

IDR Kit – Immediate Dentoalveolar Restoration

acc. to Dr. J. C. M. Rosa

3.0 mm

6.0 mm

9.0 mm

12.0 mm

15.0 mm

Graduation



Immediate Dentoalveolar Restoration

Immediate-loaded implants in compromised alveolar sockets – bone graft harvested from the maxillary tuberosity



Figure 1
Initial clinical aspect: there is an inflammation at the surrounding tissue of the left central incisor with root fracture.

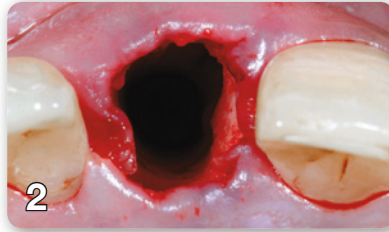


Figure 2
A minimally invasive tooth removal with a periosteal elevator and mini-elevators to maintain the gingival architecture.



Figure 3
Periodontal probing evaluation. Total absence of the buccal bone wall was detected.



Figure 4
Osteotomy with a palatal approach.

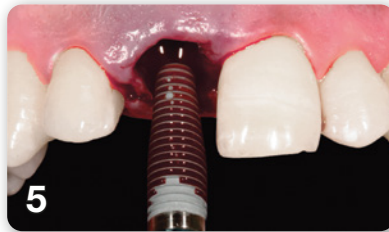


Figure 5
A replace select tapered TiUnite 5x16 mm (Nobel Biocare, Gothenburg, Sweden) was inserted. The final insertion torque was 50 Ncm.

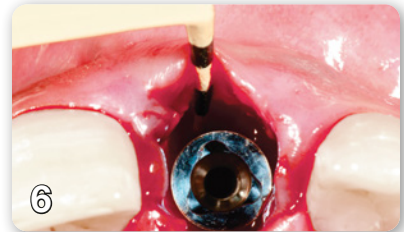


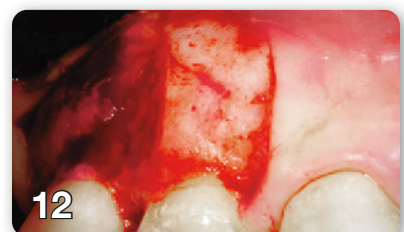
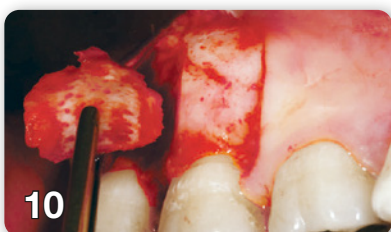
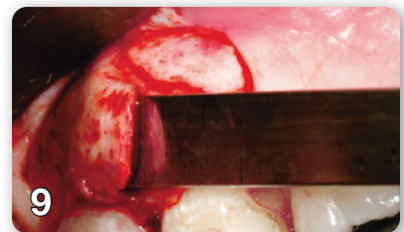
Figure 6
Confirmation of the extent of the bone defect.



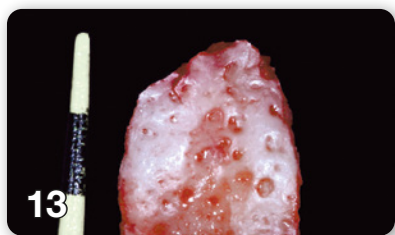
Figure 7
The extension of the bone defect was evaluated. Measuring the extent of the bone defect in height and width.



Figures 8-12
A corticomedullary graft was harvested with a straight chisel at the buccal wall of the wisdom tooth region.



Immediate Dentoalveolar Restoration



Figures 13-14
The final graft dimensions after remodeling according to the defect size and format.



Figures 15-16
The corticomedullary graft is inserted into the alveolar socket in order to obtain primary stability by juxtaposition.

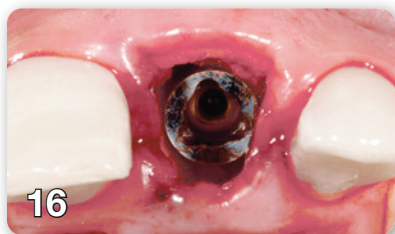


Figure 17
Bone marrow is inserted and packed between the implant and the corticomedullary bone graft. Observe the thickness of the new buccal cortical bone.

Figure 18
A screw-retained provisional crown was inserted.



Figure 19
Clinical view 90 days later.



Figures 20-21
After four months, soft tissue maturation at the gingival architecture is seen. The maintenance of the soft tissue volume can be observed.



Figure 22
Porcelain crown completed and installed. Aesthetic outcome after 2 years of control.

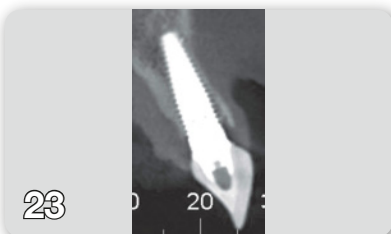
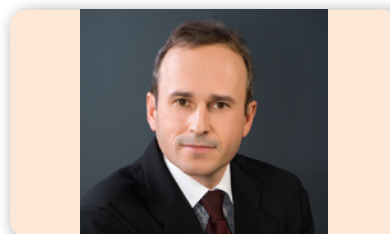


Figure 23
CBCT sagittal view 3 years later. There is adequate buccal bone thickness at the region of the implant.



Dr. José Carlos Martins da Rosa



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The selection of the right chisel to remove the graft from the maxillary tuberosity is performed according to the shape of the existing defect in the receiving area and the required bone volume. The most suitable chisel shapes are the straight and the gouge ones of 6, 8 or 10 mm width.

As a general rule, the chosen chisel should be 2 mm wider than the graft width to be removed.

These chisels have a millimetered active part with the aim to ease the graft measurement at the moment of removal, allowing the obtention of a bone specimen with suitable length and thickness.

Content: IDR Kit

Illustration



Article Description

41.550.00

IDR Kit acc. to Dr. J. C. M. Rosa organized in a washbasket with lid (REF 85.195.60) consisting of:

Order Quantity

1 set



41.550.06

6 mm, Lexer Mini Osteotome, 18 cm long

1 piece



41.550.08

8 mm, Lexer Mini Osteotome, 18 cm long

1 piece



41.550.10

10 mm, Lexer Mini Osteotome, 18 cm long

1 piece



41.552.06

6 mm, Lexer Mini Gouge, 18 cm long

1 piece



41.552.08

8 mm, Lexer Mini Gouge, 18 cm long

1 piece



41.552.10

10 mm, Lexer Mini Gouge, 18 cm long

1 piece



24.532.19

Condenser, titanium, with depth measurement, exchangeable tips, in **ZEPF BIONIK** Handle

1 piece



85.251.04

Mixing Cup, stainless steel, with lid, Ø 40 mm

1 piece



AESTHETIC IS THE RESULT