

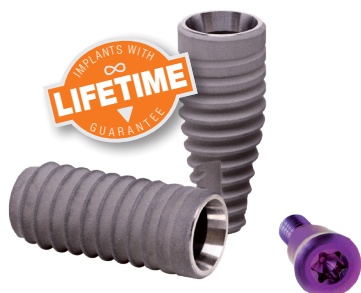


## AUTHOR



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**OKTAGON®**  
BONE LEVEL  
IMPLANTS



## Treatment with an OKTAGON® BONE LEVEL (BLT RC) Implant

### CASE OKTAGON

#### INTRODUCTION

The anterior maxillary area, is usually the most challenging implant treatment especially in post extractive case. The major risks are surgical and prosthetic both, such as: lack of implant stability, vestibular recession and prosthetic failure the aesthetic area.

The goal is represented by the success of integration in the early period and prosthetic success in early phase of the treatment and in medium and long term follow up.

The current case describes a treatment of: a single anterior maxillary (incisor) post extractive implant management, with an OKTAGON® BONE LEVEL TAPERED RC (Regular Connect) and prosthetic rehabilitation.

#### DIAGNOSTICS & THERAPY

##### Medical history & expectation

The patient is a non-smoker male, 62 years old; general medical history of good health, no history of chronic inflammatory disease, ASA II.

The patient came to our clinic for taking into account the replacement of a failure endo-prosthetic rehabilitation of upper central left incisor. (fig. 1 A-B)

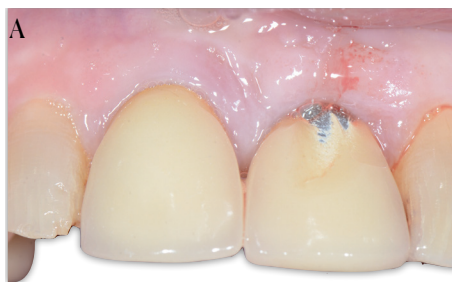


Fig. 1A

Intraoral photograph before operation

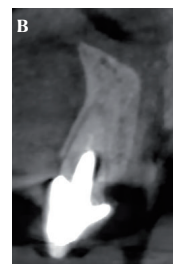


Fig. 1B

Radiographic examination before surgery

**PLANNING**

It is quite common to come across failing teeth in the aesthetic area, where the patient often demands high aesthetic and faster rehabilitation.

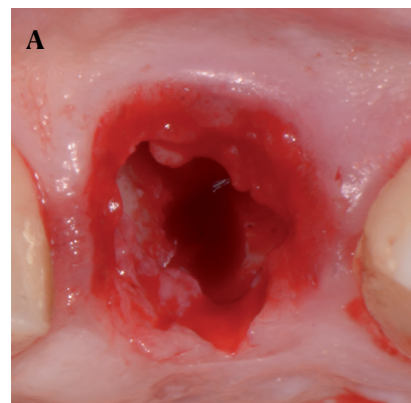
The diagnosis and treatment planning are the key-factors in achieving the successful outcomes after placing and restoring implant placed immediately after tooth extraction. (fig. 2)

Image examination	Immediate implant with GBR procedure (one-stage operation and provisional restoration)	14 days follow up	6 months follow up (Scanning)	Zirconia all ceramics crown (screw retained)	one year follow up aesthetic and functional stability
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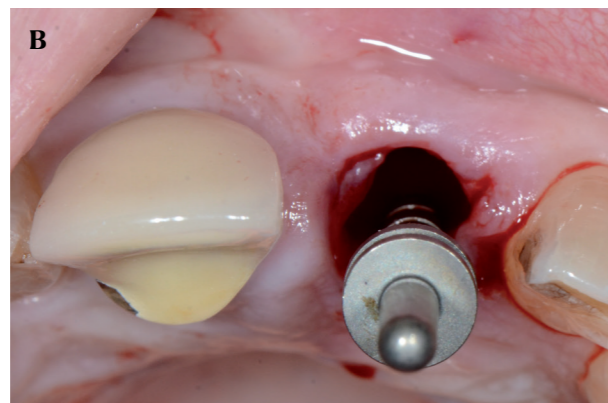


**SURGICAL STEP**

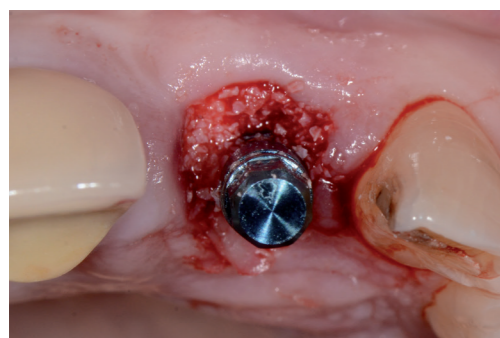
In this clinical case, a fractured upper central incisor was replaced by an immediate implant OKTAGON® (BLT Ø 4.1 L12 mm), and the perimetrical area was filled in with bioactive resorbable bone forming materials of plant origin (AlgOss) blended with platelet-rich fibrin (PRF) in the form of sticky bone. (fig. 3-4)



**Fig. 3 A**  
Detail of the osteotomic preparation

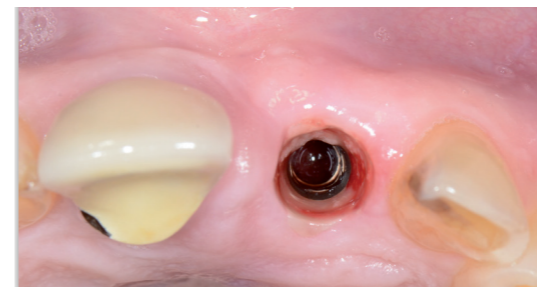


**Fig. 3 B**  
Emergence implant profile



**Fig. 4**  
Socket gap with radioactive resorbable bone forming materials of plant origin (AlgOss) blended with platelet-rich fibrin (PRF) in the form of sticky bone

The surgical key-factors of the treatment are: the palatal emergency of the implant (according with the prosthetic project) and, of course, the primary stability of the implant. (fig. 5A-B)



**Fig. 5 A**  
Clinical evaluation 48 h post op



**Fig. 5 B**  
Radiographic evaluation 48 h post op

Another mandatory factor in case of immediate implant placement and provisional rehabilitation, is the stability of the connection. No movement of the prosthetic component is allowed during the healing period.

The conical connection of the OKTAGON® system, is a solution widely studied in the literature, and the long-term data, unanimously suggested by the scientific community, confirm the validity of this solution. The immediate provisional tooth was loaded with the aim to guarantee the optimal maintenance of the soft tissue architecture and maintain during all the healing time. (fig. 6)



**Fig. 6 A**  
Provisional PMMA restoration



**Fig. 6 B**  
Front view provisional PMMA restoration

The use of sticky bone and L-PRF in immediate implant sites helps to prevent hard and soft-tissue collapse and may favor faster and sounder healing. After 6 months (fig. 7), the implant was connected to a Ti-Base and screw retained zirconia crown as final restoration. The facial and interdental soft tissue was maintained with appreciable success after 2 years.



**Fig. 7**  
Tissue compliance after provisional removal (6 months after surgery)

The pre-treatment and 2-year post-treatment computed tomography scans revealed marginal bone preservation (fig. 8)



**Fig. 8 A**

Definitive zirconia restoration

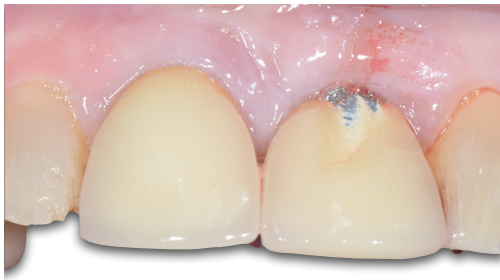


**Fig. 8 B**

CBCT control at 6 months

### AUTHOR CONSIDERATION

An OKTAGON® BONE LEVEL TAPERED RC (Regular Connect) implant was inserted at the time of the extraction and later restored with a screw retained zirconia crown. (fig. 9)



**Fig. 9 A**

Clinical situation at T0

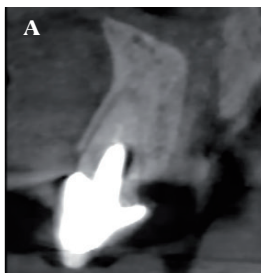


**Fig. 9 B**

Clinical situation at 12 months

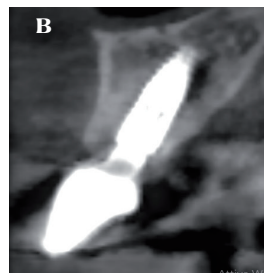
The respect of surgical protocol is crucial to obtain primary stability and the correct tridimensional position: mesio-distal, buccal-palatal and vertical; mandatory for the prosthetic reason too. This allowed the correct development of the biological periimplant width which guarantees biological and aesthetic stability.

The radiographic images, immediate and delayed, show the perfect maintenance of the crestal bone without any periimplant resorption and the complete healing of the alveolar socket without any collapse of the buccal bone plate. (fig. 10)



**Fig.10 A**

Radiographic evaluation at T0



**Fig.10 B**

CBCT control at 2 years



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