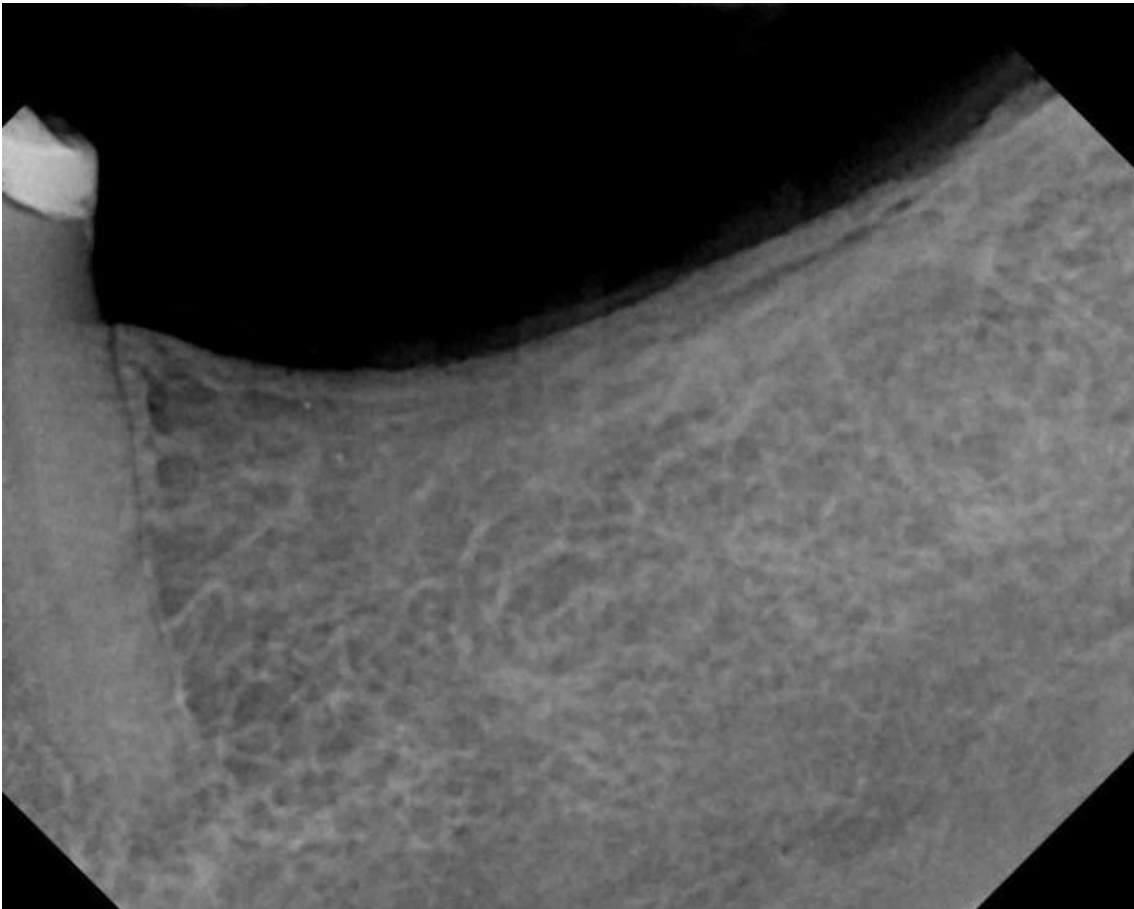




More BioDensification™ Cases

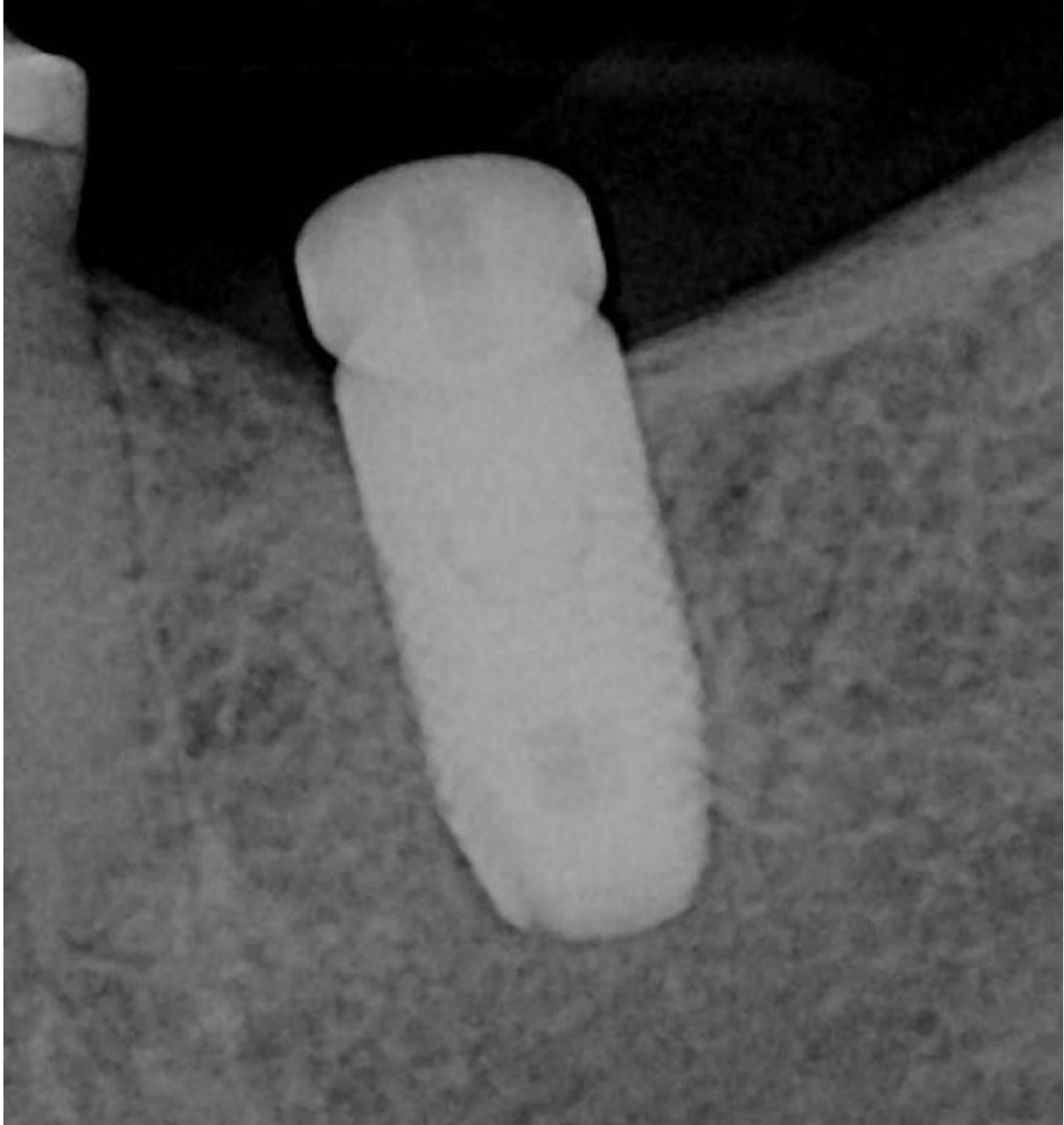
BioDensification™ is a cost effective way to solve some of your common implant problems. This graft material is designed to improve bone health and facilitate implant integration. In the following case, the patient presents very poor mineralization. Years prior, the tooth was extracted without socket grafting. Whenever you can radiographically see a radiopaque crest with radiolucent bone beneath the crest, you can plan on experiencing very poor bone when placing an implant with a lack of primary stability.

CASE 1



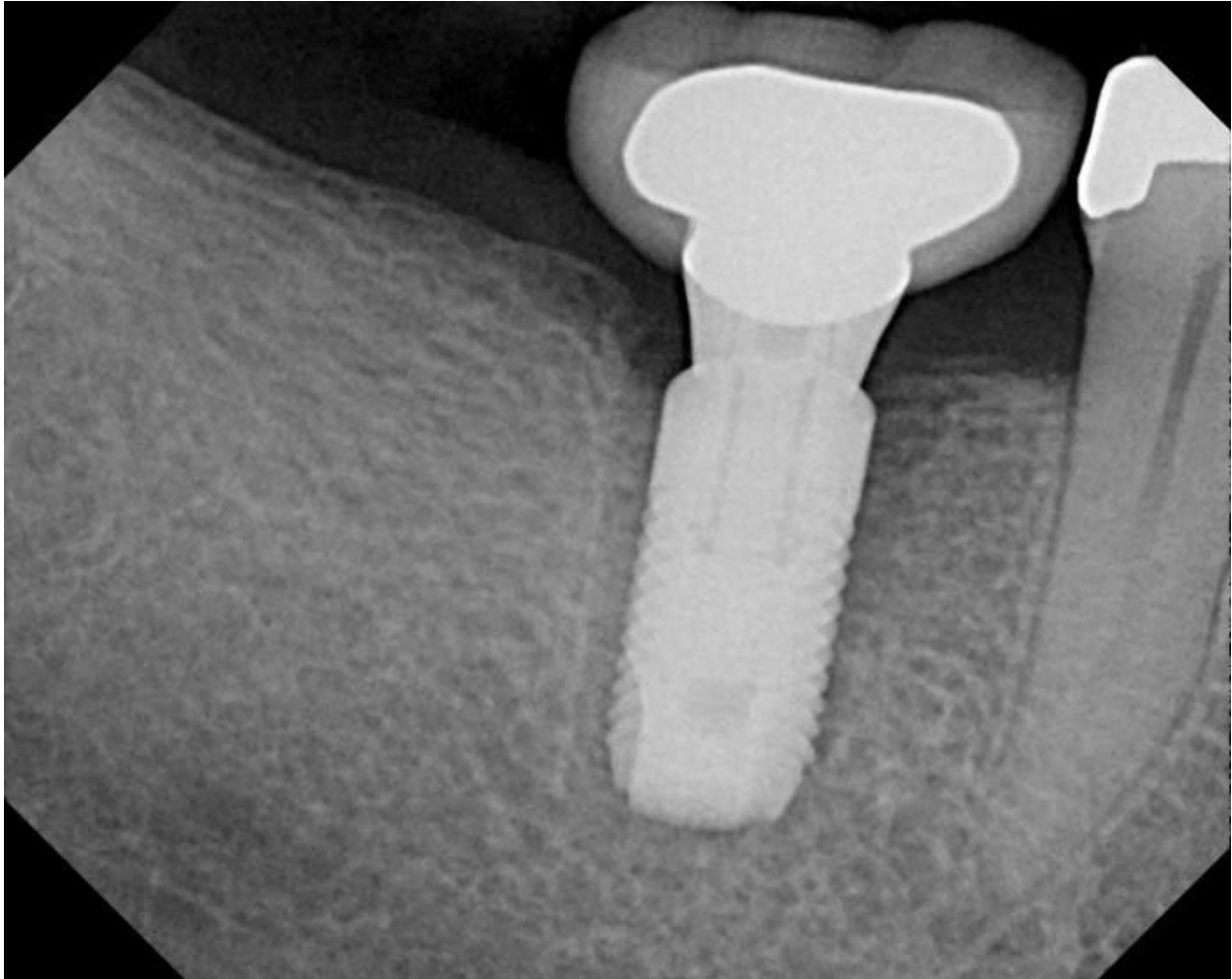
In a similar case, the patient presented with significant radiolucency and poor trabecular bone in the area of the first molar.

In this radiograph, a thick crestal bone indicates very poor mineralization in the body of the mandible. Thickening of the crestal bone is compensation for poor mineralization in the trabecular bone. After penetrating the crest, no resistance to drilling was found. BioDensification was placed into the osteotomy prior to implant placement.

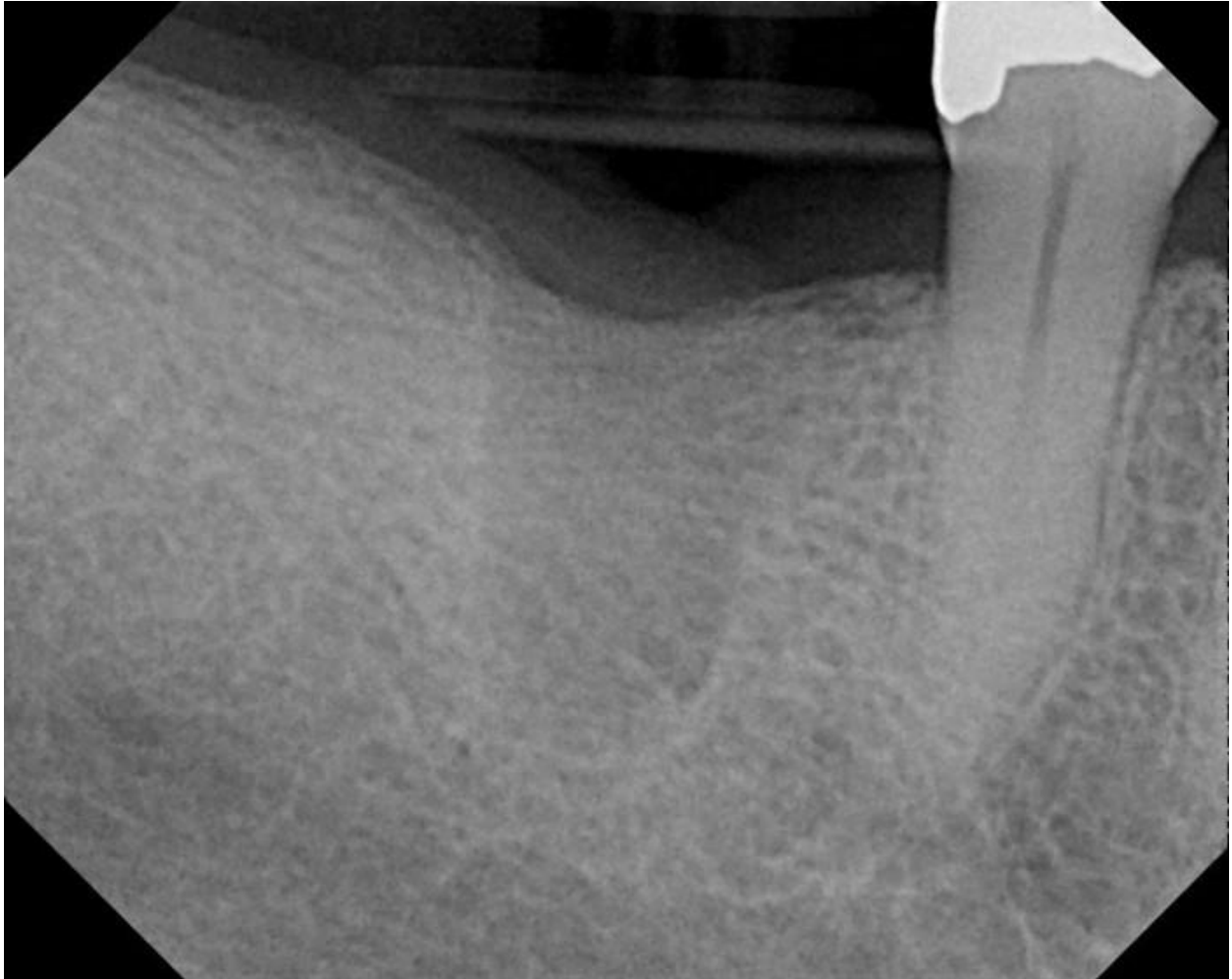


At the healing abutment appointment the implant is integrated and the surrounding bone has increased in mineralization. Over time the crest will resorb as the body of the mandible regains its trabecular integrity and strength.

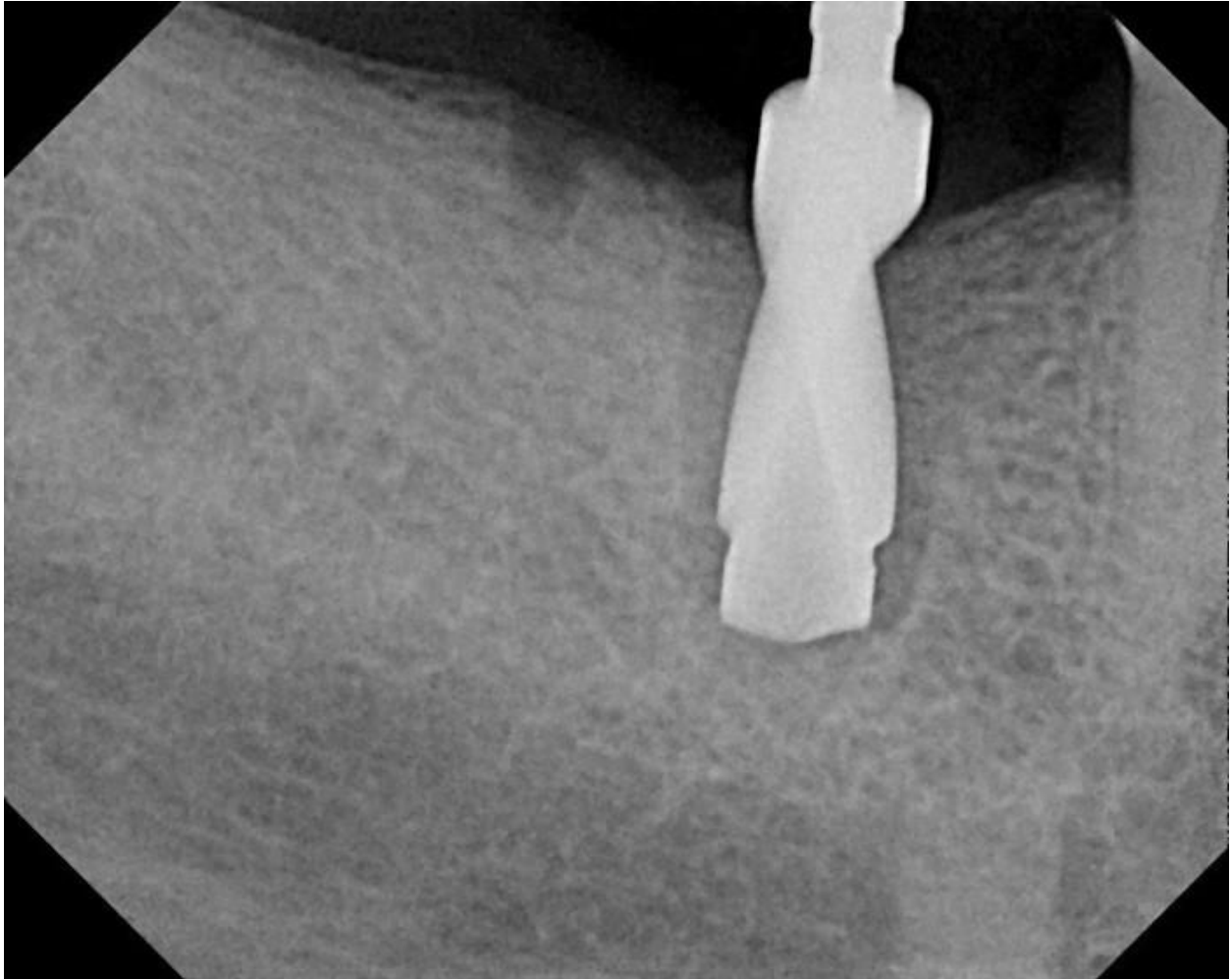
CASE 2: Spinner



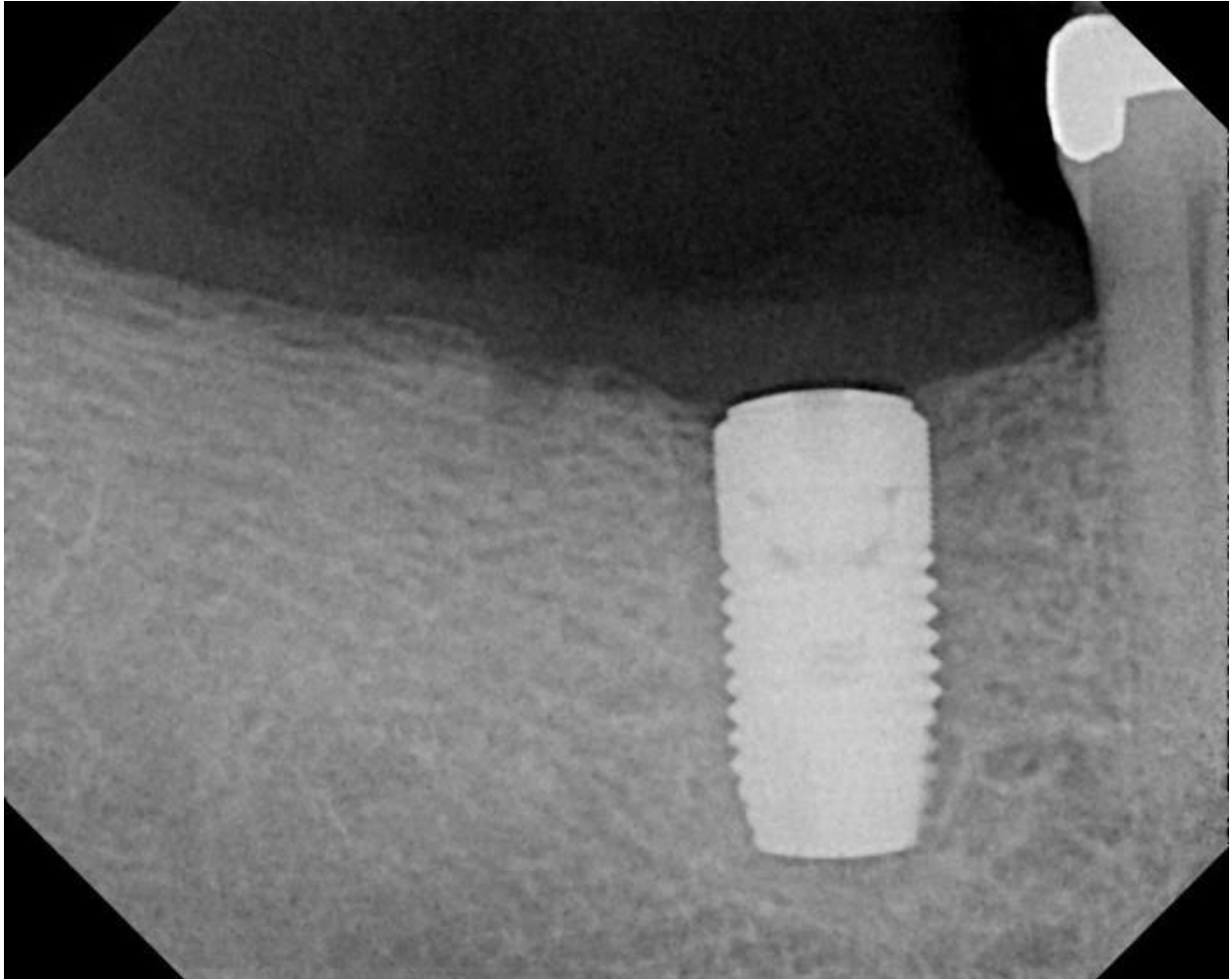
In this case, an implant was in place for a number of years until #31 was extracted. Immediately after the extraction, the patient reported pain when chewing on the implant. This patient avoided chewing on this tooth until it became increasingly painful. It is assumed that when #31 was removed the dentist elevated against #30 and integration failed.



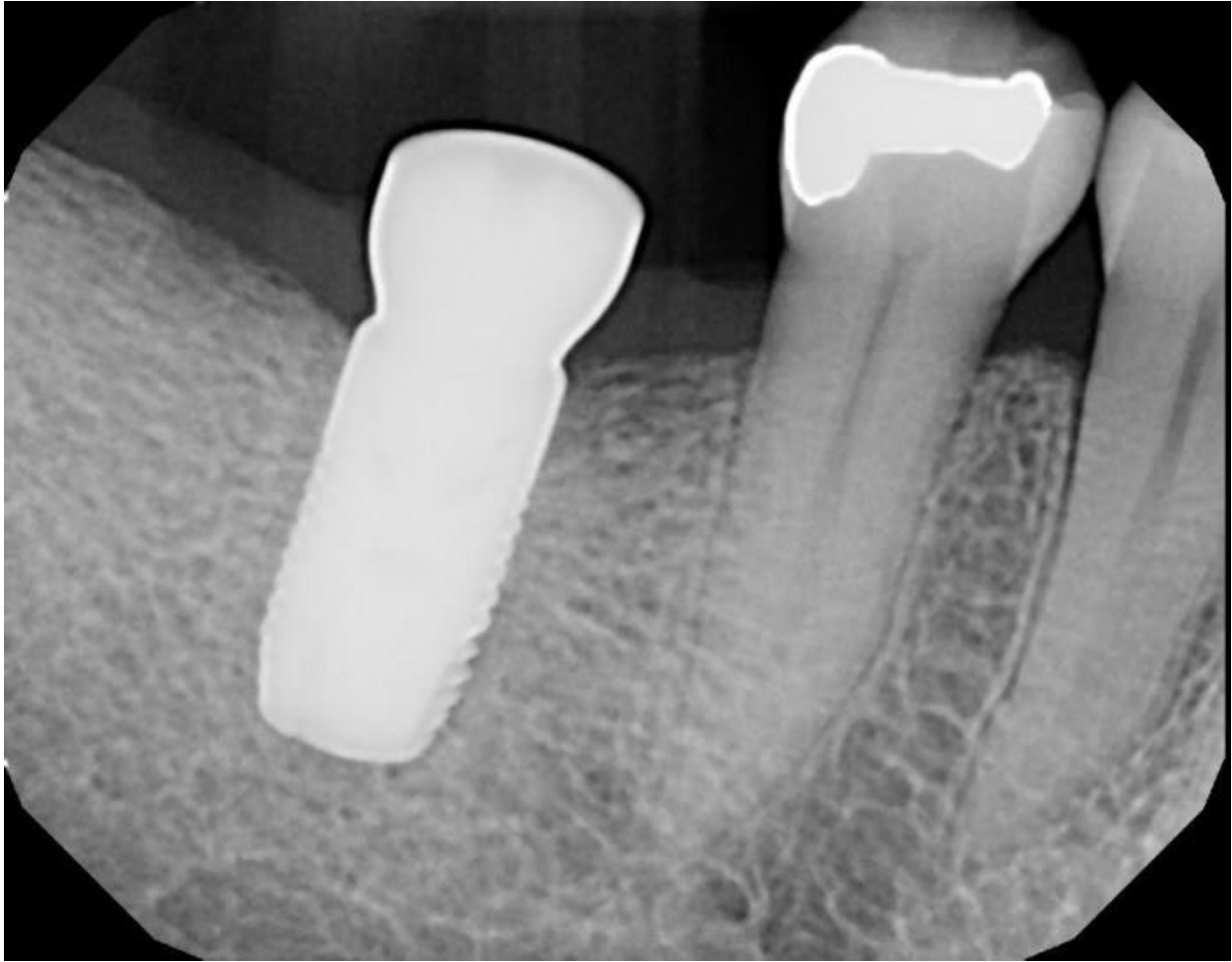
The implant was removed and the site was grafted with Socket Graft™. However, after two months the site was opened to replace the implant and granulation tissue was found in the socket.



The largest implant drill failed to prepare to reach the walls of the bone.



The implant failed to obtain primary stability and was unable to engage bone. The osteotomy was filled with BioDensification™ and the implant was placed into the grafted socket.



Post Op, 11 weeks after implant placement. Notice the trabecular bone growth throughout when compared to the previous radiograph. This implant is now integrated in healthy, normal, and vital bone.