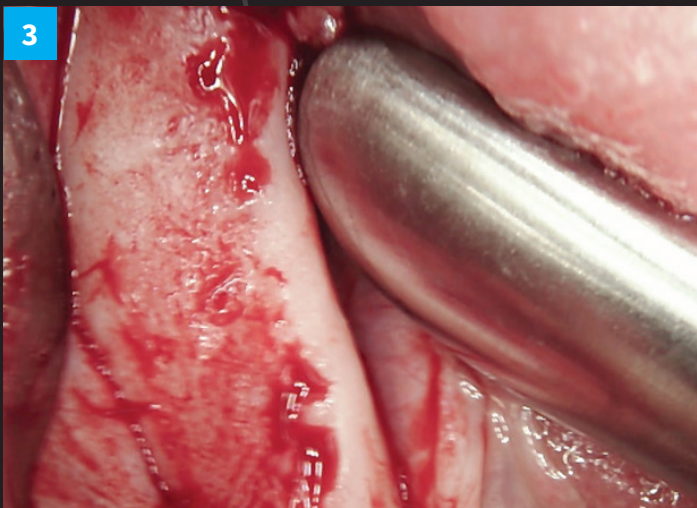


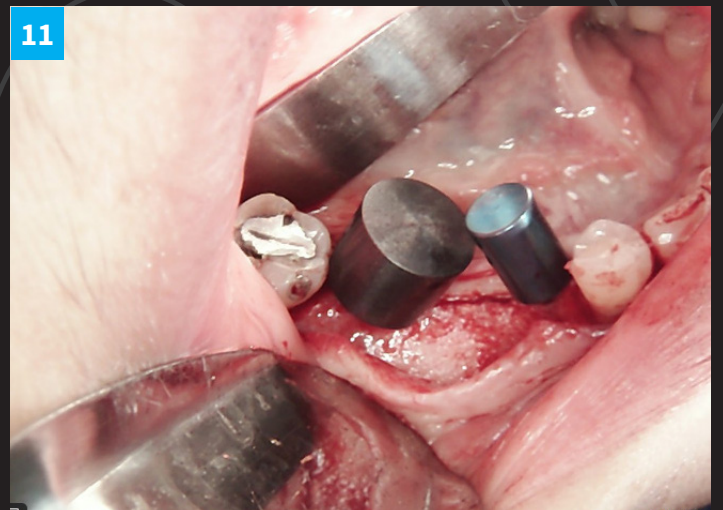
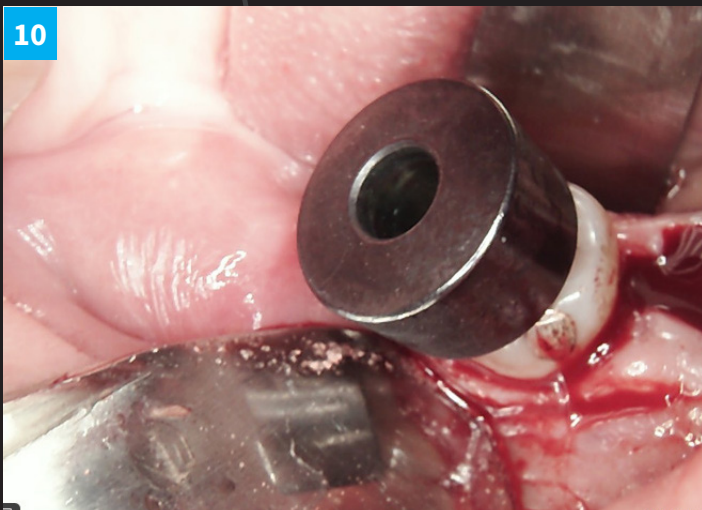
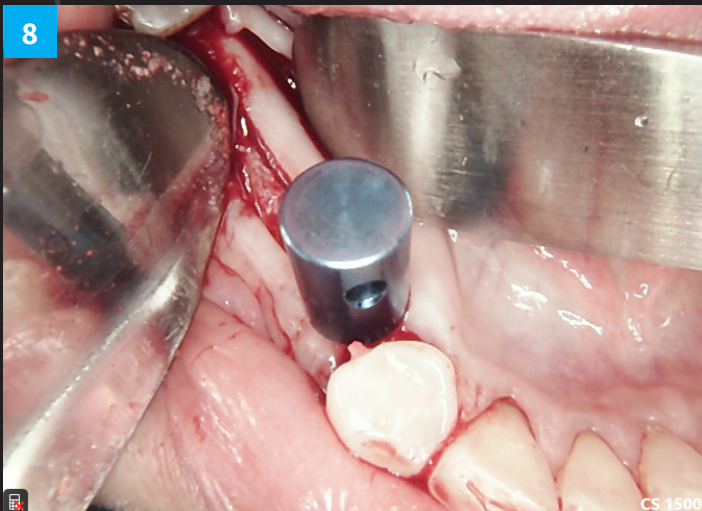
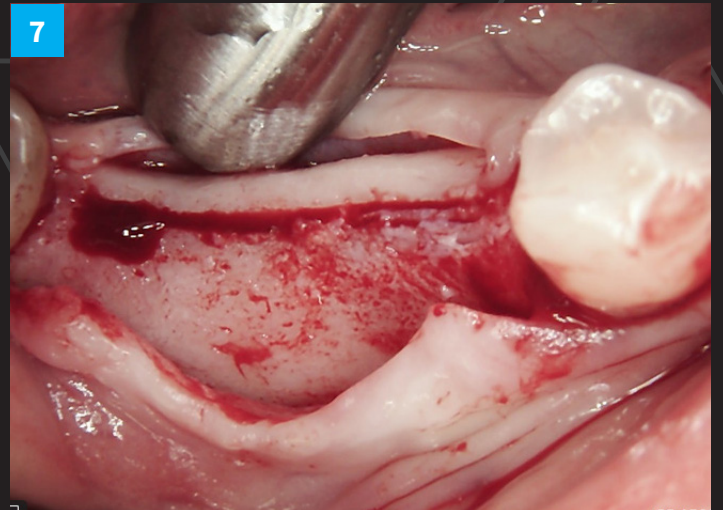
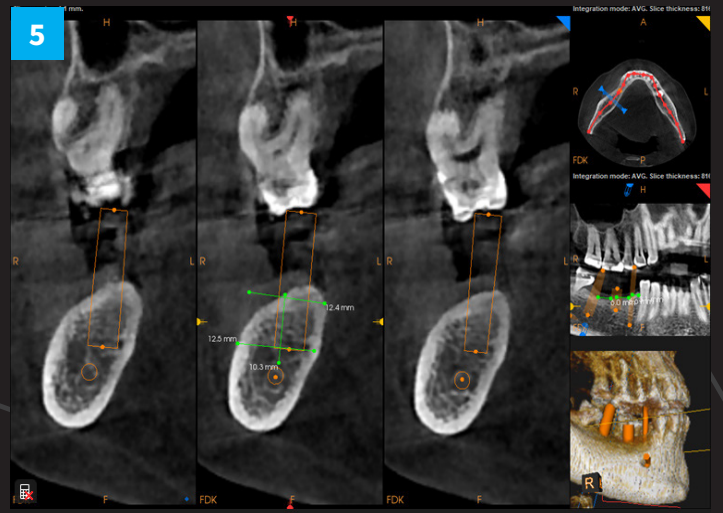
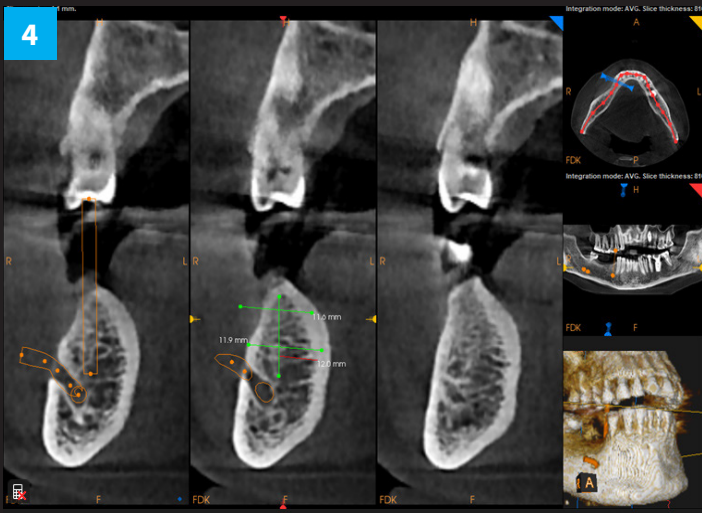
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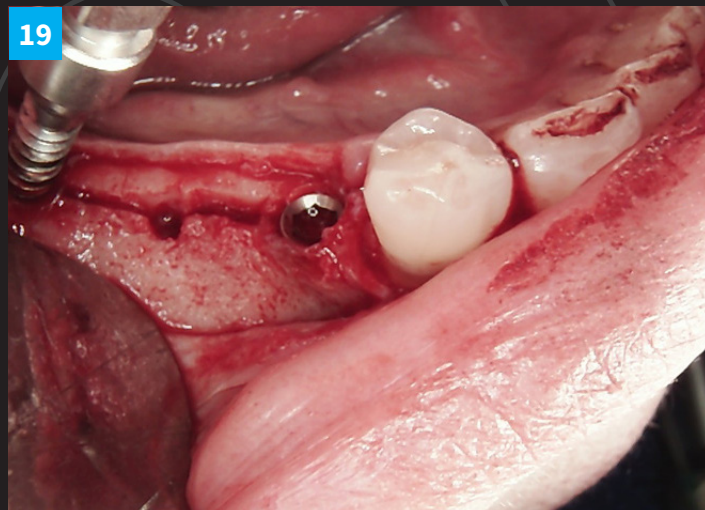
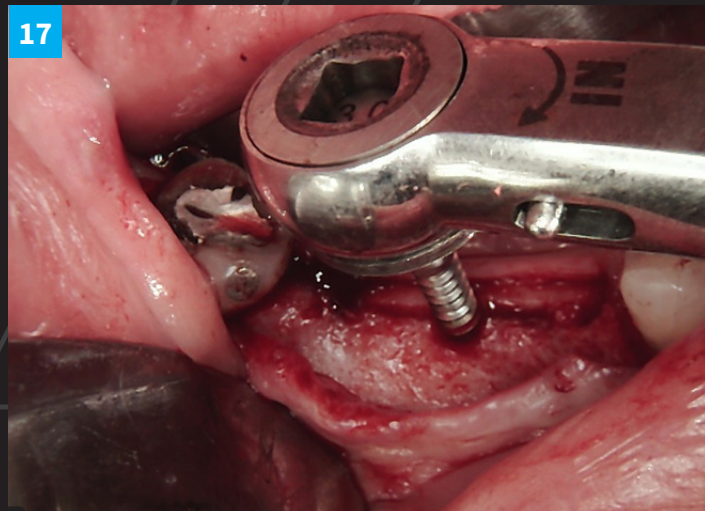
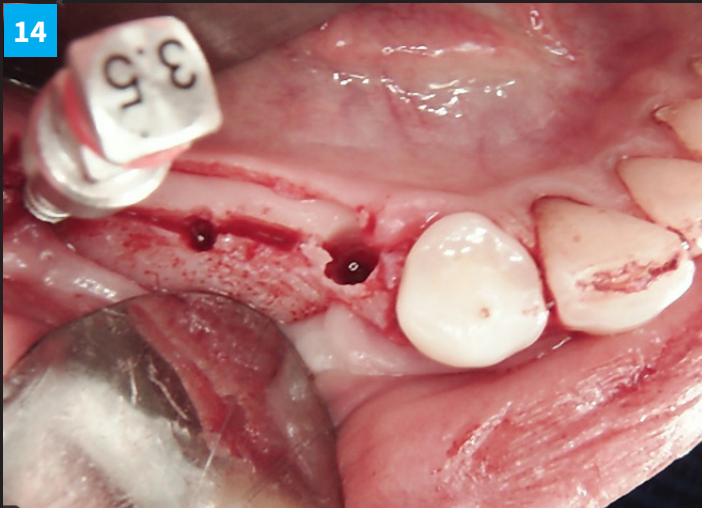
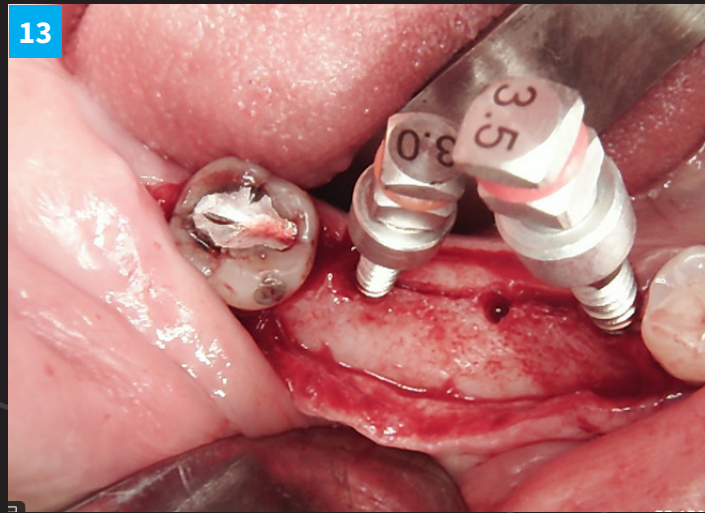
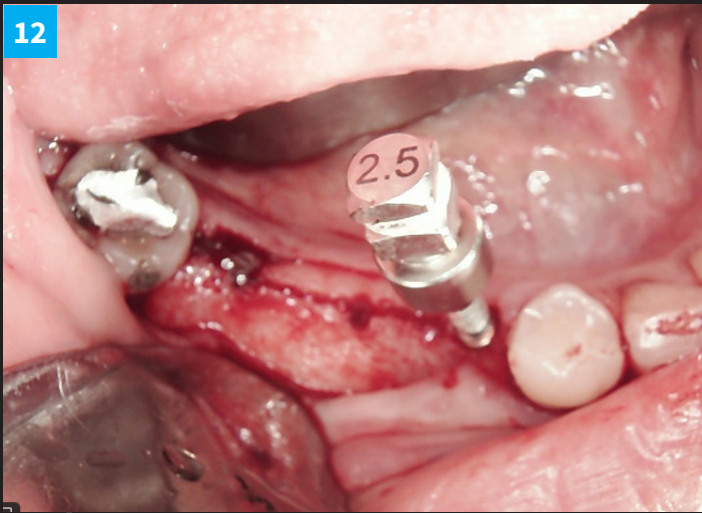
RIDGE SPLIT CLINICAL CASE

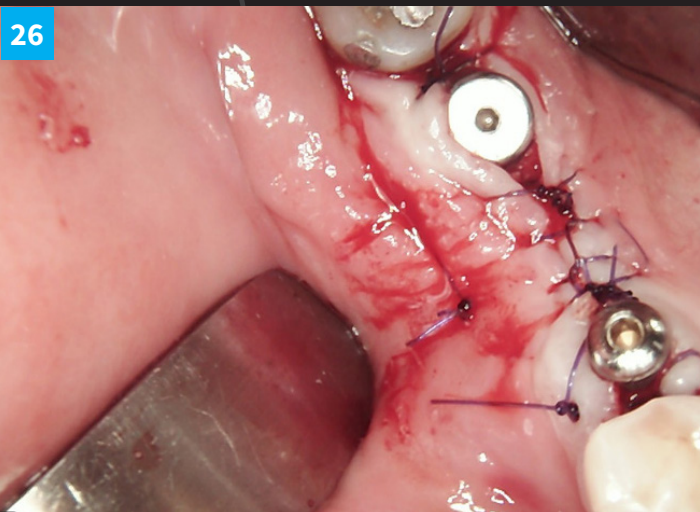
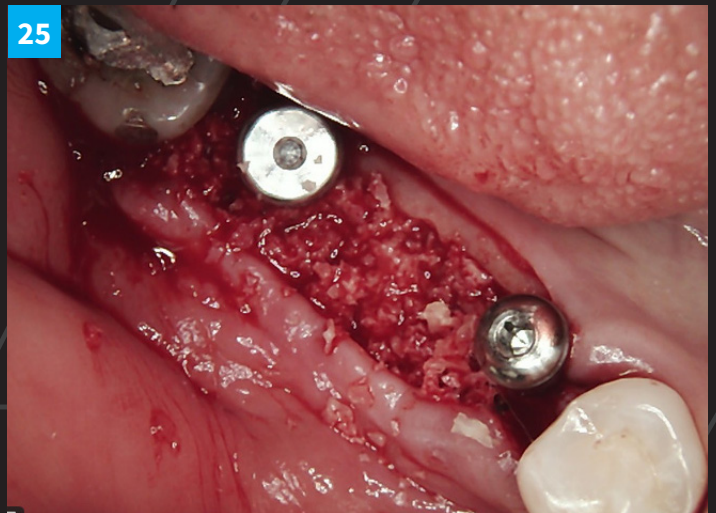
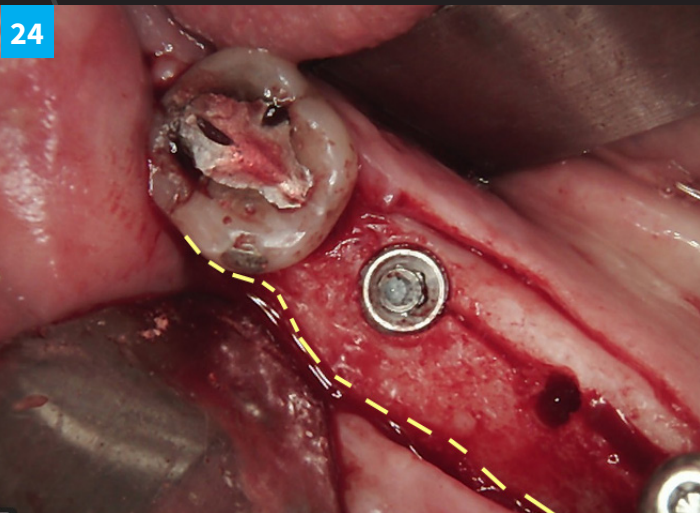
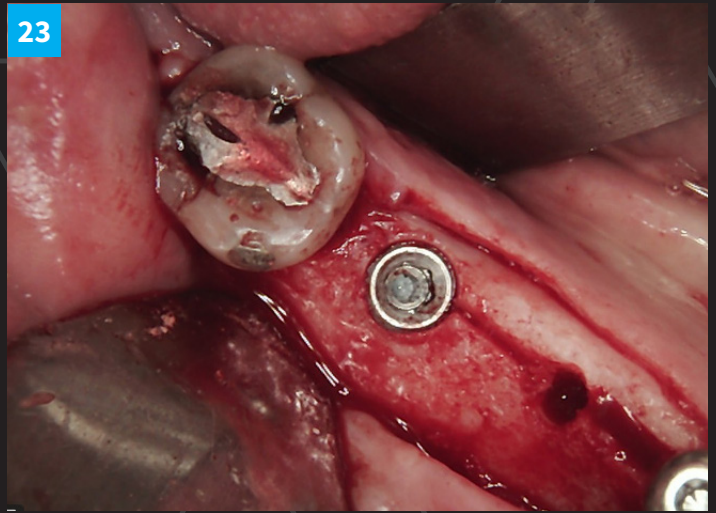
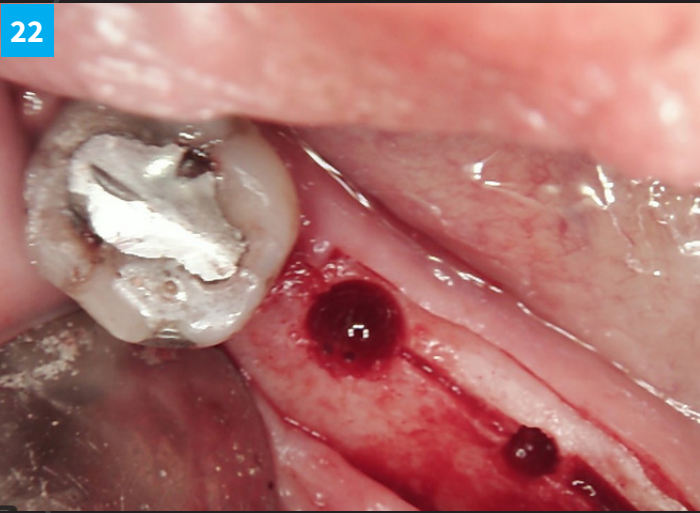
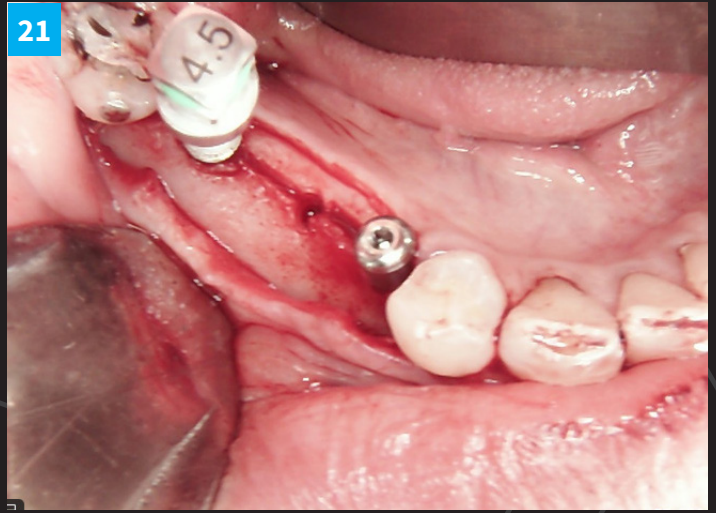
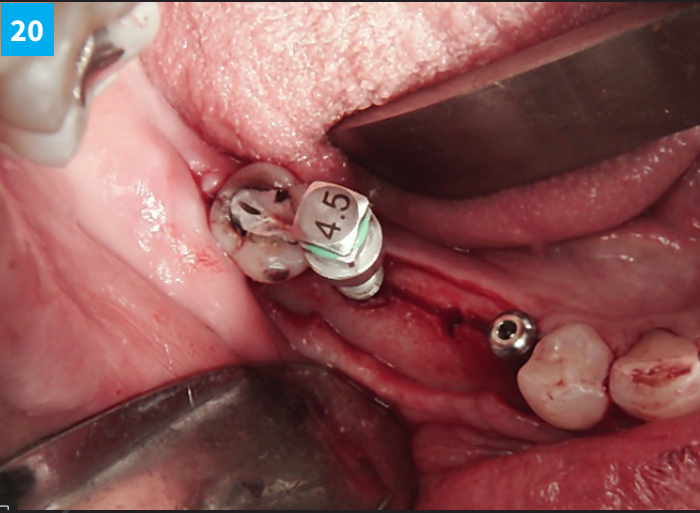


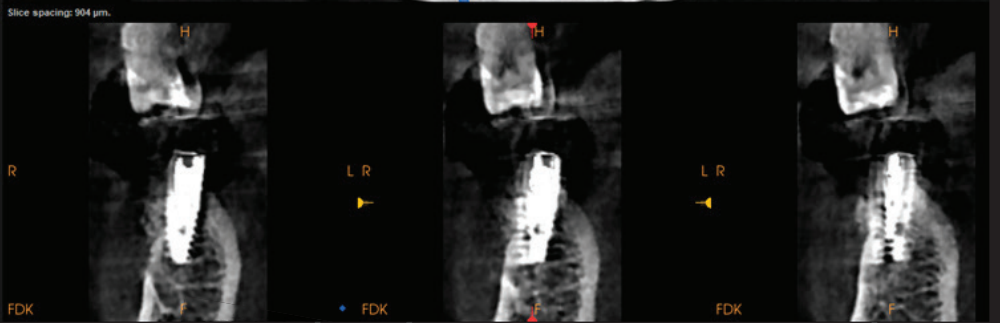
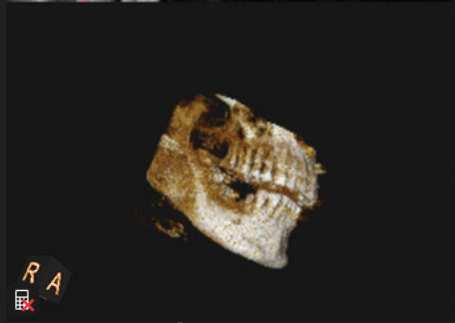
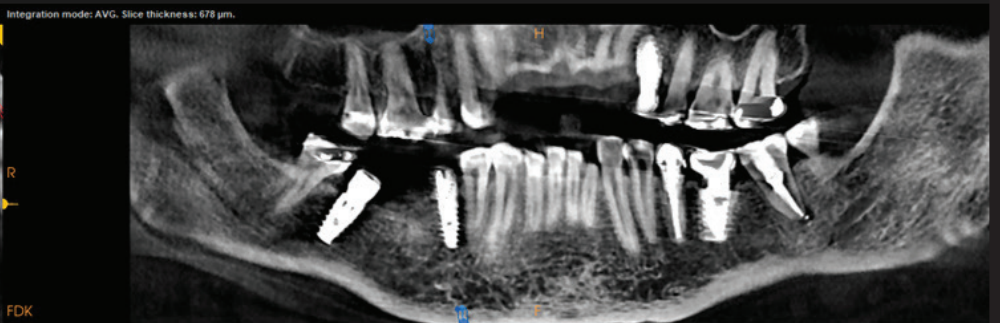
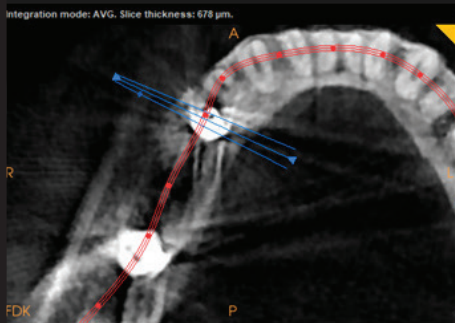
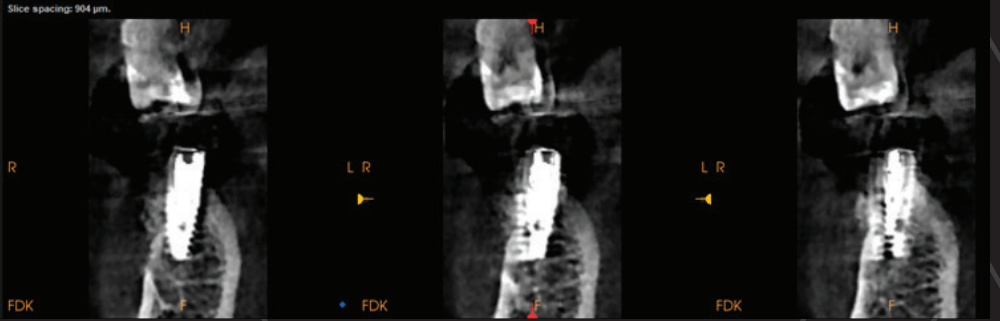
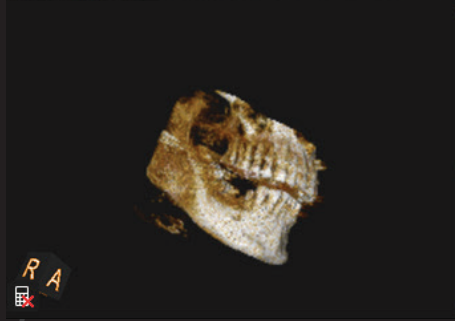
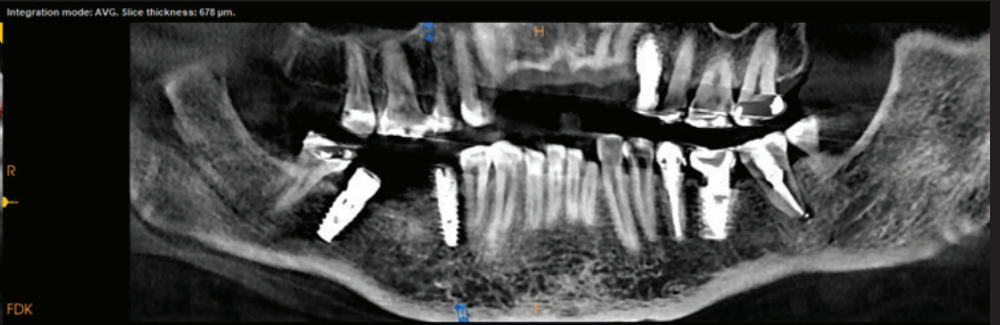
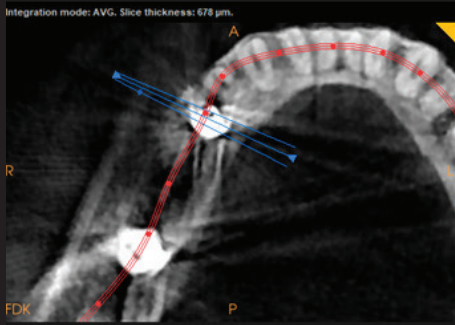
Pre-clinical picture: Thin ridge

1. CT prep screenshots show insufficient B/L width.
2. If the implants were placed in the centre of the bone like it was, then the restoration would have been too lingual and all sorts of problems would have happened.
3. Flap reflection and first cut followed implant positioning.
4. Splitting went on gradually.
5. DSI Premium Spiral 3.5x10 in the second premolar.
6. DSI Premium Spiral 5x10 in the second molar region.
7. DSI Premium Spiral Healing abutments 3.8x5 & 5.5x5.
8. Zenoss Xenograft placed on the buccal after the release of flap.
9. DSI Suturing using PGCL vertical mattress on mesial of PM.
10. Suturing using PGA vertical mattress on mesial of PM.
11. Deep horizontal suture and locking continuous mattress in between implants to achieve closure.
12. Area irrigated with Tetracycline solution throughout the surgery.
13. Digital scan for restoration in 4 months.

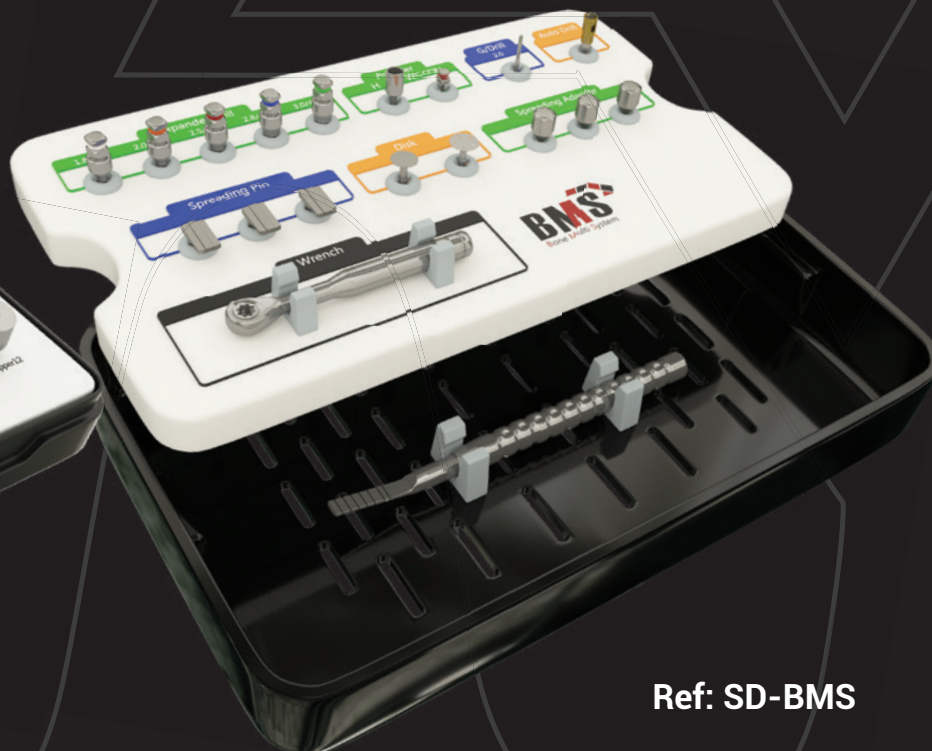








Ref: SD-IPO



Ref: SD-BMS

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