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DIFFERENCE**

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**2026
Annual Meeting**
Washington, DC
March 5-7



Immediate implant placement with simultaneous GBR and immediate loading in the Esthetic Zone in cases of severe buccal bone destruction

A Cortical Anchorage, Driven Biological Concept

Severe buccal plate loss (like this one in pictures) due to :cystic lesions, advanced periodontitis, and soft tissue recession.

Represents one of the most complex reconstructive challenges in the aesthetic zone!

Aim: To evaluate whether a single-stage reconstructive approach can provide mechanical stability and biological predictability ?



CLINICAL INOVATION

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Limitations of traditional reconstruction in severe buccal defects?

• Mesh exposure: ~30–40%

Block grafts
complication

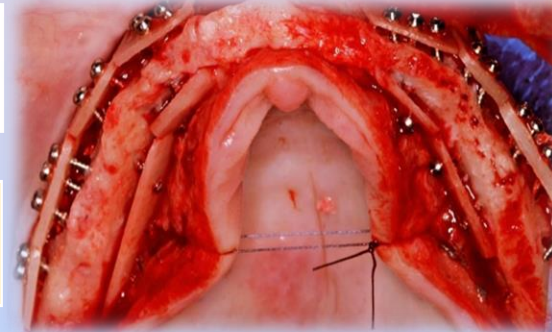
Infection risk

Block graft
resorption

Prolonged staged
treatment.

Donor-site
morbidity

Multiple surgeries



Dr . Bardhyl Rraci

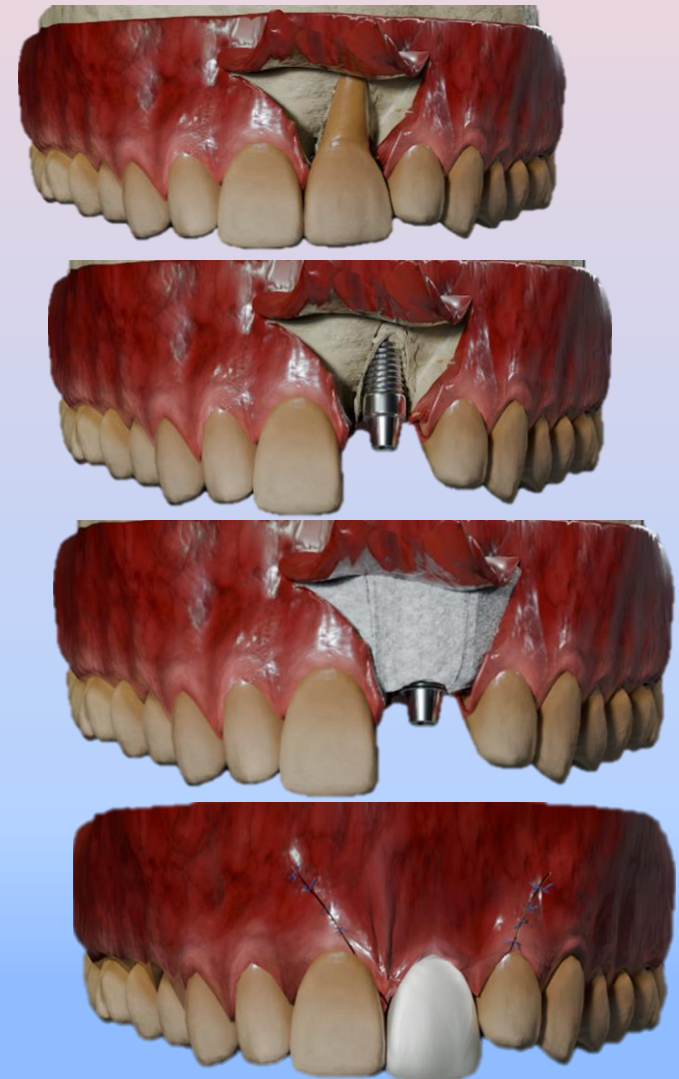
References: Cucchi A. et al., Clin Oral Implants Res 2021; Xue A. et al., Clin Implant Dent Relat Res 2020; Proussaefs P. & Lozada J., Int J Oral Maxillofac Implants 2003; Chiapasco M. et al., Clin Oral Implants Res 2009.

CLINICAL INOVATION

The four scientific decisions that changed the game



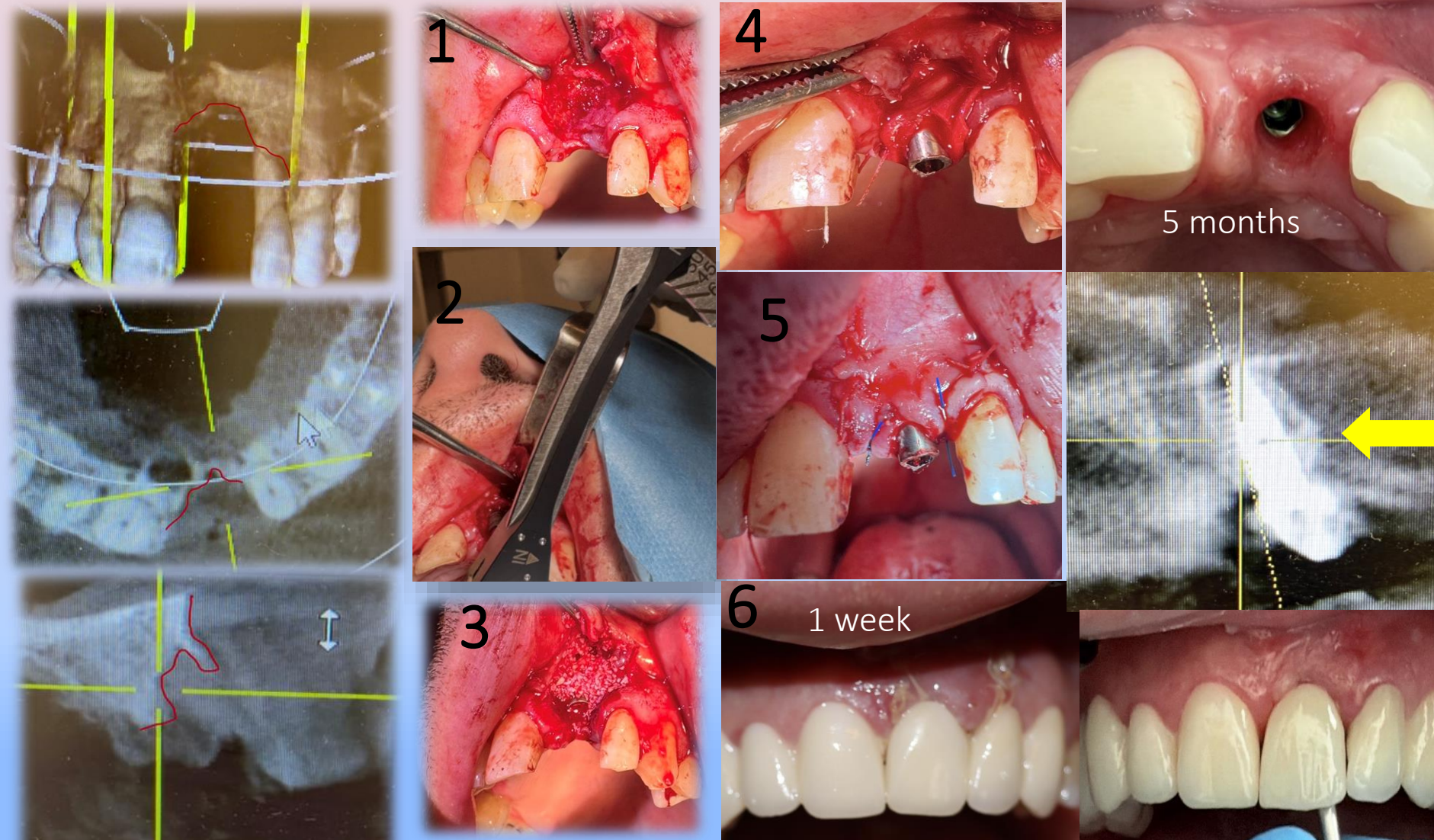
1. Larger implant engaging cortical bone (extreme primary stability).
2. Immediate loading activating Wolff's Law (controlled functional stimulus).
3. Rethinking vascularization (membrane with no pins → better blood flow).
4. Designed temporary crown will protect the GBR.



- Collagen membrane (active barrier):
 - Protects/contains graft; prevents particle spread.
 - Excludes soft-tissue ingrowth , favors osteogenic repopulation.
- Avoid pins and airtight closure — keep stable yet permeable for blood flow (vascular access).
- Gentle periosteal sutures under magnification; preserve physiologic flow.



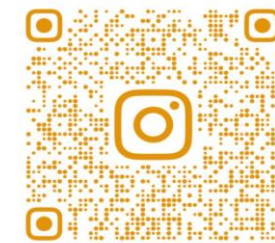
Clinical case – At 6–8 months, CBCT (cross section) shows >10 mm vertical and 2–3 mm horizontal bone gain, with stable crestal levels and mature soft tissue.



- Primary stability >40 Ncm
- Vertical gain >10 mm
- Horizontal gain 2–3 mm
- Stable crestal levels and soft tissue maturation



CONCLUSION



@DIELLIDENT

- The 3-in-1 Protocol
- Larger implants (13–18 mm) are essential for achieving cortical anchorage and reliable primary stability.
- Clean biology: atraumatic extraction, full degranulation, and cortical refresh.
- Immediate implant placement with torque >40 Ncm to enable immediate loading.
- Simultaneous GBR: autogenous chips + xenograft + collagen membrane adapted to abutments.
- Tension-free closure with full flap passivation.
- Immediate provisional protects the graft and shapes soft tissue.
- This protocol reduces surgeries, anesthesia, morbidity, and overall treatment time for patients.

Thank You