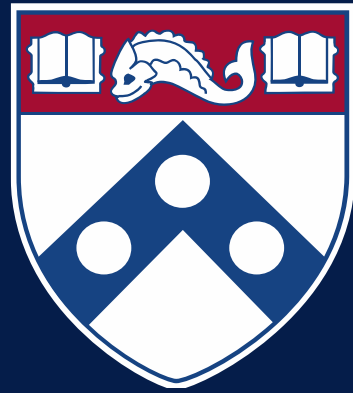




# Implant Placement in the Esthetic Zone with a Siebert Class III Ridge Deficiency

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## Introduction

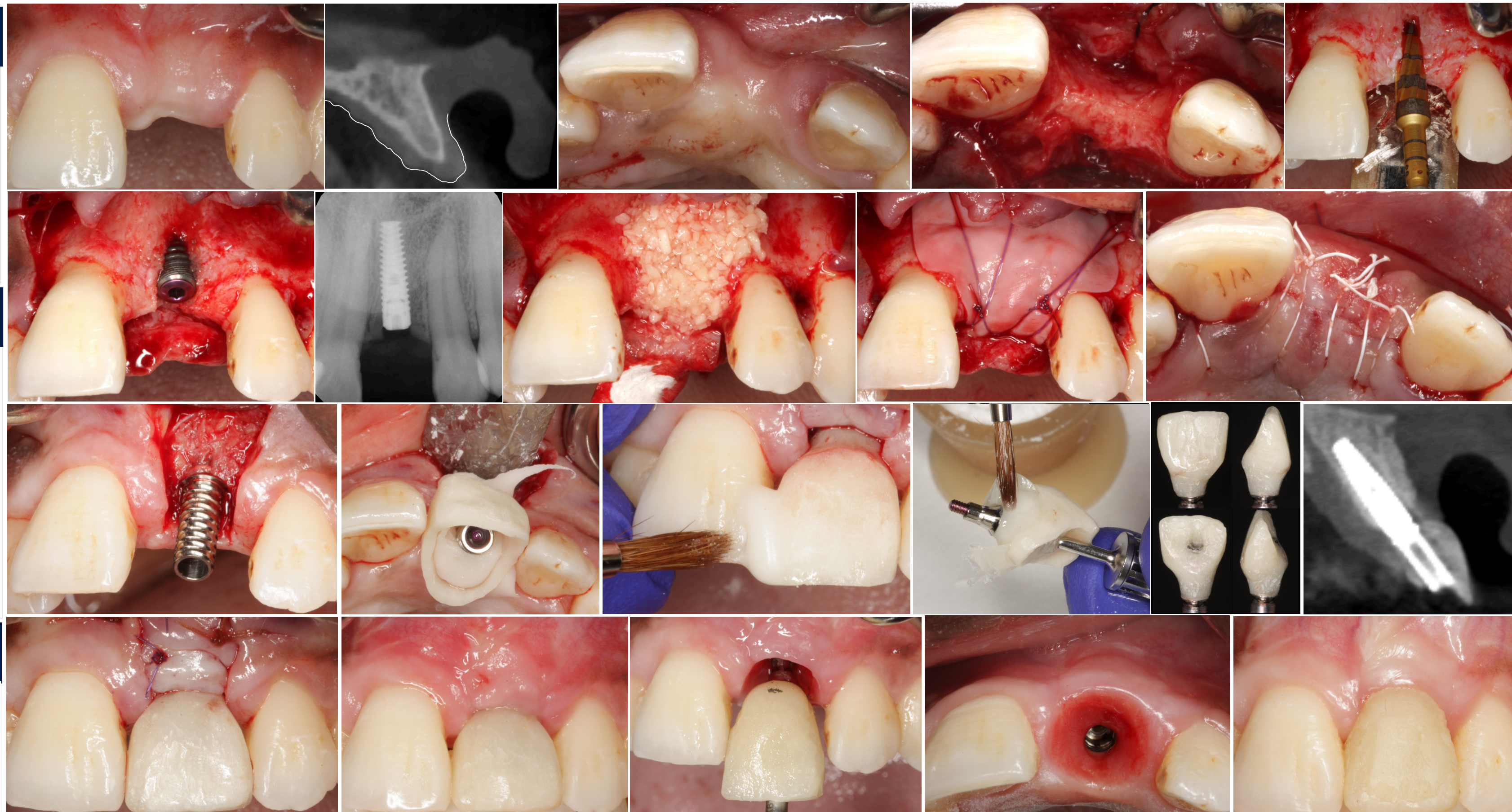
The physiological and anatomical changes following tooth loss compromise the periodontal tissues, making them less favorable for optimal 3D implant positioning. To address the Siebert Class III ridge deficiency, a prosthetically driven implant placement combined with guided bone regeneration was performed to establish adequate bony housing and support for the future peri-implant soft tissues. This single surgical approach, with delayed provisionalization, can be considered a reliable pathway for successful functional and esthetic outcomes.

## Methods

A 30-year-old female patient presented to the clinic with a missing #9 and an associated buccolingual and apicocoronal ridge deficiency. A CBCT scan was taken and a digital wax-up was designed. The surgical approach consisted of sulcular and vertical incisions, followed by full-thickness flap reflection and implant placement using Densah Burs. Periosteal releasing incisions and GBR using the lasso suturing technique were performed achieving tension-free primary closure. At stage II surgery, a PMMA block-carved provisional implant crown was fabricated chairside and delivered. During follow-up, the critical and subcritical contours were modified to optimise the gingival margin position and the soft tissue profile.

## Results and Conclusion

Implant placement with GBR in the esthetic zone effectively addressed the Siebert Class III ridge deficiency and resulted in successful implant placement. Critical and subcritical contour management during delayed provisionalization and follow-up optimized the peri-implant soft tissue architecture and supported a natural, esthetic outcome.



## References

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