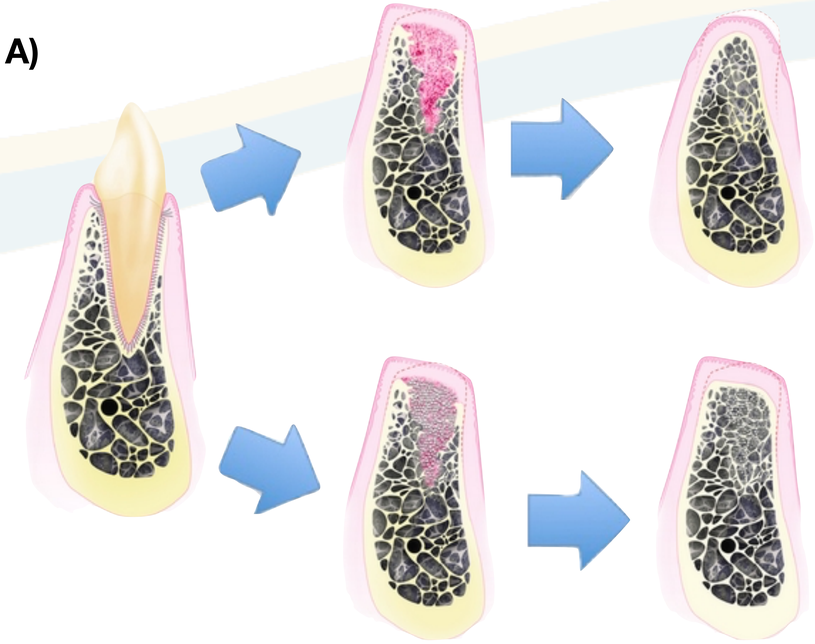
Socket Shield Technique and Immediate Implant Placement: A Case Report

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Introduction: After a tooth extraction the alveolar ridge dimensionally gets reduced and the soft tissues collapse. Preserving the root's buccal portion followed by an immediate implant placement promotes: the conservation of buccal bone wall thickness, soft tissues stability, better vascularity and morbidity reduction during and post-surgery.

A)



A) Pagni G, Pellegrini G, V. Giannobile W, Rasperini G. (2012). Healing of the extraction socket with and without socket grafting. URL: https://www.hindawi.com/journals/ijd/2012/151030/

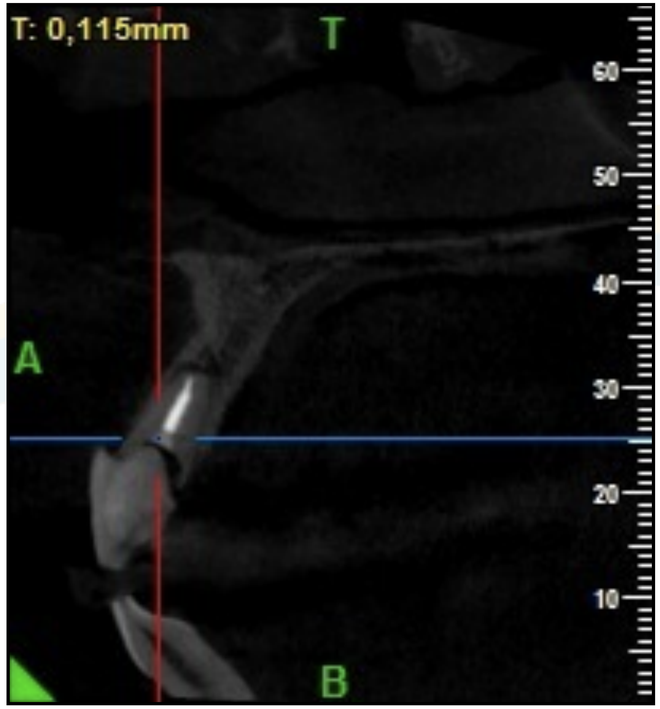
Method: A 26-year-old male patient came to appointment with a non-restorable upper left incisor indicated for extraction. For economic factors it was decided to decoronate the tooth, seal the root with resin composite and leave it submerged to keep away the collapse of the buccal bone plate with the intention of intervene it surgically by a socket shield technique in a future. Meanwhile a fixed temporary restoration was placed.

Two months later it was required a cone-beam computerized tomography which showed a thin buccal bone plate around the root, an inadequate root canal treatment but correctly sealed and a previous minimal apical pathology.





D)

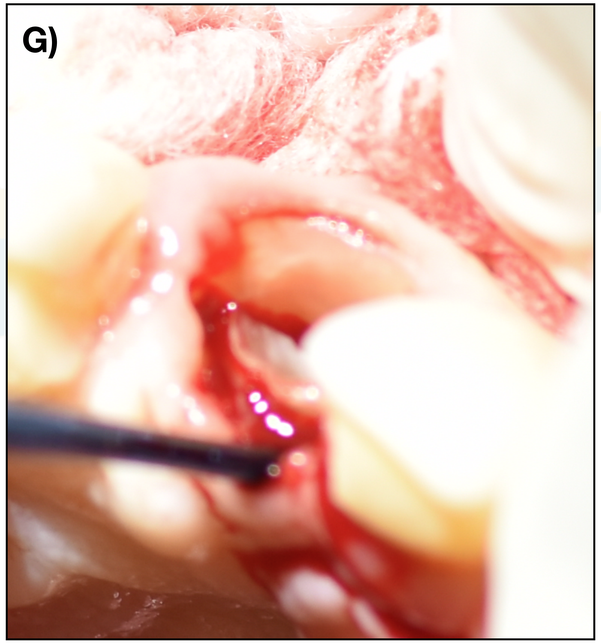


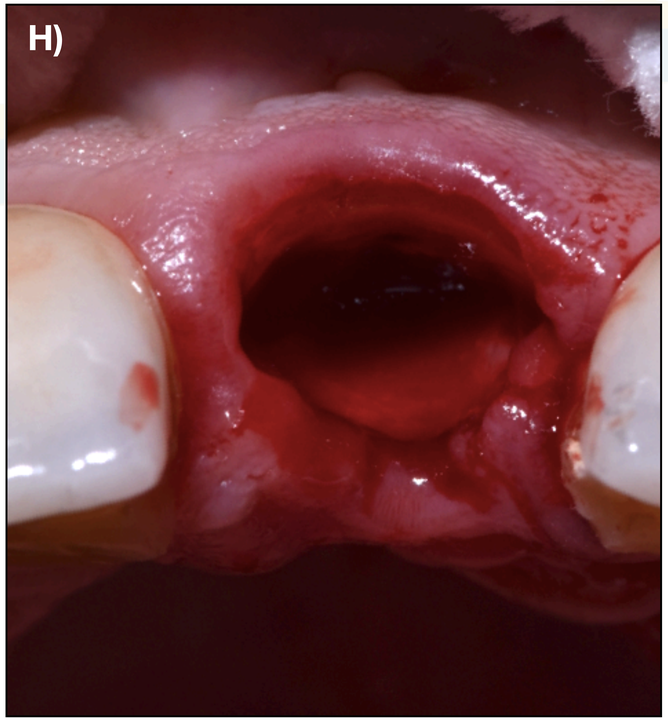
B) Initial clinical situation of the upper left incisor; **C)** Clinical condition after restorations were changed and a maryland brigde was colocated on the submerged root of the upper left incisor; **D)** Cone-beam computerized tomography of the upper left incisor.

Results: The mesiodistal hemisection was performed with a fissure bur dividing the root into a buccal and palatal portion. The palatal portion was atraumatically removed, leaving 2 mm width of buccal portion. The coronal margin of the root portion was approximately 2 mm apical to the gingival margin with a chamfer termination line. The apical portion of the alveolus was curettage and well washed with saline solution until there were no remaining materials, root debris or any pathological tissue.







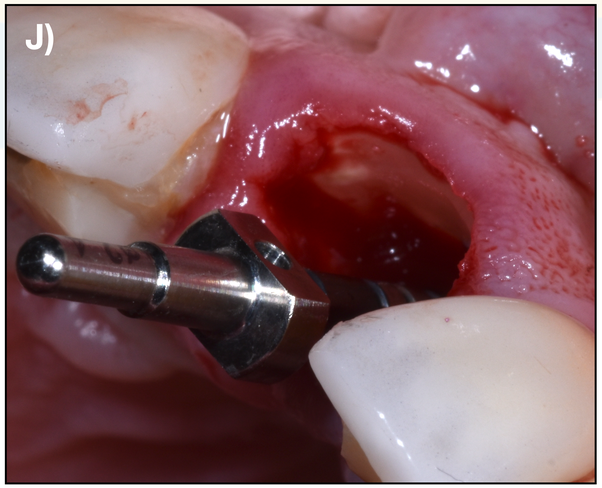


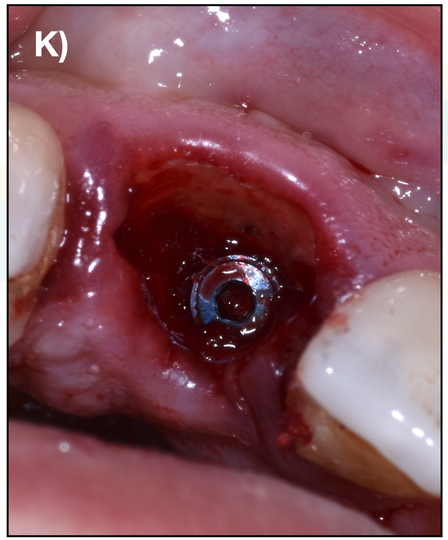
E) Clinical situation of the upper left incisor without maryland bridge; **F)** Mesiodistal hemisection performed with a fissure bur; **G)** Atraumatical removing of the palatal root portion; **H)** 2mm width vestibular root portion with a chamfer termination line.

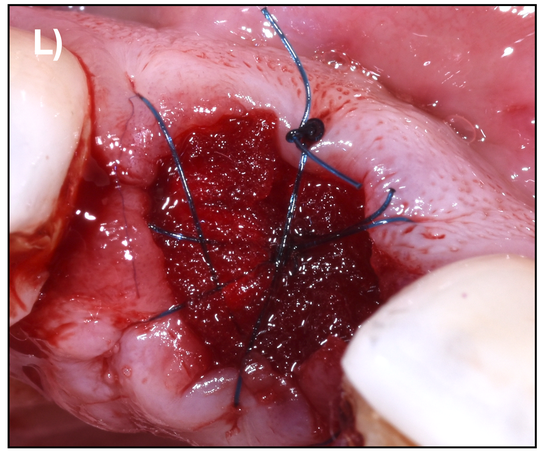
The implant was placed but the primary stability wasn't the best so it was decided to put the cover screw on the implant and covered it with collagen sponges. Finally, a removable temporary restoration was used for provisionalization. It was adapted without contacts in centric occlusion and extrusive movements. 3 weeks followed up the patient didn't show clinical symptoms and there were no dimensional changes of soft and hard tissues reported.











I) Implant drilling sequence; **J)** Placement of a paralleling pin to check angulation of the implant; **K)** 2mm Subcrestal implant placement; **L)** Immediate post surgical situation.

Conclusion: The socket shield technique indicates to be a minimal invasive procedure that achieve an adequate function and aesthetics of tissues around an implant, being an option for aesthetically critical cases, provides less morbidity for the patient and allows to avoid resorption of buccal bone plate.





M) 3 weeks followed up after intervention, showed no clinical symptoms and there were no dimensional changes of soft and hard tissues reported.