post-1st operative image. Healing after 3 weeks.

8. Intra-2nd operative image. Re-open 6 months after bone regeneration. Removal of the membrane. New bone formation.

9. Histologic analysis. 6 months after bone regeneration.



10. Post-2nd operative image. Primary closure.

11. Emergence profile.

12. Final prosthesis. Final monolithic zirconia bridge.

Extraction and simultaneous horizontal ridge augmentation after traumatic injury (Anterior Maxilla)



Dr. Gemmi, Thomas
France

Case Summary

| | | | | | |
|-----------------|---|------------|---------------------|---|--|
| Nationality | French | Age | Early eighties | Grafting Area | |
| Chief Complaint | <ul style="list-style-type: none"> - Traumatic injury. - Tooth #12 knocked out. - 20 years old anterior dental bridge presenting roots #11-#21-#23 fractured. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> Teeth #11-#21-#23 extracted. 3 titanium screws (FastSystem) placed in order to protect the grafted areas from pressure and tension coming from the surrounding soft tissue. Bone grafting with StickyBone: THE Graft™ and allograft (50:50), covered with PRF membranes. After 2.5 months, removal of the titanium screws, implants placement (#12-#21-#23) and additional buccal Micro-StickyBone. 2.5 months after healing period, 2nd stage performed. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used in combination | THE Graft™ (0.25-1mm size) and allograft mixed with S-PRF and A-PRF | |

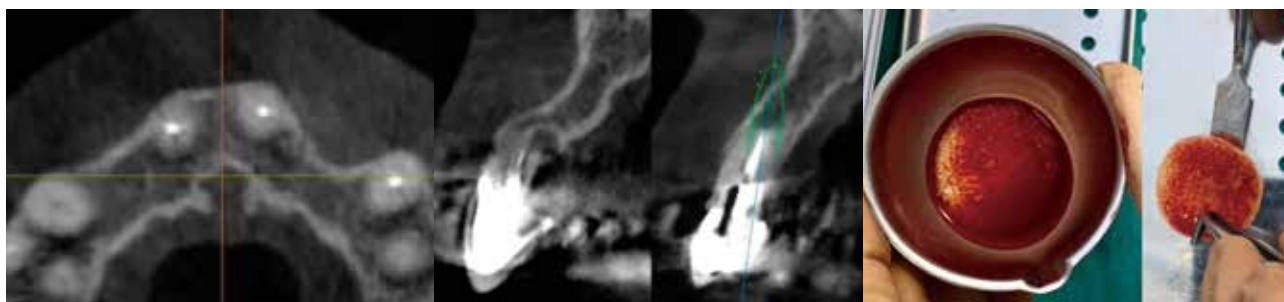
Before and After

| Before | After |
|---|--|
| <p>Teeth fractured and severe horizontal bone defect radiographically observed.</p> | <p>Bone reconstruction observed around the 3 implants.</p> |

Conclusion

Horizontal ridge augmentation performed using only tenting screws technique is a procedure that offers predictable and qualitative outcomes. THE Graft™, combined with Allograft and PRF, always produces very satisfying bone reconstruction in terms of volume and vascularization, in only 2.5 months of healing. This kind of bone regeneration, especially in aesthetic areas, allows implant placement in an ideal prosthetic corridor, guaranteeing stability and longevity for both grafted hard tissue and soft tissue.

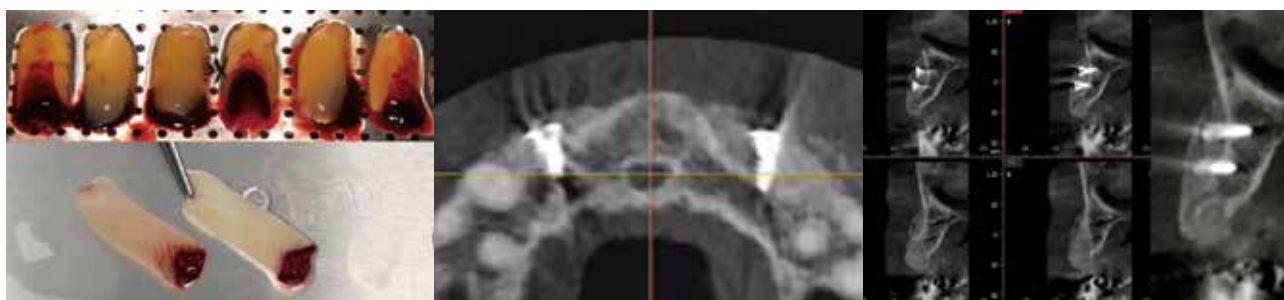
Case Summary



1. Pre-operative CBCT image. Severe horizontal bone defect.

2. Pre-operative CBCT image. Teeth fractured and severe horizontal bone defect. Bone level insufficient for implant placement and one stage procedure.

3. Intra-1st operative image. StickyBone: THE Graft™ and allograft (50:50) mixed with S-PRF and A-PRF.



4. Intra-1st operative image. Bone graft exclusively covered by layers of A-PRF membranes.

5. Post-1st operative CBCT image, 2 months after GBR.

6. Post-1st operative CBCT image, 2 months after GBR.



7. Intra-2nd operative image, re-opening 2.5 months after GBR.

8. Intra-2nd operative image. Titanium screws removal.

9. Intra-2nd operative image. Titanium screws removal.

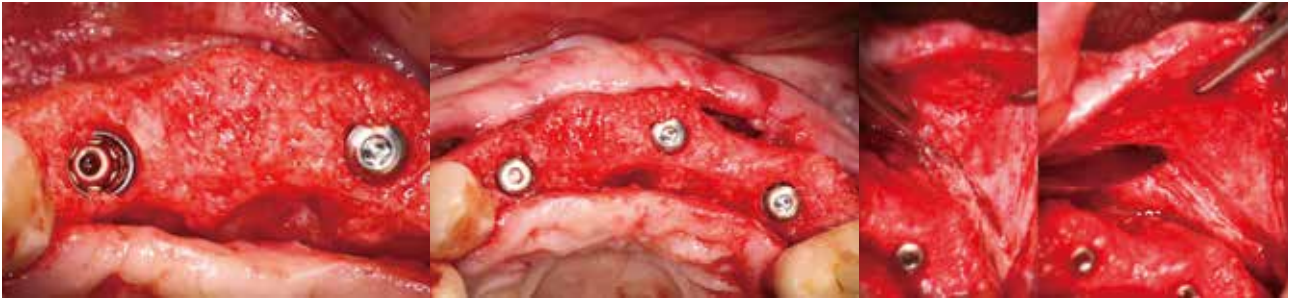


10. Intra-2nd operative image. Titanium screws removal.

11. Intra-2nd operative image. Drilling for implant placement.

12. Intra-2nd operative image. Biotech Contact implants placement (#12-#21-#23).

Case Summary



13. Intra-2nd operative image. Implants placed exclusively in cancellous bone, 2mm sub-crestal.

14. Intra-2nd operative image. Implants with 2mm high cover screws.

15. Intra-2nd operative image. Incision in the periosteum and brushing of the flap, before placing additional buccal Micro-StickyBone.



16. Post-2nd operative CBCT image, the day after implants placement.

17. Post-2nd operative CBCT image, 2.5 months after implants placement.

18. Post-2nd operative CBCT image, 2.5 months after implants placement.



19. Intra-3rd operative image, re-opening 2.5 months after implants placement. Osteo-integrated implants. Bone over the 2mm high cover screws.

20. Intra-3rd operative image. 2mm high cover screws removal.

21. Intra-3rd operative image. 2mm high cover screws removal.



22. Intra-3rd operative image. Healing abutment placed.

23. Post-3rd operative image, 6 days after implants exposure.

24. Final prosthesis.

Histological and radiological evaluation of combined augmentation techniques by using sticky bone as graft material at healed, edentulous sites



Dr. Nagy, Pál
Hungary

Case Summary

| Nationality | Hungarian | Age | Late-thirties | Grafting Area | |
|-----------------|--|------------|---------------------|--|--|
| Chief Complaint | Missing tooth. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. Stage(GBR + Sinus lift): Horizontal augmentation and simultaneous sinus lift for implant site development. 2. Stage(Implant placement + soft tissue management): Re-entry with titanium pin removal, implant placement and soft tissue thickening with flap technique. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used in combination | 50-50% The Graft™ particles and A-PRF chops are mixed, then soaked by liquid S-PRF in order to stick it into a form of bony plate. Into the sinus 50-50% A-PRF chops, and L size of THE Graft™ is mixed. | |

Before and After

| Before | After |
|---|---|
| <p>Initial coronal CBCT slice at #26 represents horizonto-vertical bone deficiency.</p> | <p>CBCT coronal slice at 26 5 months after 1st surgery. Sufficient bone volume for implant placement.</p> |

Conclusion

The augmented area healed uneventfully. According to the CBCT at #26, Alveolar ridge increased horizontally by 4.3mm until the 5 months post-op. Histology shows new trabecular bone (NB) formation on the surface of the bone substitute material(BSM). The formation of so-called hybrid-bone by integration of bone substitute material (BSM) granules into NB is clearly visible. Blood vessel formation within the connective tissue is demonstrated, indicating profound vascularization of the augmented area. There is neither pathological cell infiltration, nor foreign-body multinucleated giant cells inside the tissues. Histomorphometry revealed an estimated ratio of 20% NB formation, 30% BSM and 50% soft tissue components.

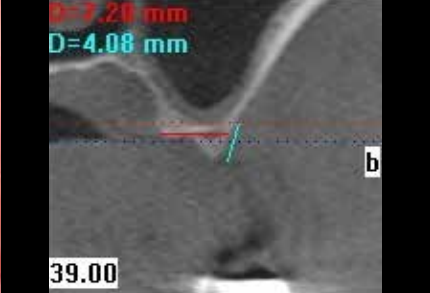
Case Summary



1. Pre-operative image. Edentulous site at #26.



2. Pre-operative image. Edentulous site at #26.



3. Pre-operative CBCT image. Horizontal and vertical alveolar ridge deficiency at #26.



4. Intra-1st operative image. 50-50% THE Graft™ particles(S size) and A-PRF chops are mixed, then soaked by liquid S-PRF.



5. Intra-1st operative image. 50-50% THE Graft™ particles(L size) and A-PRF chops are mixed and used into the sinus cavity.



6. Intra-1st operative image. Buccal flap advancement, lateral bony window preparation by piezo-surgical device.



7. Intra-1st operative image. Schneiderian-membrane elevation.



8. Intra-1st operative image. Placing A-PRF membrane on top of the elevated Schneiderian membrane.



9. Intra-1st operative panorama image. Placing the collagen membrane and fixation with titanium pins first on buccal side.



10. Intra-1st operative image. Replacing the lateral bony wall after filling the sinus with the composite graft material.



11. Intra-1st operative image. Adaptation of the sticky-bone.



12. Intra-1st operative image. Fixation of collagen membrane on the palatal side.

Case Summary



13. Intra-1st operative image. Covering the collagen membrane with a second layer of A-PRF membrane.



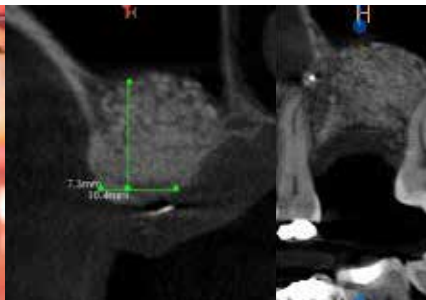
14. Intra-1st operative image. Suture.



15. Post-1st operative panorama image.



16. Post-1st operative image, 5 months clinical views



17. Post-1st operative image. The amount of newly bone is predicated.



18. Intra-2nd operative image. Flap elevation with palatal rotated technique. Note the favorable integration of the bone materials.



19. Intra-2nd operative image. Vertical biopsy from the osteotomy site for #26 in 6mm depth. Between #25 and #26 horizontal superficial biopsy is also harvested.



20. Intra-2nd operative image. Implant placement at #26.



21. Intra-2nd operative image. There is a new keratinized gingiva on the buccal aspect due to the rotated flap from the palatal side.



22. Post-2nd operative PA. image.



23. Post-2nd operative image. Suture removal after 1 week.



24. Post-2nd operative image, after 4 months.

Case Summary



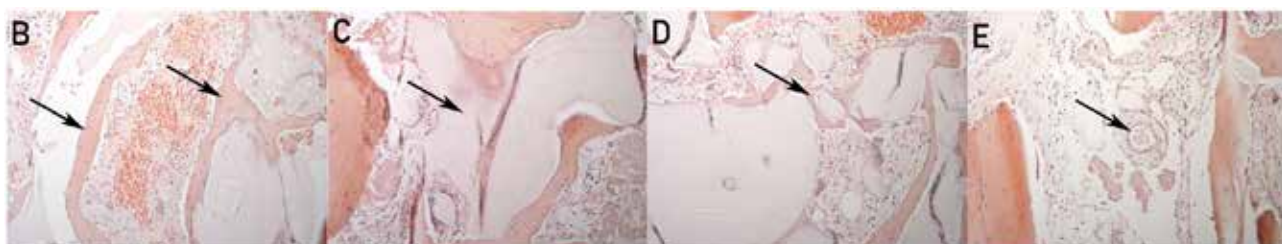
25. Post-2nd operative panorama image, 9 months after GBR. Before prosthesis delivery.



26. Final prosthesis, 9 months after GBR. Implant's emergence profile before delivery.



27. Final prosthesis.



28. (B) NB formation(x200), (C) Residual BSM(X200), (D) Hybrid bone formation(x200), (E) Vessel formation(x200)


Histology (harvested from the buccal side representing the lateral augmentation utilizing the "sticky bone") showed on the surface of the bone substitute material (BSM) new trabecular bone (NB) formation. The formation of so-called hybrid-bone by integration of BSM granules into NB is visible. Within connective tissue (CT) prominent blood vessel formation can be observed, indicating profound vascularization of the augmented area. No sign of inflammation and pathological lymphocyte infiltration. Histomorphometry revealed an estimated ratio of 20% of NB, 30% of BSM and 50% soft tissue components.

Regenerate bone and tissue vision


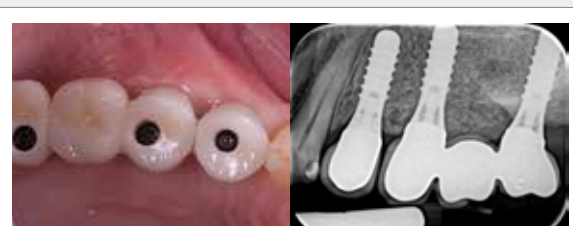


Dr. Spînu, Alexandru
Romania

Case Summary

| Nationality | Romanian | Age | Early sixties | Grafting Area  |
|-----------------|---|------------|------------------|--|
| Chief Complaint | 24, 26 were deciduous teeth. #24 was root resorption, #25, 27 were missing, #26 was fracture. | | | |
| Treatment Plan | 1. Vertical and horizontal augmentation. 2. Sinus lift augmentation. 3. Immediate and delayed implants placement. | | | |
| Materials | Category | Products | Method | Description of the method |
| | Bone graft | THE Graft™ | Used exclusively | - |
| | Membrane | BioCover | - | - |

Before and After

| Before | After |
|---|--|
|  <p>Horizontal and vertical bone deficiency.</p> |  <p>10 months after GBR, radiography in the same day with delivered final prosthesis. Implants are suffocated by the bone.</p> |

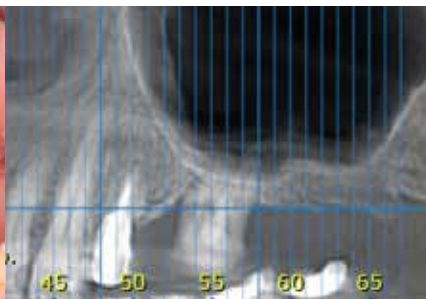
Conclusion

Surgical technique resulted in enough volume of bone for implant placement. No negative finding concerning material interaction with bone and soft tissue. NB formation is well stimulated by bone substitute material (BSM) by histological evaluation results.

Case Summary



1. Pre-operative image.



2. Pre-operative CBCT.



3. Intra-#24 operative image. Extraction deciduous teeth at #24, #26.



4. Intra-#24 operative image. #24 post-extractional immediate implant placement.



5. Intra-#24 operative image. #24 post-extractional immediate implant placement.



6. Intra-#24 operative image. Applied collar tape at #26, post-extractional site. #24 connected healing abutment.



7. Intra-#24 operative image. Primary closed suture.



8. Post-#24 operative image, 2 months after healing period.



9. Intra-#25, #27 operative image. Incision and flap elevation. Removed healing abutment. Implant drilling at #25, #27. External sinus lifting.



10. Intra-#25, #27 operative image. Implants placement at #25, #27. Sinus grafting at #26, #27 with THE Graft™.

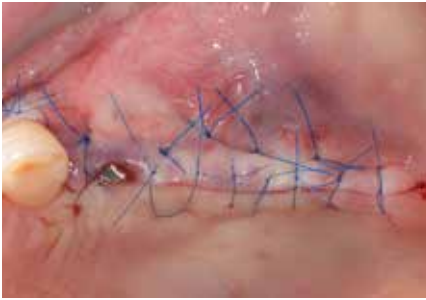


11. Intra-#25, #27 operative image. Connected healing abutments at #25, #27. Horizontal bone grafting at #24-27 with THE Graft™.

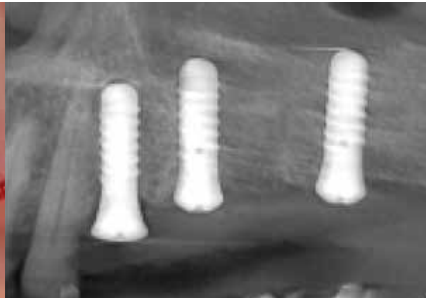


12. Intra-#25, #27 operative image. Covered with BioCover.

Case Summary



13. Intra-#25,# 27 operative image. Suture.



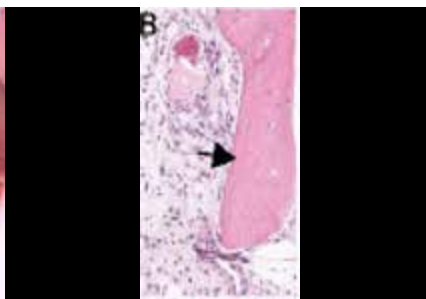
14. Post-operative CBCT.



15. Intra-2nd operative image, 4 months of healing period after GBR.



16. Intra-2nd operative image. Removed healing abutments and cover screw. 5 mm of bone piece was taken with trephine bur at #26 for histological analysis.



17. Histological analysis. New bone formation.



18. Intra-2nd operative image. Connected healing abutments and added GBR with THE Graft™ to protect bone architecture.



19. Intra-2nd operative image. Suture.



20. Post-2nd operative image, 8 months after GBR.



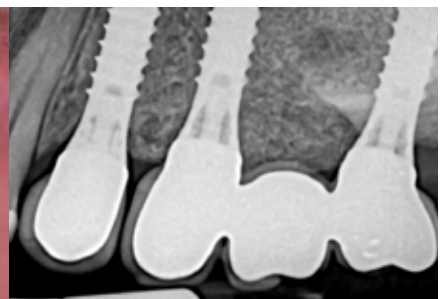
21. Post-2nd operative image, 8 months after GBR.



22. Final prosthesis image. Occlusal view.



23. Final prosthesis image. Buccal view.



24. Final prosthesis periapical image, 10 months after GBR.

Regenerative-mucogingival approach after implant removal in aesthetic zone



Dr. Montanari, Marco
Italy

Case Summary

| | | | | | |
|-----------------|---|------------|------------------|---------------------------|--|
| Nationality | French | Age | Mid-forties | Grafting Area | |
| Chief Complaint | I would like to improve the aesthetics of lower incisors. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. The treatment plan consists in the removal of the implant in position #31 because of the presence of soft tissue recession, bone dehiscence and lost of periodontal attachment on teeth #41 and #32. 2. After implant removal, a bone graft needs to be placed in order to maintain soft tissue and bone volume. 3. After a proper healing, a new implant (smaller than the previous) will be placed and a provisional restauration will be placed. 4. After 2 months final crown will be placed. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used exclusively | - | |
| | Membrane | BioCover | - | - | |

Before and After

| Before | After |
|---|--|
| <p>The patient shows the presence of an implant in position #31 with 5 mm of soft tissue recession.</p> | <p>6 months after implant placement.</p> |

Conclusion

The combination of regenerative and muco-gingival approach described in the present case report allowed to solve the aesthetic problem improving the periodontal attachment and increasing hard and soft tissue height and thickness.

Case Summary



1. Pre-operative image.



2. Pre-operative PA image. 3D examination shows the loss of the vestibular bone and confirms the vestibular inclination of the implant.



3. Intra-1st operative image. Remotion of the previous crown.



4. Intra-1st operative image. Flap design.



5. Intra-1st operative image. Implant removal.



6. Intra-1st operative image. Placement of THE Graft™ and BioCover on the vestibular side.



7. Intra-1st operative image. Suture and coronally advanced flap.



8. Intra-1st operative image. Placement of a temporary maryland bridge.



9. Post-1st operative panorama image.



10. Post-1st operative image.



11. Post-1st operative image, after 4 months of soft tissue healing.



12. Intra-2nd operative image. Bridge removal.

Case Summary



13. Intra-2nd operative image. Flap design.



14. Intra-2nd operative image. Flap elevation and muscle removal.



15. Intra-2nd operative image. EDTA gel application in order to remove smear layer and expose collagen fibers.



16. Intra-2nd operative image. Implant placement.



17. Intra-2nd operative image. Amelogenins application on the root surface in order to improve the CAL gain.



18. Intra-2nd operative image. Placement of THE Graft™ and BioCover.



19. Intra-2nd operative image. CTG placement (wall technique) to improve soft tissue height and thickness.



20. Intra-2nd operative image. Suture.



21. Post-2nd operative image, healing after 2 weeks.



22. Post-2nd operative PA. image.



23. Final prosthesis.

Horizontal defect treatment: Guided bone regeneration and connective tissue graft



Dr. Savion, Ariel
Israel

Case Summary

| | | | | | |
|-----------------|---|------------|---------------------|---|--|
| Nationality | Israeli | Age | Early fifties | Grafting Area | |
| Chief Complaint | My gums hurt on the lower right side after three attempts with three different doctors. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> GBR op: implant removal #46, horizontal augmentation with THE Graft, PRF, CTG, laser PBM. Implant op (4 months after horizontal augmentation): Implant placement, horizontal augmentation with THE Graft™, immediate loading without occlusal contacts. Final prosthesis (3 months after implant placement) | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used in combination | Bone particles mixed with PRF to create sticky bone (bone block). | |

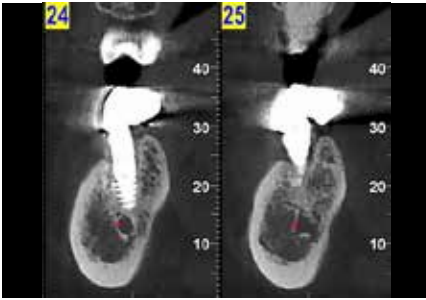
Before and After

| Before | After |
|---|--|
| <p>Peri-implantitis #46 with incorrect implant positioning, deep implant insertion, and a lack of hard and soft tissue.</p> | <p>6-month follow-up X-ray after THE Graft™ augmentation with conical implant insertion and a screw-retained zirconia crown.</p> |

Conclusion

The use of THE Graft™ (porcine-derived bone) in bone grafting combine with PRF without membrane, provides a good and predictable outcome, preserving bone volume and achieving a satisfactory functional and aesthetic result.

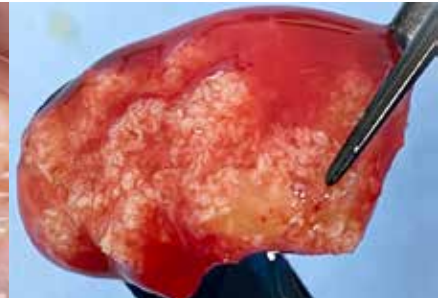
Case Summary



1. Pre-operative CBCT image. CBCT prior to surgery showing buccal bone dehiscence.



2. Pre-operative image. Clinical evaluation reveals incorrect implant position, lack of keratinized tissue, and the patient complaining of pain and bleeding.



3. Intra-1st operative image. Application of sticky bone (THE Graft™ + PRF).



4. Intra-1st operative image. Connective tissue graft and sutured.



5. Post-1st operative image. 3 months healing period. Buccal view.



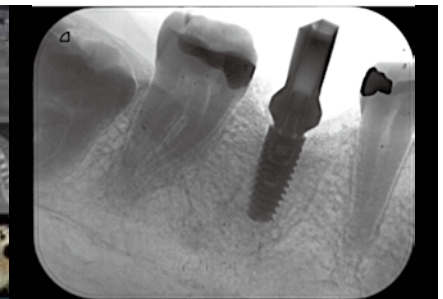
6. Post-1st operative image. Occlusal view prior to implant placement.



7. Post-1st operative image. Surgical guide planning.



8. Intra-2nd operative CBCT image.



9. Post-2nd operative P.A. image. End of surgery, periapical X-ray, with new bone.



10. Post-2nd operative image, 3 months after implant placement.



11. Post-2nd operative image. Buccal view with keratinized tissue.



12. Post-2nd operative image. Occlusal view with composite temporary screw-retained crown.

Case Summary



13. Post-2nd operative image. Color shade selection.



14. Final prosthesis. Screw-retained zirconia crown cemented on T-base.



15. Final prosthesis. Emergence profile with remaining bone particles.



16. Final prosthesis. Occlusal view with final screw-retained crown.



17. Final prosthesis. Buccal view in occlusion.



18. Final prosthesis P.A. image.

Horizontal, vertical alveolar ridge augmentation, using Ti reinforced PTFE membrane



Dr. Vatenas, Imantas
Lithuania

Case Summary

| | | | | | |
|-----------------|---|------------|--------------------|---|--|
| Nationality | Lithuanian | Age | Early fifties | Grafting Area | |
| Chief Complaint | Persistent inflammation in the dental implant area #45, #46. | | | | |
| Treatment Plan | <ol style="list-style-type: none"> 1. Removal of old dental implants in area #45, #46. 2. Vertical and horizontal reconstruction of the alveolar ridge in the area #45, #46, using Ti reinforced PTFE membrane. 3. Replantation of the teeth #45, #46. 4. Prosthetic rehabilitation of the dental implants. | | | | |
| Materials | Category | Products | Method | Description of the method | |
| | Bone graft | THE Graft™ | Used exclusively | - | |
| | Membrane | OpenTex-TR | Fixation with pins | Ti reinforced PTFE membrane formed and fixed to the bone with pins. | |

Before and After

| Before | After |
|--|--|
| <p>Vertical and horizontal bone loss due to chronic peri-implantitis in area #45, #46.</p> | <p>Vertical and horizontal bone augmentation was achieved, after removal of old dental implants in area #45, #46. New dental implants placed in this area and rehabilitated.</p> |

Conclusion

Using only Xenograft THE Graft# and Ti reinforced PTFE membrane can be considered as a treatment option for the horizontal and vertical alveolar ridge augmentation in the low jaw, posterior region.

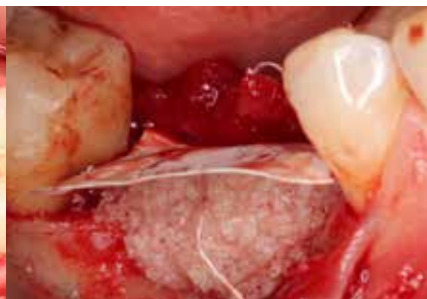
Case Summary



1. Pre-operative panorama image.



2. Intra-1st operative image. Old dental implants, in reg. #45, #46 were removed.



3. Intra-1st operative image. The bone defect was filled with THE Graft™.



4. Intra-1st operative image. THE Graft™ covered with Ti reinforced PTFE membrane.



5. Intra-1st operative image. The wound sutured with PTFE sutures. Primary closure.



6. Post-1st operative image. Two weeks after sutures were removed.



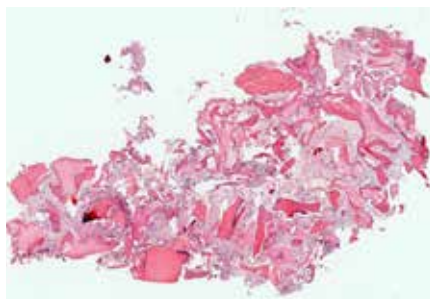
7. Post-1st operative image. The wound 3 months after the surgery.



8. Post-1st operative panorama image, 3 months after GBR.



9. Intra-2nd operative image. Bone augmentation site 3 months after the surgery.



10. Augmented site histology. 3 months after the surgery.



11. Intra-2nd operative panorama image. Dental implants inserted.



12. Intra-2nd operative image. The second surgery wound sutured.

Case Summary



13. Post-2nd operative image, 6 months after the first surgery.



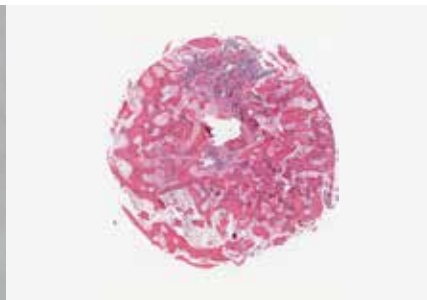
14. Implantation, 6 months after the bone augmentation.



15. Implantation, after 6 months. Second time the histology samples were taken.



16. Implantation. Bone samples for the histology evaluation.



17. Histological analysis, 6 months after bone augmentation.



18. Implantation. Healing abutments fixed to the dental implants.



19. Post-operative image. Two weeks after the healing abutments were placed. Sutures removed.



20. Post-operative image. Dental implants scanned, using dental implants scan bodies.



21. Final prosthesis. Full zirconium crowns delivered.



22. Final prosthesis CBCT image, 6 months after the bone augmentation.



23. Final prosthesis panorama image.



Author



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- DDS
- Oral Surgeon , private practice
- Co director of bone graft post graduated diploma of Nice, France
- Oral and maxillofacial surgery service, Head and Neck University Institute, Nice
- Former resident in oral surgery



Dr. Cosmin, Dima

Private practice at Dental Progress Clinic, Bucharest, Romania

- DMD, PhD Certified implantologist
- Vice president of CMSB
- Certified expert at dentalxp.com
- In 2020 he received the Lifetime achievement award "A World's Top 100 doctor in dentistry" accredited by the Global Summit Institute.
- Co-founder and educational director of the DDSR (digital dentistry society in Romania)
- Dr. Dima invented two surgical techniques, "Snake" Technique and PMT(periosteal membrane technique) both of them with excellent results in bone and soft tissue augmentation.



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- Doctor of Dental Surgery
- Graduated from Nice University and Georgia Health Sciences University (Augusta, USA)
- Certificate of Specialization in Oral Medicine and Surgery
- Master Degree in Anatomy and Anthropology
- International Post-Graduate of Reconstructive Surgery of Periodontal and Peri-implant Tissues
- Former Assistant Professor
- Teacher and Practitioner in Oral Surgery and Implantology at Nice University and Nice Public Hospital
- Private practice in Saint-Raphaël (Var, France)



Dr. Lapa Bessa, Luís

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- Dental Medicine ISCSN – CESPU
- Specialty in Oral and Maxillofacial Surgery, Federal University of Rio Janeiro
- Postgraduate in Orthognathic Surgery, Federal University of Rio de Janeiro



Dr. Montanari, Marco

Private practice in Forlì (Italy)

- 2005 Graduated in Dentistry;
- 2009 PhD in Dentistry for Special Care with a thesis on implant-prosthetic rehabilitation of children with Ectodermal Dysplasia;
- 2019 International master in Periodontology
- Author of several papers and books on implantology and prosthetics
- Adjunct professor at University of Ferrara and Modena-Reggio.



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- D.M.D., Semmelweis University, Faculty of Dentistry, Budapest, Hungary, 2003-2008 /Summa cum laude
- Periodontology specialty training /Department of Periodontology, Semmelweis University, 2008-2013
- Oral implantology specialty training /Department of Periodontology, Semmelweis University, 2019
- PhD title /Doctor's School, Semmelweis University, 2021/
- Senior lecturer /Department of Periodontology, Semmelweis University
- Private practice (Differential Private Dental Office)



Dr. Savion, Ariel

Private practice, Tel Aviv, Israel

- Specialize in Laser dentistry & surgery, Microscopic surgery & oral Implantology and dental esthetics
- Board Certified Diplomate in Oral Implantology - ICOI, USA, 2017
- Master of Science in laser assisted dentistry; Aachen, Germany, 2020
- Mastership certificate in laser dentistry - WCLI, USA 2021.
- Master of Science in oral implantology; Frankfurt, Germany, 2022
- Founder of "master_ implant" study club
- Serves as a Key Opinion Leader (KOL) for various companies and is an active national and international keynote speaker



Dr. Spînu, Alexandru

Spinu Dental Clinic, Oradea, Romania

- Senior specialist in Oral Surgery
- Competence in Oral Implantology
- Trainer and speaker in Oral Implantology
- Trainer at Spinu Learning Centre Oradea
- Private practice at Spinu Dental Clinic Oradea, Romania
- 2001-2007 Faculty of Dentistry Oradea
- 2007-2008 Competence in Oral Implantology Bucharest
- 2009-2011 Residency in Oral Surgery at Oral and Maxillofacial Hospital Timisoara
- 2012 - Specialist degree in Oral Surgery – Timisoara
- 2022 - Senior Specialist degree in Oral Surgery – Cluj-Napoca



Dr. Stehling, Philip

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- Owner of a Dental Practice for Implantology and Oral Surgery in Neumünster
- Graduated from dental school at the Christian Albrechts University in Kiel in 2011
- Founded a dental practice for implantology and oral surgery in the old Holsten brewery in 2019
- Certified implantologist by the German Society for Implantology (DGI)
- Member of the German Society for Implantology (DGI)
- Member of the German Society for Dentistry, Oral and Maxillofacial Medicine (DGZMK)



Dr. Surmenian, Jérôme

Private implantology practice, Nice, France

- Graduated Dental School in Nice, France
- Master of Science degree in Oral Biology in Boston University and Certificate of Advanced Graduate Study in Periodontology and Implantology from Boston University, USA
- Instructor at Surmenian Institute, teaching predictable bone augmentation protocols



Dr. Vatenas, Imantas

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- Oral surgeon
- Since 2008, Working In "Oral implantology clinic of Siauliai" Siauliai, Lithuania
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