

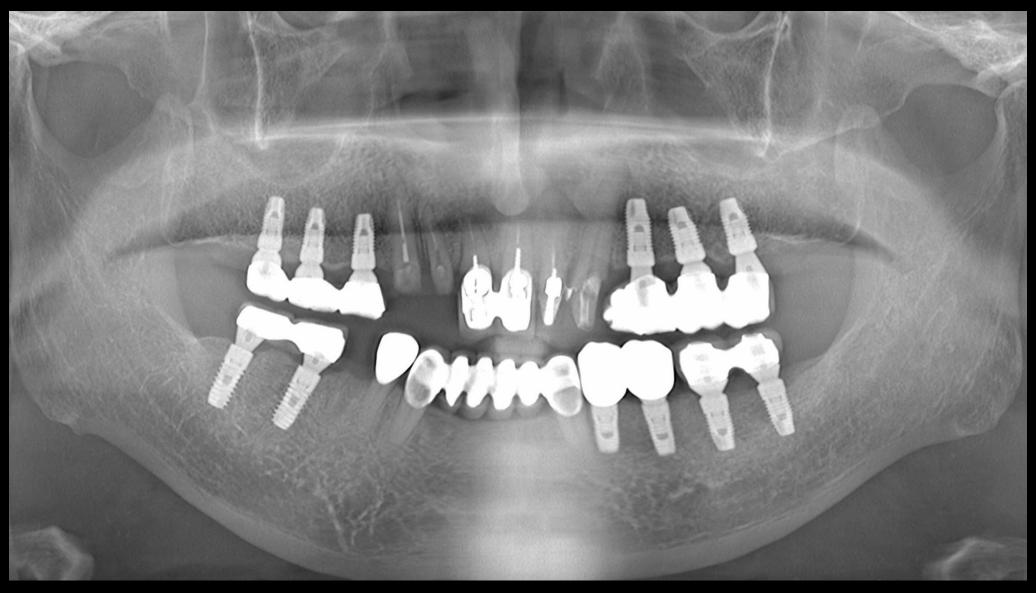
Root shield or Socket preservation in upper anterior

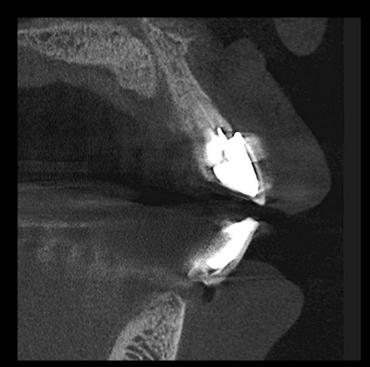
Dr. SM Chung 2021.8.6 (Fri)

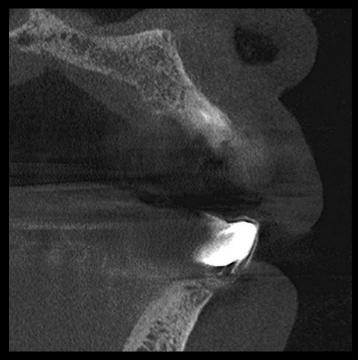


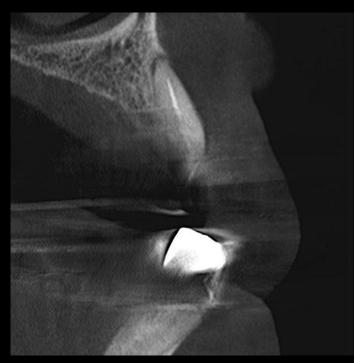


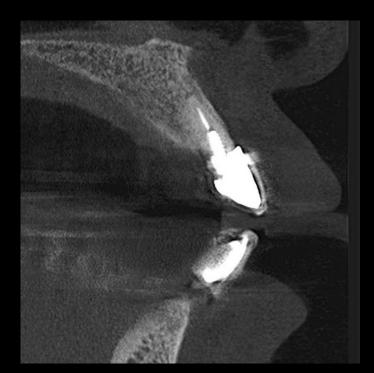


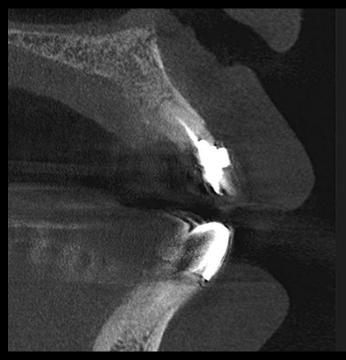


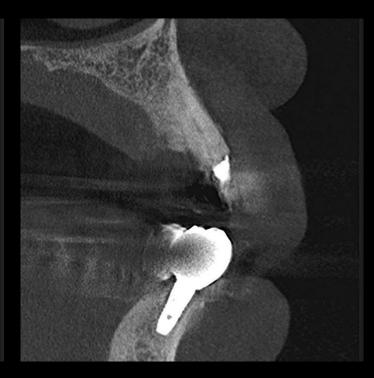












#21 #22 #23





Intraoral Scanning

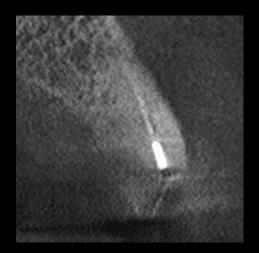


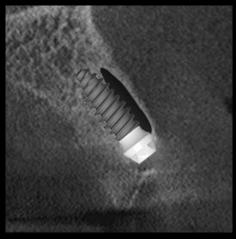


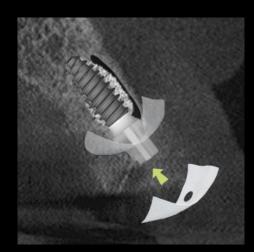


Surgery Plan

- #11,21 extraction and bone graft for socket preservation with bone graft
- #12,22 Root shield without bone graft and implantation (If not mobility of root)



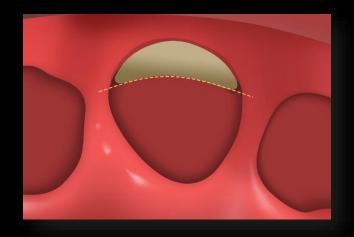


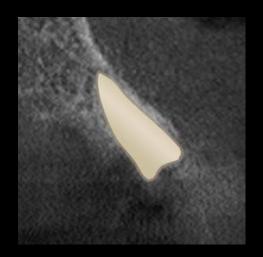


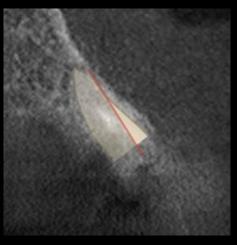


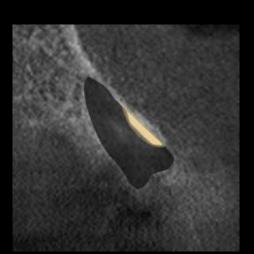
Surgery Plan

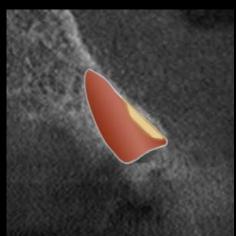
- #12,22 Root shield without bone graft and implantation (If not mobility of root)
- #13,23 Root shield with bone graft and implantation





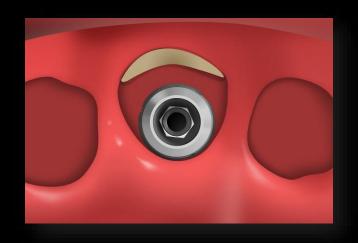


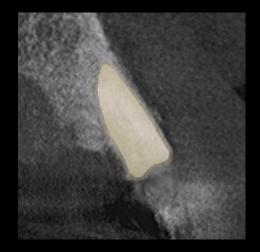


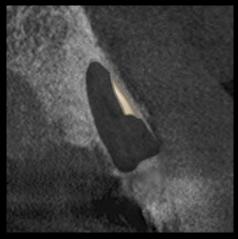


Surgery Plan

- #13,23 Root shield with bone graft and implantation
- #11,13 Bright Tissue Level ø3.5 / 9mm
- #21,23 Bright Bone Level Ø4.0 / 9mm











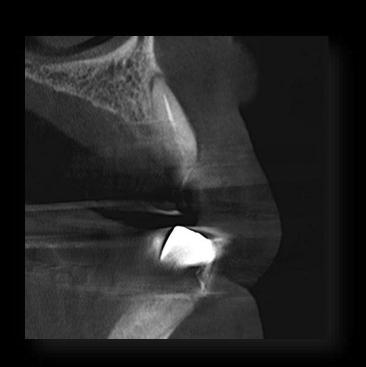
Root shield technique

< Contraindication >

- Mobility of the tooth
- Apical lesion

Treatment of extraction site especially with apical lesion

- 1 Pre-medication
- 2 Curretage with hand instrument
- 3 Grinding out with carbide bur
- 4 Burning with laser or electrode
- 5 Chemical burning with tetracycline HCL











Surgery

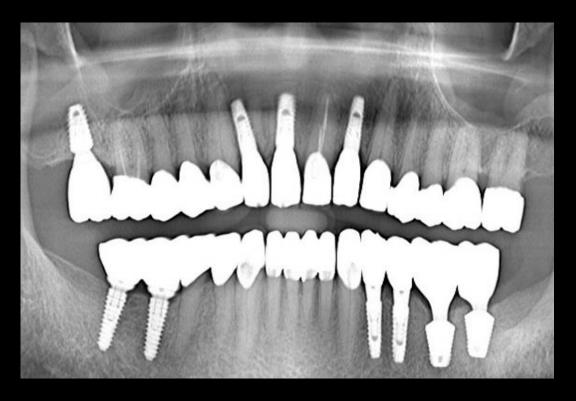










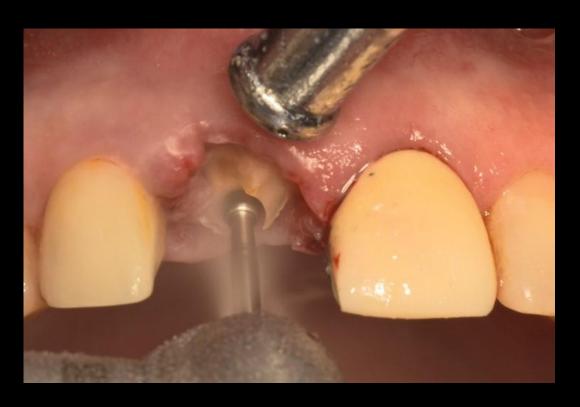


Final prosthesis









Surgery





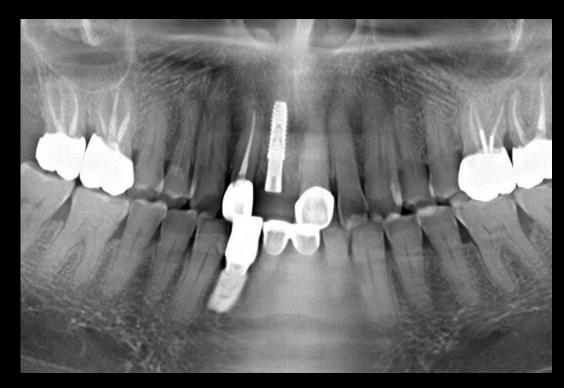
Surgery





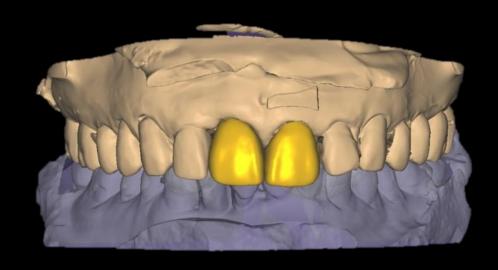
Surgery



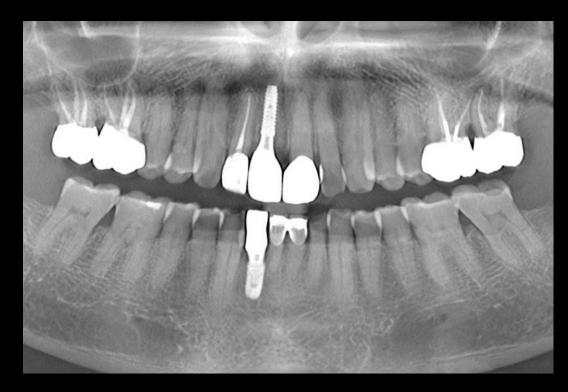


Post-op









Final prosthesis