denture.

After three months of uneventful healing (Fig. 4), Stage 1 implant placement was initiated.

#9 fixture placement and connective tissue graft

After oral sedation with 0.25 mg triazolam and local anesthetic induction using 2 percent lidocaine with 1:100,000 epinephrine and 0.5 percent bupivacaine with 1:200,000 epinephrine, a flap was created using a trapezoidal papilla-sparing incision design that involved a palatally oriented crestal incision over the #9 site with two vertical releasing incisions made on the buccal, both avoiding the mesial and distal papillae.

A full-thickness flap was raised past the mucogingival junction. Degranulation of the site with a pear-shaped carbide finishing bur and Neumeyer bur revealed adequate apico-coronal, bucco-lingual and mesio-distal dimensions for implant placement.

After osteotomy preparation, a rough-surfaced, internal hex 4 mm (diameter) by 13 mm (length) implant was placed into the filled site (NanoTite® Parallel Walled Certain® Implant, BIOMET 3i, Palm Beach Gardens, Fla.) (Fig. 5).

Primary stability was achieved, and a cover screw was placed.

In order to form an esthetic soft-tissue profile by expanding mucosal dimensions, a connective tissue graft was harvested from the palate and placed on the buccal aspect of the ridge overlying the implant. The graft was stabilized using 5-0 chromic gut sutures (Fig. 6).

After perosteal release via lateral scalpel incisions, the flap was primarily closed with 4-0 ePTFE sutures in an interrupted and horizontal mattress fashion (Fig. 7). The area was re-temporized with a resin-bonded fixed partial denture.

Implant exposure with connective tissue graft

The #9 site healed well and without incident after three months (Fig. 8). After using a tissue punch technique to remove the mucosa immediately coronal to the fixture (Fig. 9), a one-piece 4.1 mm (platform) by 5 mm (emergence profile) by 4 mm...