

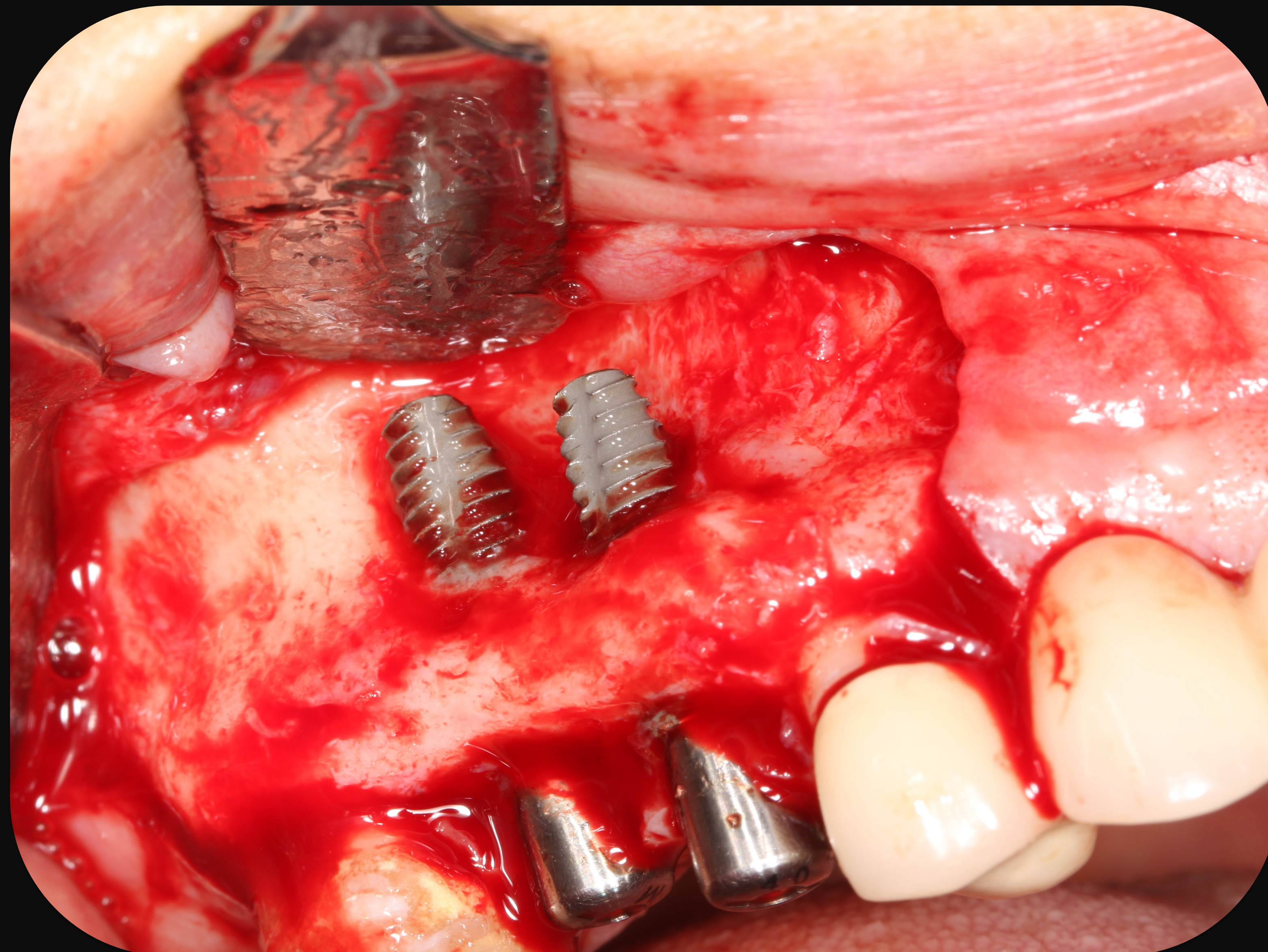
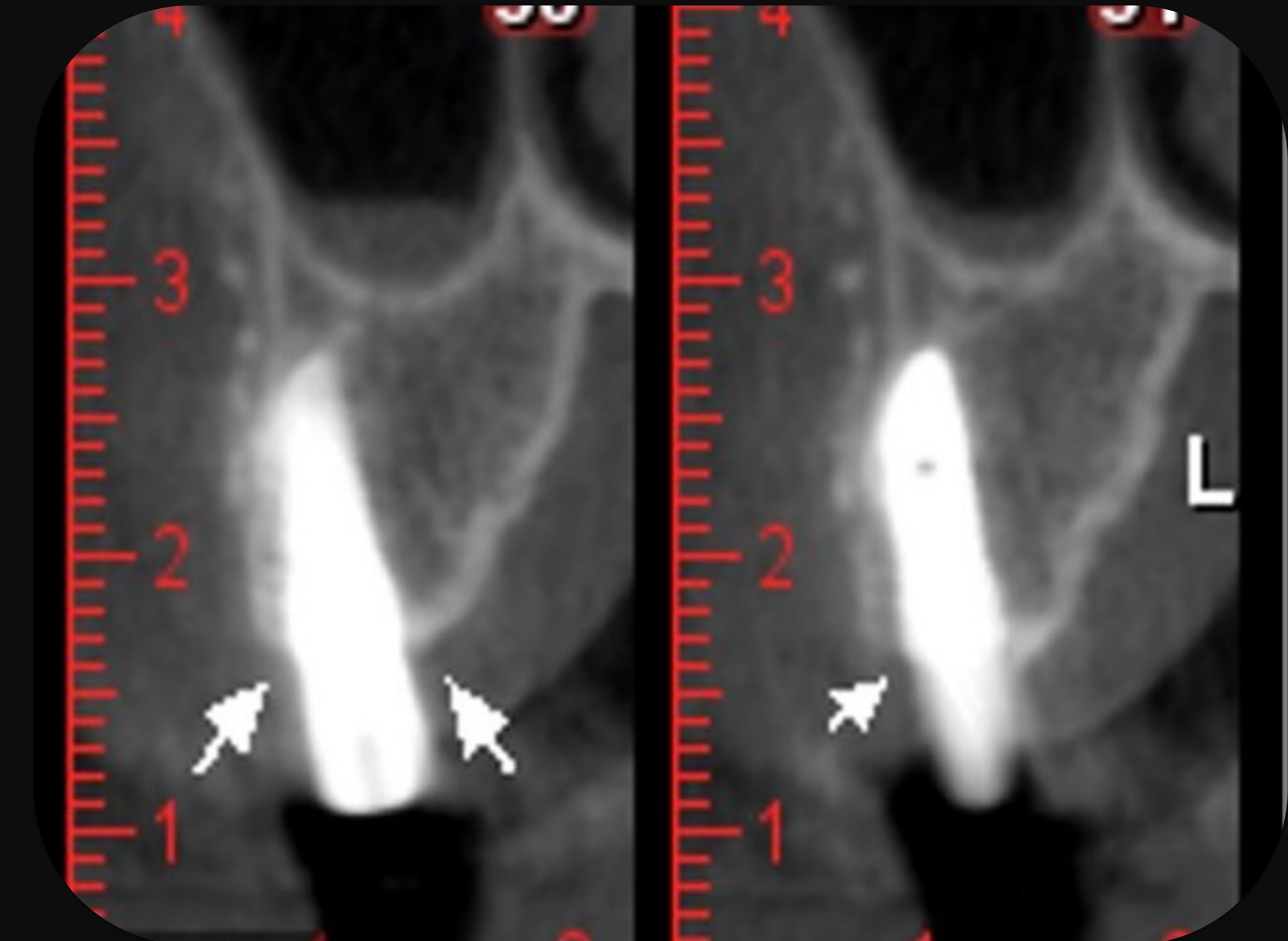
Technical Complications Due to Incorrect Positioning in Dental Implant Placement ,and How to Change a Technical Failure into a Success

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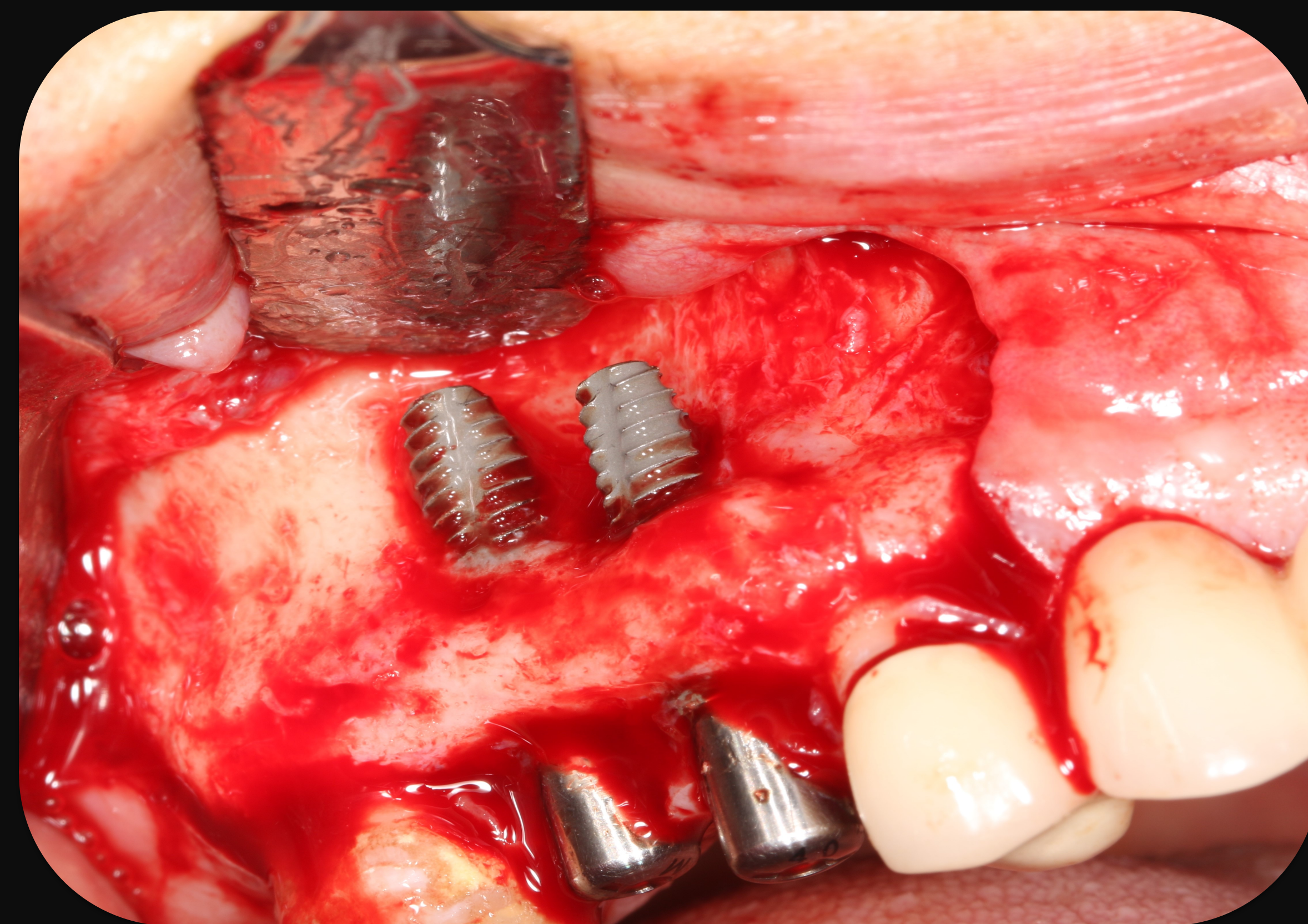
INTRODUCTION

Nowadays, implant treatment in edentulous areas is used as a successful treatment. Despite the evaluations and examinations of the anatomy of the surgical site, sometimes the implant placed in an inappropriate position and causes complications for the patient and the clinician. Managing these issues and correcting the implant position or using angled abutment is important.



In this case report, we presented 2 patients who faced complications due to the incorrect implant position. During the second stage surgery, apex and a significant part of the implant body were exposed in the buccal concavity of the maxilla. In the second stage surgery, the following approach were performed:

- 1) full thickness flap reflection
- 2) implantoplasty of the exposed part of fixtures
- 3) the cortical bone penetration
- 4) GBR (xenograft+ collagen resorbable membrane)
- 5) Tension free flap closure



Case 1: exposed implant body



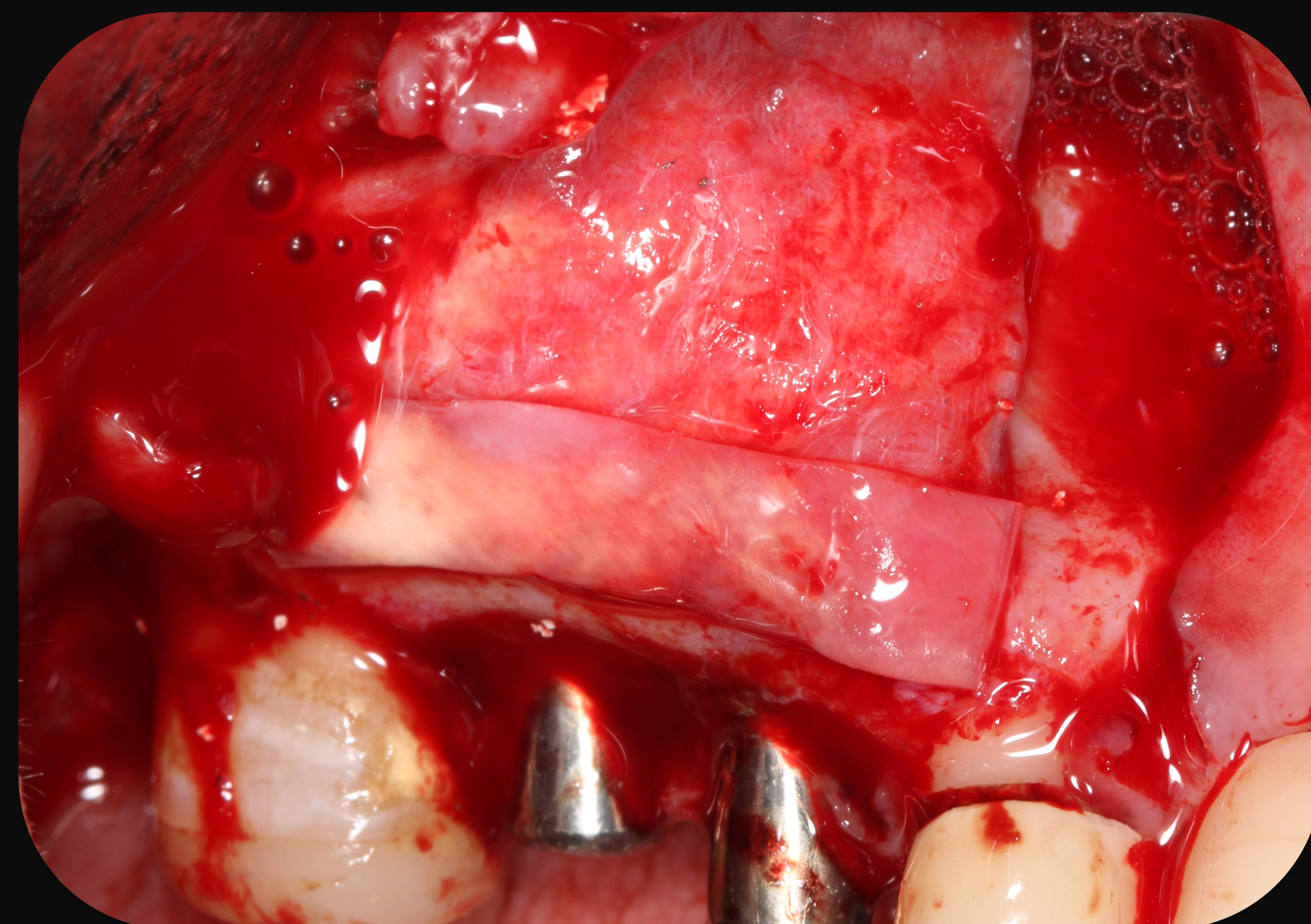
implantoplasty



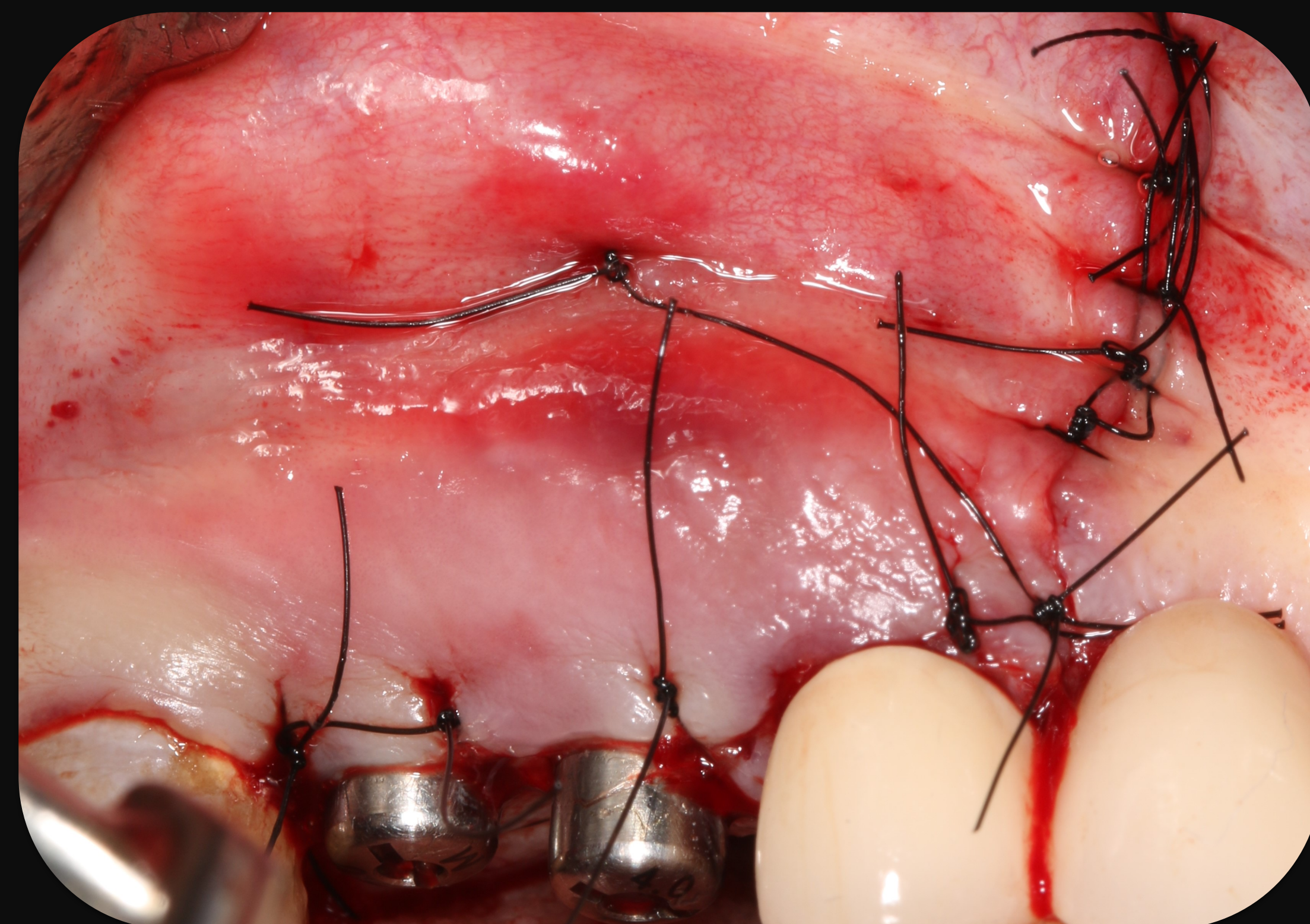
cortical bone penetration



GBR(xenograft)



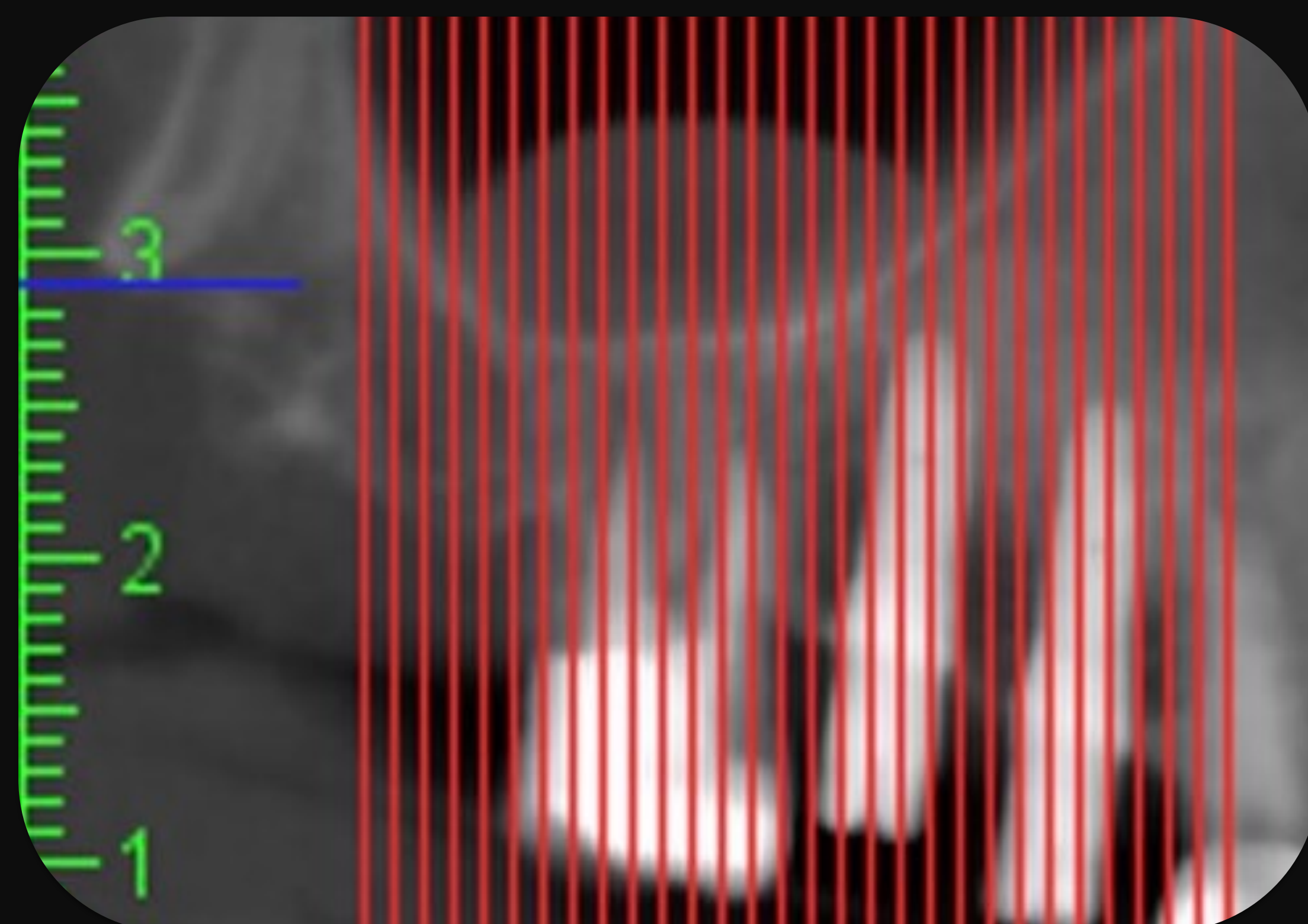
GBR(xenograft+ collagen resorbable membrane)



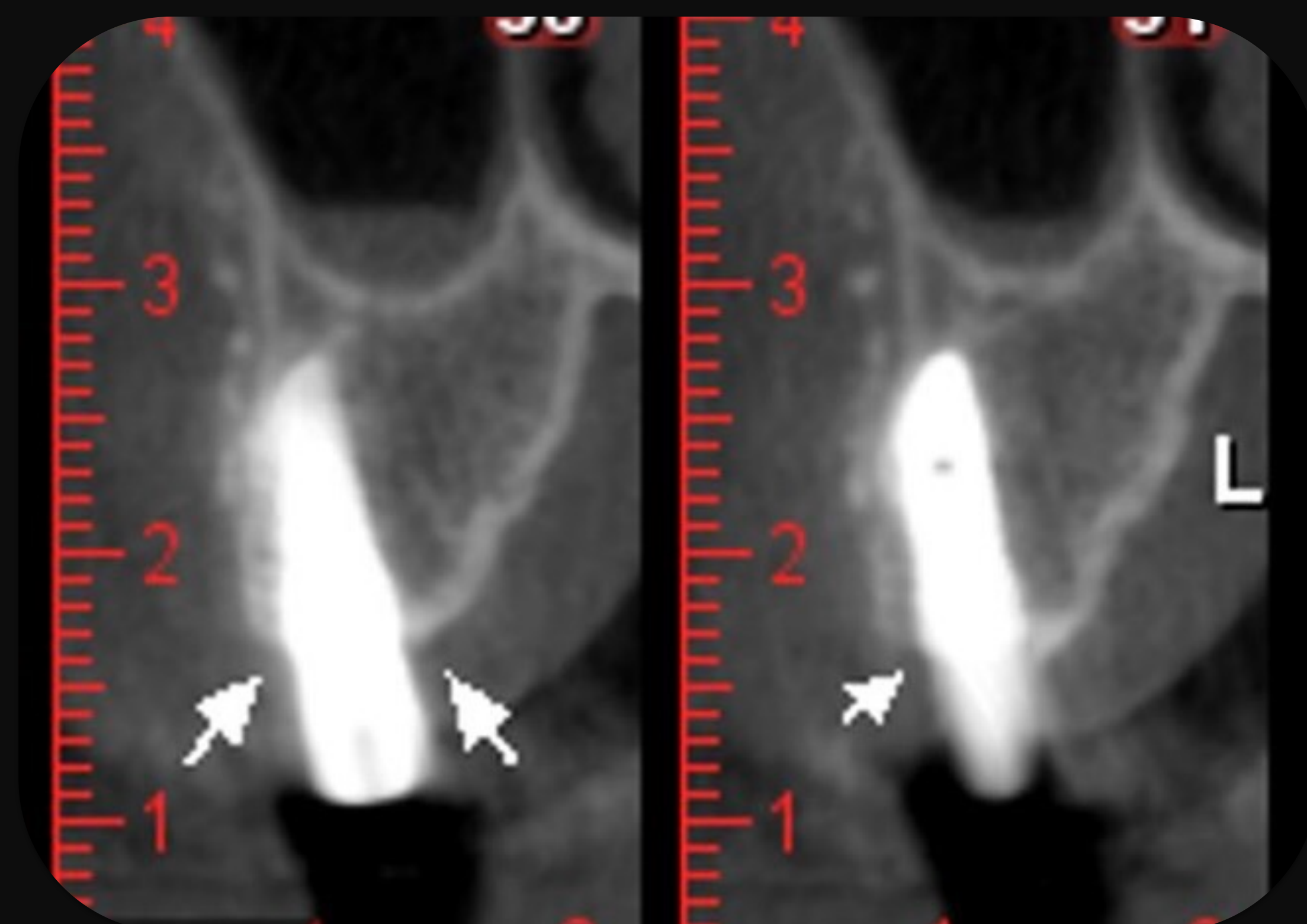
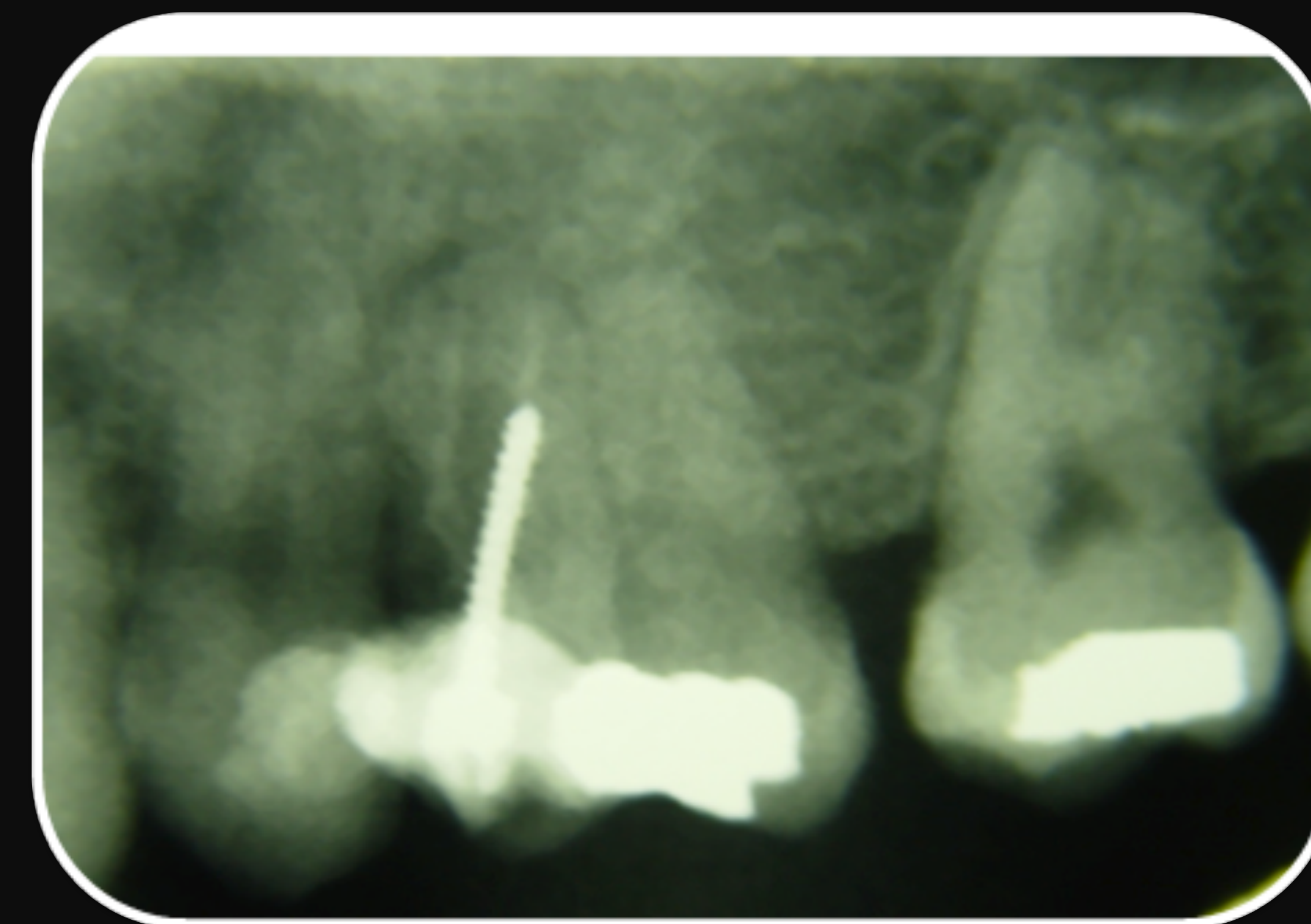
Tension free suturing



6-months follow-up



Post treatment CBCT view



Case 2: pre-implant placement radiographic view



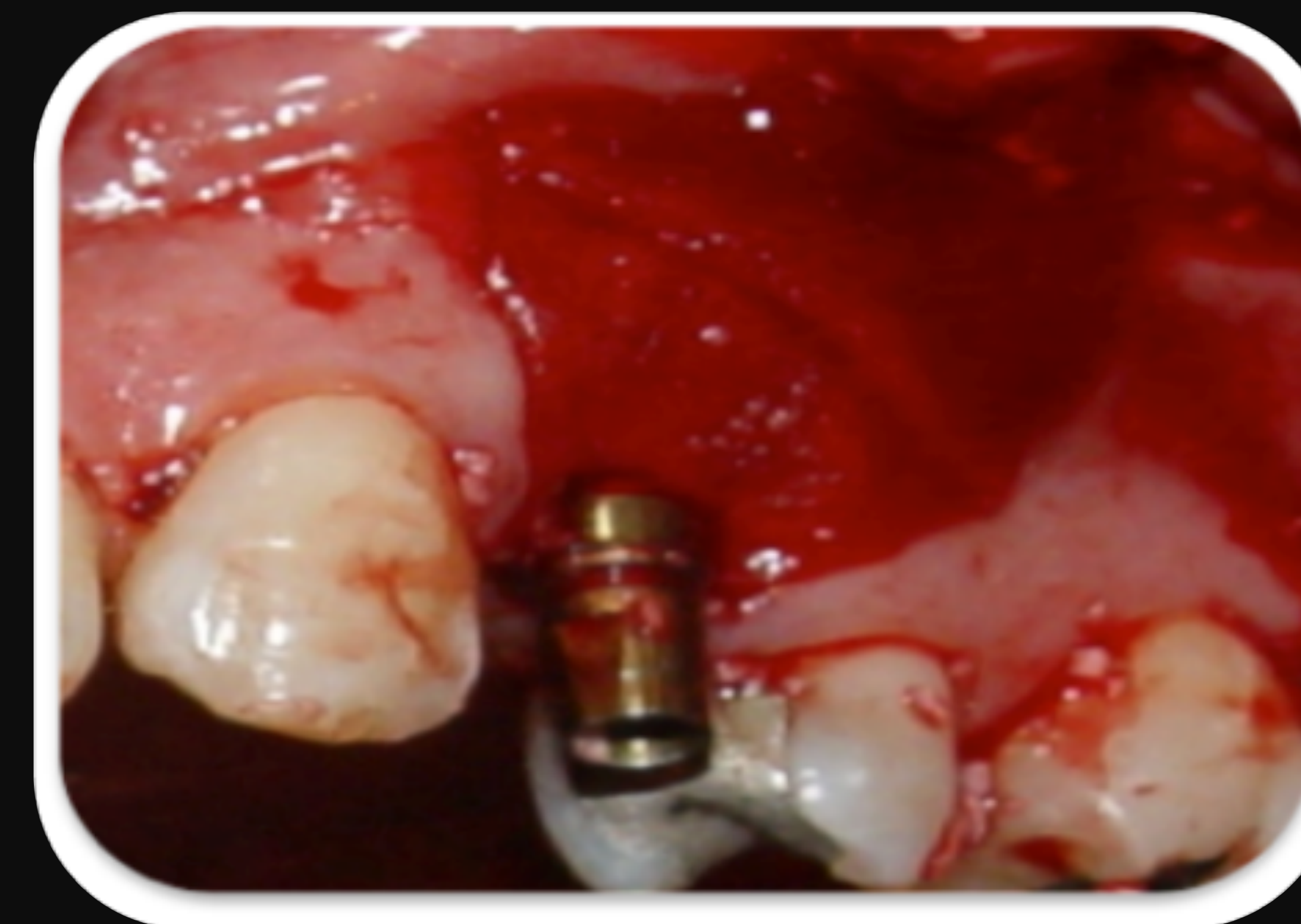
Pre-surgical view



full thickness flap



GBR(xenograft+ collagen resorbable membrane)



Tension free suturing



6-months follow-up



Final prosthesis



Smile line

RESULTS

The 6-months follow-up of these patients using CBCT images shows the success of the treatment. Also, no clinical signs of inflammation were observed and the soft tissue were healthy and stable. In the clinical examination of the patients, there was no metal showing within the soft tissue.

CONCLUSION

As the exposure area was not related to the oral environment, microbial contamination did not occur. Thus, it was possible to successfully reconstruct the concavity area. According to the contained defect morphology, predictable prognosis treatment and long-term follow-up and post-treatment CBCT images confirm the success of the procedure.

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