

SOCKET GRAFT CASE STUDY



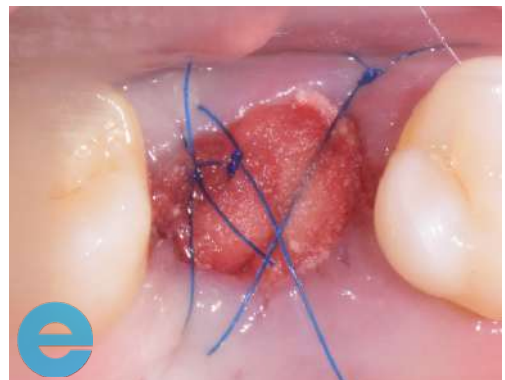
1. Vertical fracture of the upper right second molar.



2. Fractured tooth extracted "atraumatically" under local anaesthesia.



3. Socket grafting with EthOss®.



4. Covered with hemostatic collagen sponge, no primary closure.

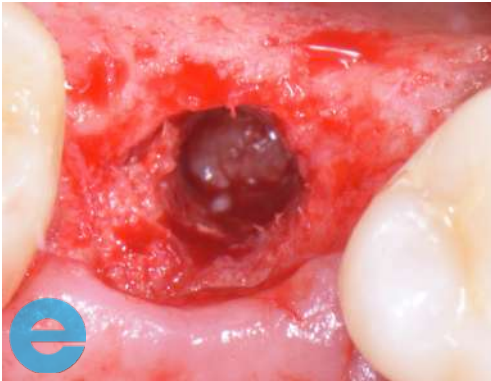


5. 12 weeks post-op.



6. Re-entry at 12 weeks.

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7. Bone biopsy and preparation for implant placement.



8. Paltop Advanced implant placed.



9. Additional grafting with EthOss®.



10. Tension-free closure.



11. After 4 months.

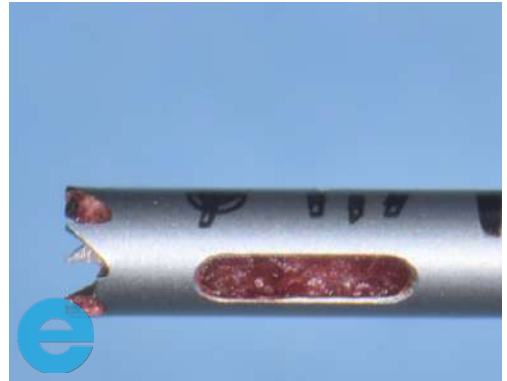


12. Penguin ISQ measurement: 74.

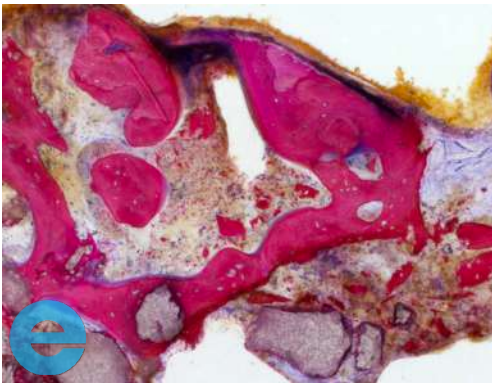
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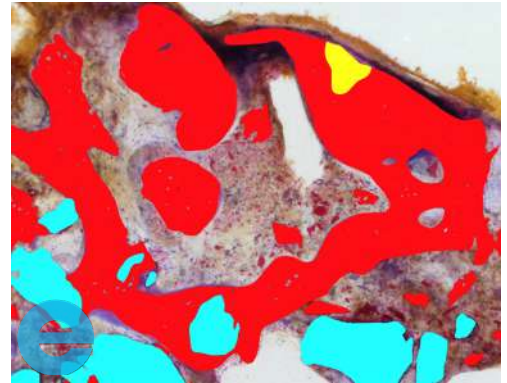
13. After fitting final screw-retained restoration. Outcome 7 months after initial socket grafting; 4 months after implant placement.



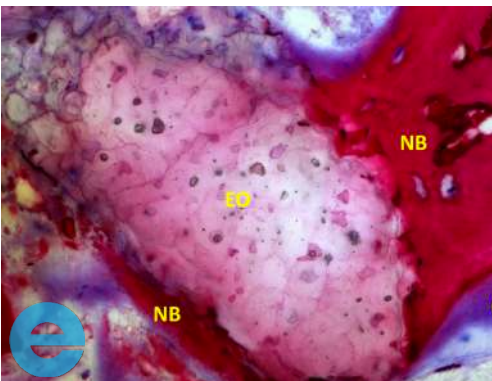
14. Bone biopsy sample.



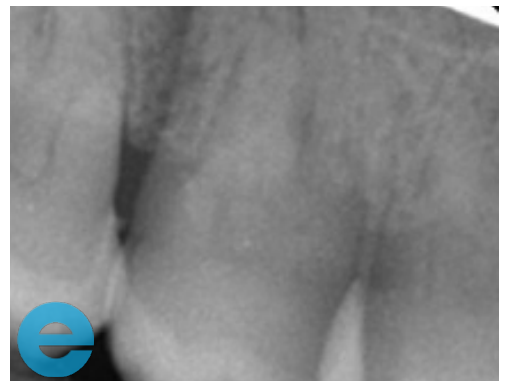
15. Histomorphometric analysis from University of Freiburg.



16. Newly-formed vital bone: 48.12%, residual EthOss particles: 8.11%

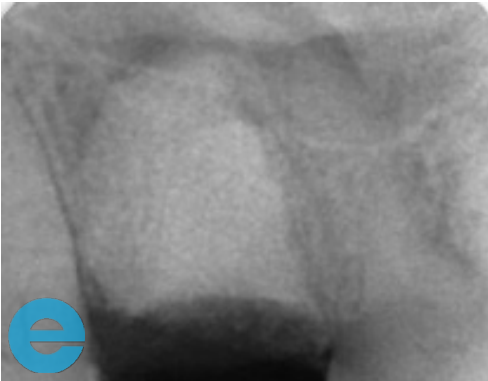


17. EthOss particle (EO) close up, with osteoblasts (OB), osteoid (O) formation and new bone trabeculae (NB).

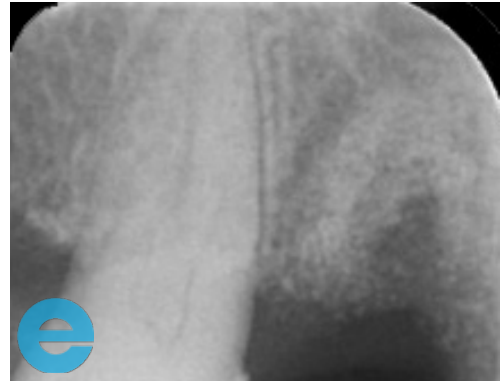


18. Initial pa x-ray.

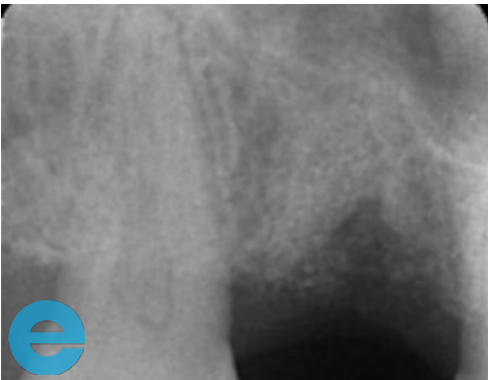
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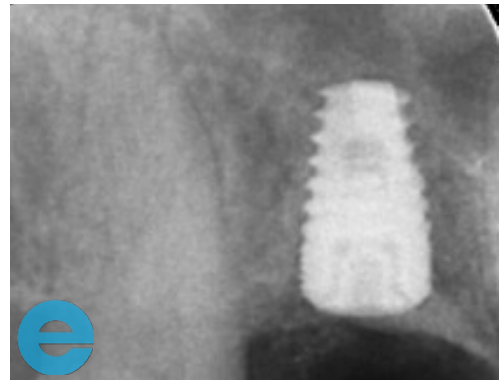
19. After extraction and socket grafting.



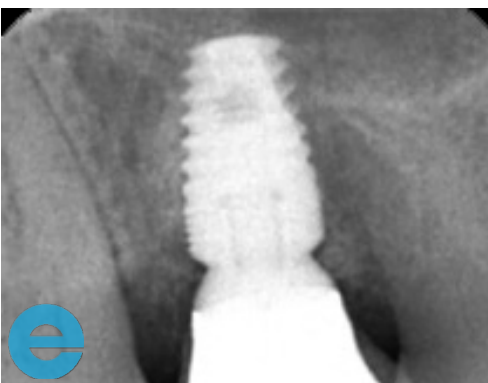
20. 4 weeks post-op.



21. 12 weeks post-op.



22. After implant placement and additional grafting.



23. After 4 months, final restoration.



GROW STRONGER

USEFUL RESOURCES

RECOMMENDED CLINICAL PROTOCOL

Clinical study showcasing recommended clinical protocol for EthOss

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SURGICAL GUIDELINES

The official recommended guide on how to use EthOss

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HOW TO MIX ETHOSS

Explainer video

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