is adequate to melt the outer polymeric core, histologic evaluation has shown no damage to the receiving bony structures. For this case, local anesthetic was administered and removal of the temporary prosthesis was performed to allow access to the site through a traditional full-thickness mucoperiosteal flap on the buccal. Using rotary instruments, an aggressive slot preparation was created in the deficient first premolar site for receiving the block bone graft (Fig. 3).

Following rehydration of the graft and application of platelet-rich plasma, the graft was inserted into the recipient preparation. To eliminate movement of the graft during integration, dual-point fixation was utilized from the graft into the host bone. Two 2.1 x 11 mm SonicPin Rx’s were placed using the SonicWeld Rx protocol (Fig. 4).

Once the block graft was stabilized, particulated allogenic bone, rehydrated around the periphery of the site and the entire area was covered with an acellular dermal-matrix graft (Fig. 5).

The dermal matrix, rehydrated with platelet-rich plasma, was utilized for graft containment and augmentation of the overlying gingiva. Complete and passive site closure was obtained using a combination of 4.0 PTFE and 6.0 polypropylene sutures (Fig. 6). A traditional post-surgical protocol was followed for seven days consisting of anti-inflammatory and antibiotic agents, with the patient being instructed not to masticate in the area.

Following four months of uneventful healing (Fig. 7, 8), the site was re-entered for implant placement. At this time, the block bone graft was clinically well-integrated with the host bone and no signs of mobility were detected (Fig. 9). Minimal access was necessary at the re-entry as the fixation pins did not have to be removed. An implant osteotomy was prepared to receive a 3.8 x 12 mm BioHorizons® Tapered Internal Hex Implant with the Laser-Lok® surface (Fig. 10).

Following insertion, the cover screw was placed, the site was closed with absorbable suture, and the temporary restoration was replaced. After an additional four months to allow for proper implant integration, the healing abutment was placed, and the final restoration was fabricated. The SonicPin Rx system was chosen for fixation in the case to eliminate the need for a subsequent site reentry for screw retrieval. It stays strong while the bone heals, then it loses strength and resorbs, which results in less risk and more benefit for both the patient and the dentist.

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