

# Vestibular Incision Subperiosteal Tunnel Access for Treatment of a Fenestration Defect During Immediate Implant Placement in the Esthetic Zone: A Case Report

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## INTRODUCTION

The presence of a fenestration defect and chronic apical pathology add complexity to the already challenging esthetic zone immediate implant surgery. Raising a traditional flap to address these complicating factors can lead to wound healing complications and unfavorable esthetic outcomes. The objective of this case report is to demonstrate the use of a VISTA incision to manage a buccal fenestration defect and complete removal of apical pathology during an immediate implant surgery.



## CASE REPORT

A healthy 45-year-old female patient with a high smile line presented with a non-restorable #8. The patient desires a fixed implant restoration, and declined the alternative of a fixed partial denture on teeth.

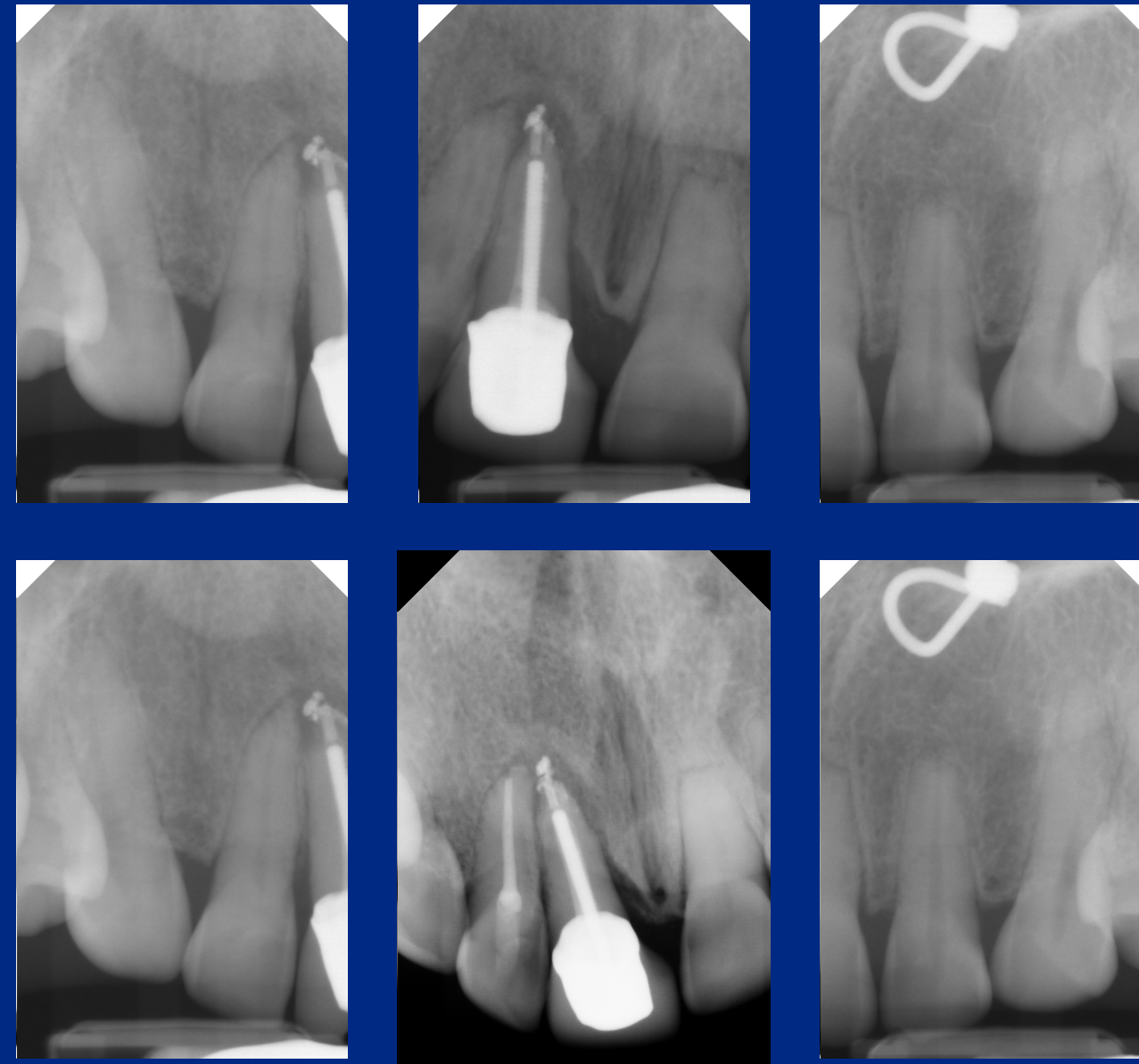
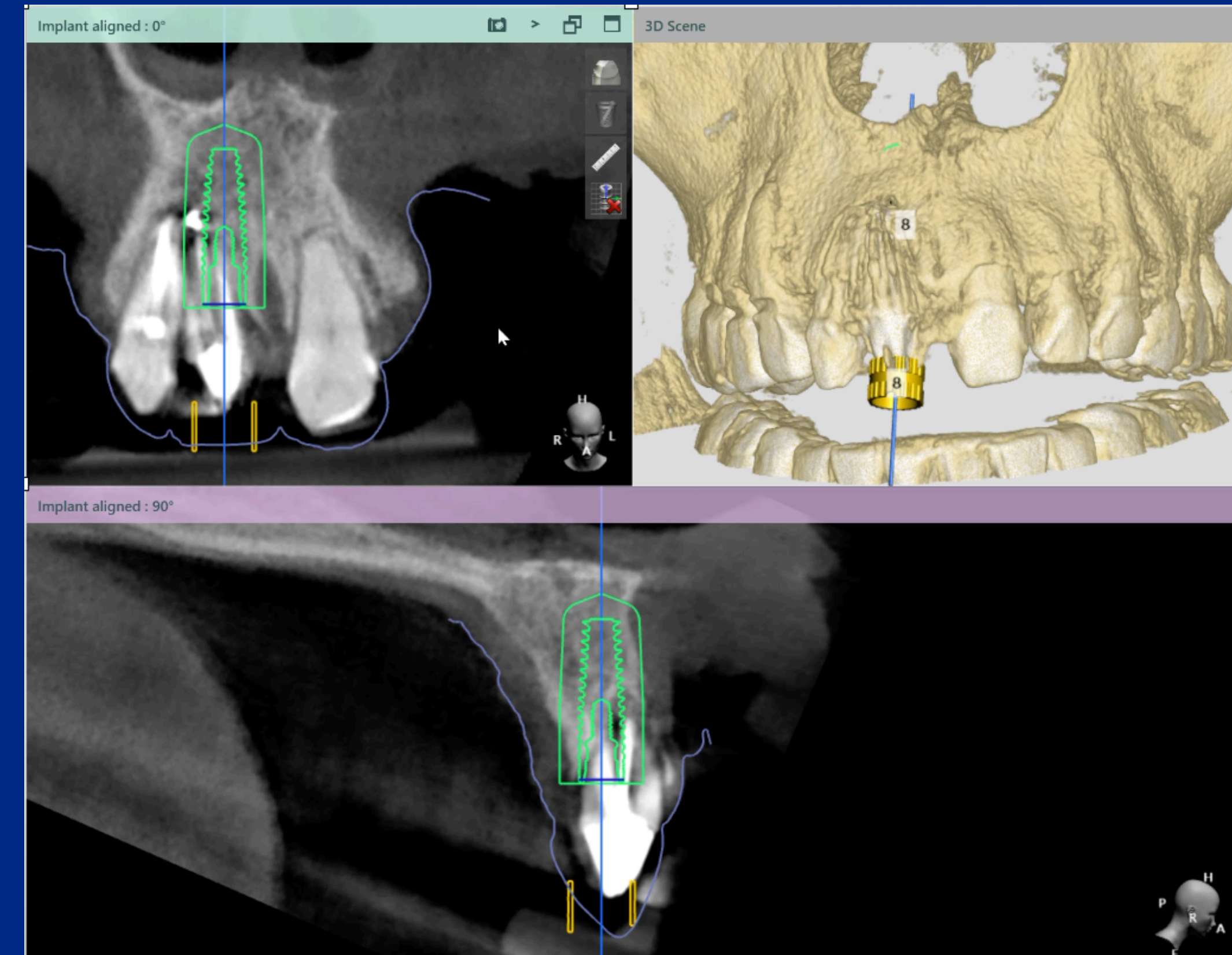


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- Tooth #8 presents with asymptomatic apical periodontitis and was previously endodontically treated. Fenestration present on #8 at the apical end of the tooth.
- The apical lesion also involves #7, which tested necrotic. There is evidence of bone inter proximally between #7 and #8.
- NSRCT was completed on #7, then #6 to #11 were prepared and provisionalized with a splinted FPD.





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A sulcular incision was made around tooth #8, followed by a minimally traumatic extraction.

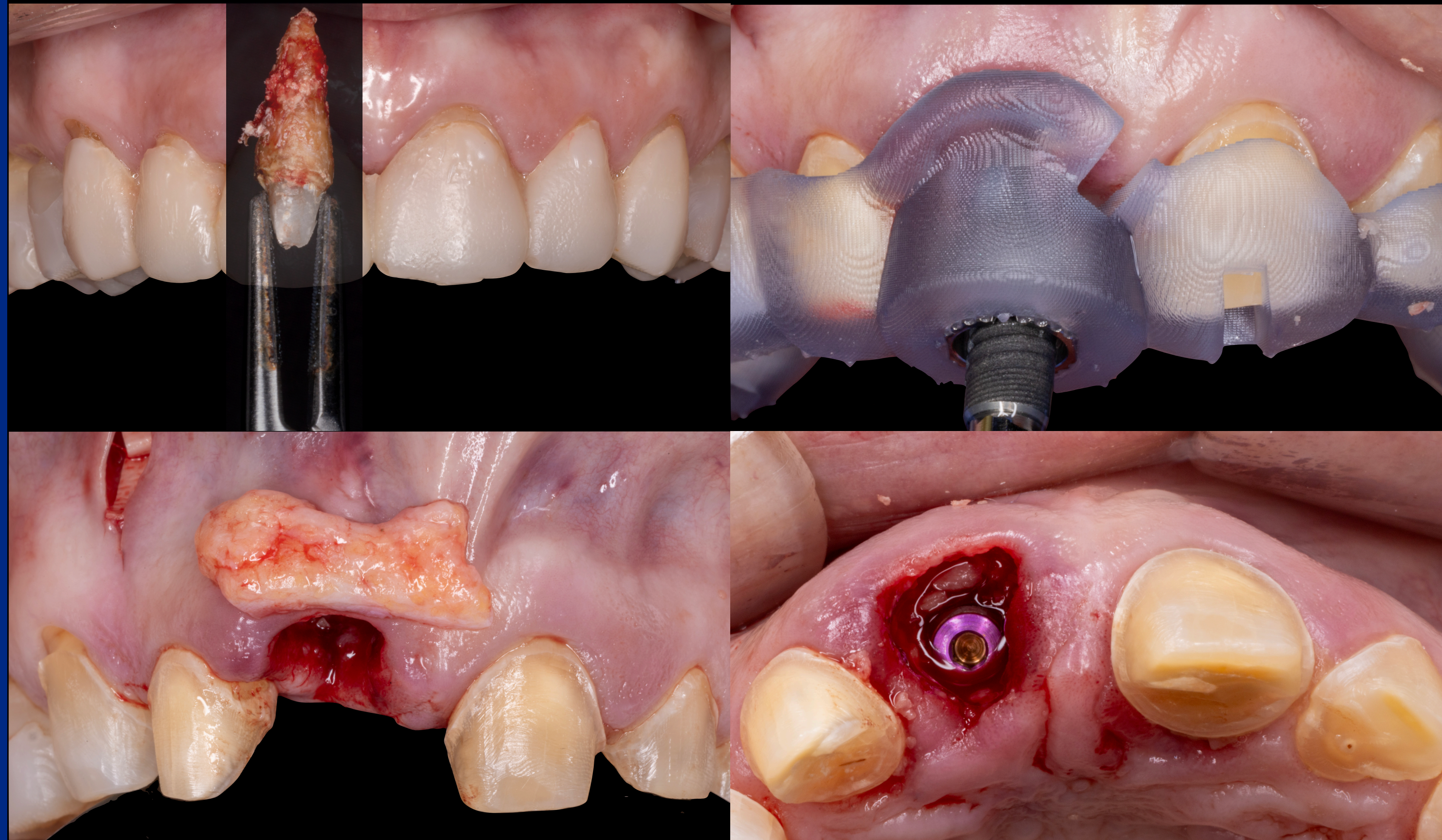
A VISTA incision between teeth #7 and #8 allowed for a full-thickness tunnel to access the fenestration.

Granulation tissue was sharply dissected from the buccal mucosa.

A hydrated, sugar-cross-linked collagen membrane was tunneled to cover the fenestration, extending beyond its borders.

Using a surgical guide, a 3.6x13 mm implant was placed.

A cortico-cancellous particulate allograft was used to fill the >2 mm buccal gap, and a small pouch was created on the buccal to secured a CTG.





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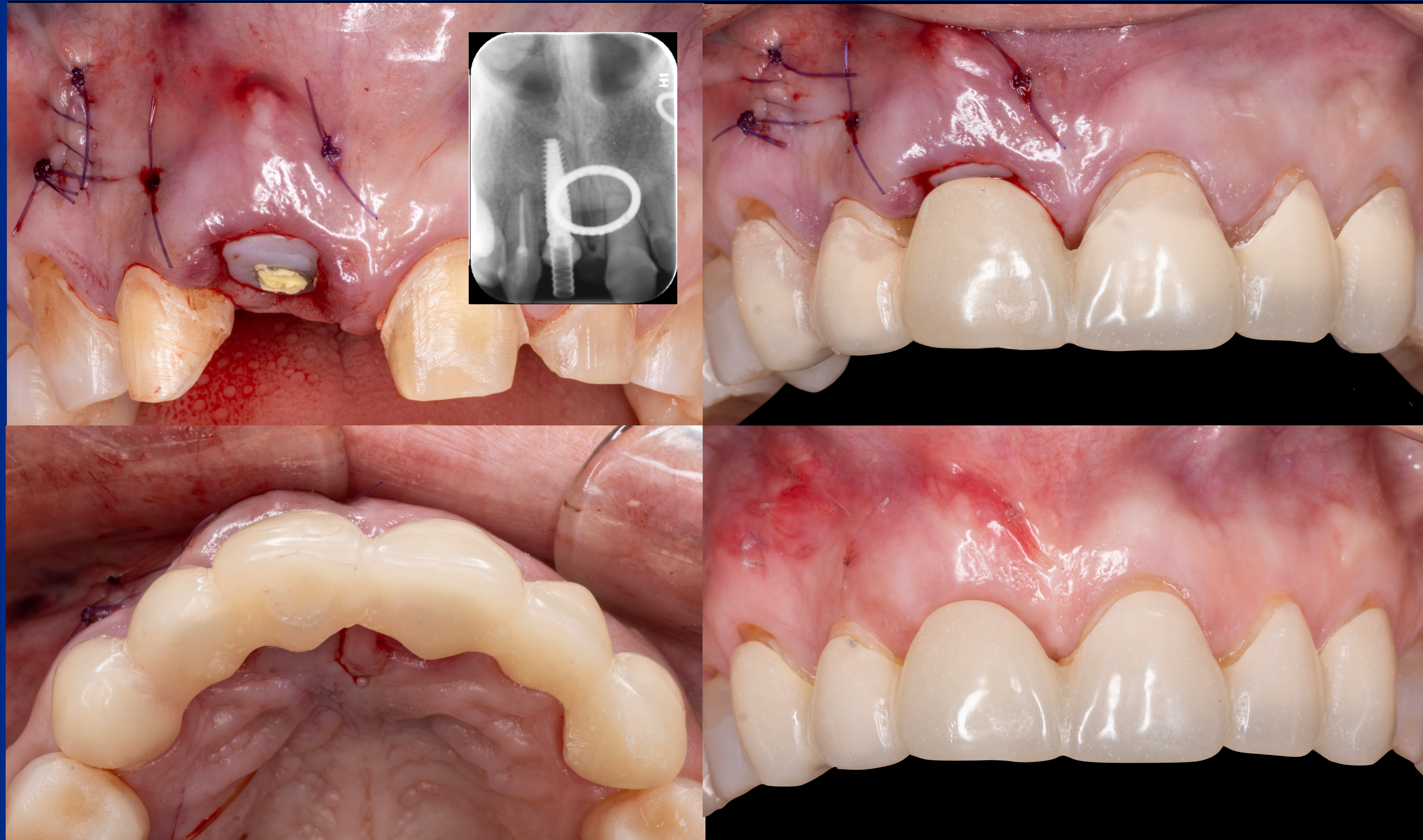
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A custom healing abutment was fabricated chairside. The provisional FPD's pontic at site 8 was adjusted and cemented with Temp-Bond.

## RESULTS

At the three-week post-op visit, soft tissue healing appeared excellent. The mid-buccal soft tissue was at a more coronal location as compared to the pre-op level.







3 Month Follow Up



## CONCLUSION

By utilizing a VISTA incision, the fenestration defect and chronic apical pathology were adequately managed after the extraction to allow for an immediate implant placement and marginal soft tissue levels were also maintained.