

ethOss<sup>®</sup>

Grow  
Stronger<sup>®</sup>

Volume 4

CASE  
STUDY

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PATIENT MEDICAL HISTORY

Male  
54 years old  
Non-smoker

Extraction tooth 36, usage of degranulation burs, EthOss (1 cc) and blue@m gel. After 2 months-implant placement + EthOss for vestibular volume (0,5 cc) and immediate crown.

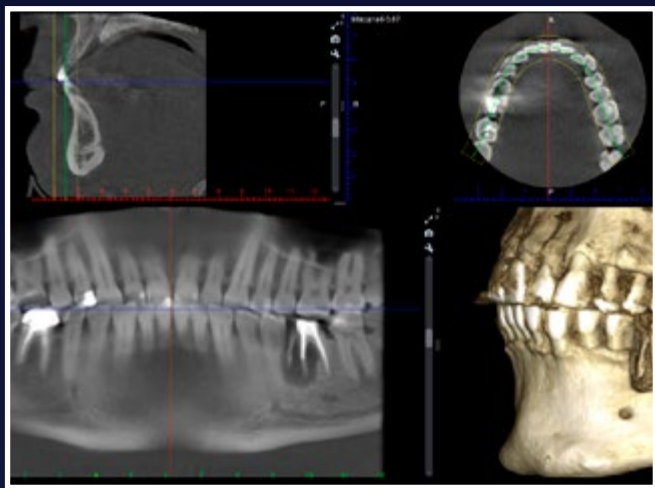
Case from Dr Mikhail Murashov, Uzbekistan



 Dr Mikhail Murashov



1. CT scan before treatment



2. CT scan before treatment



3. Large bone defect



4. Initial situation



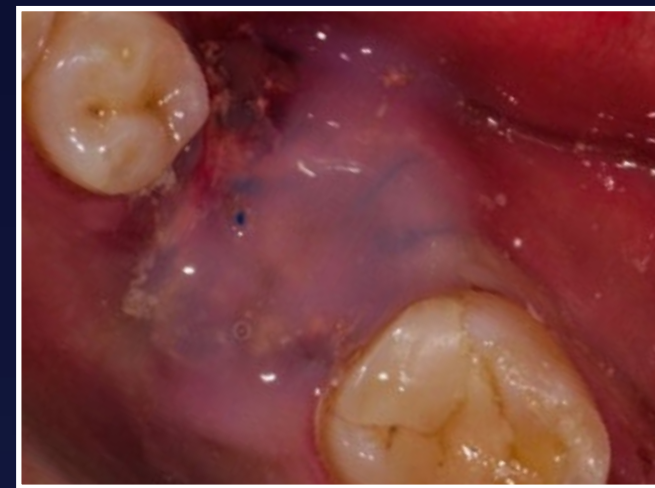
5. After extraction



6. Roots fracture



7. 1cc of EthOss® Bone Graft material placed into the defect



8. Tension-free primary closure with monofilament, non-absorbable sutures. blue@m gel placed.



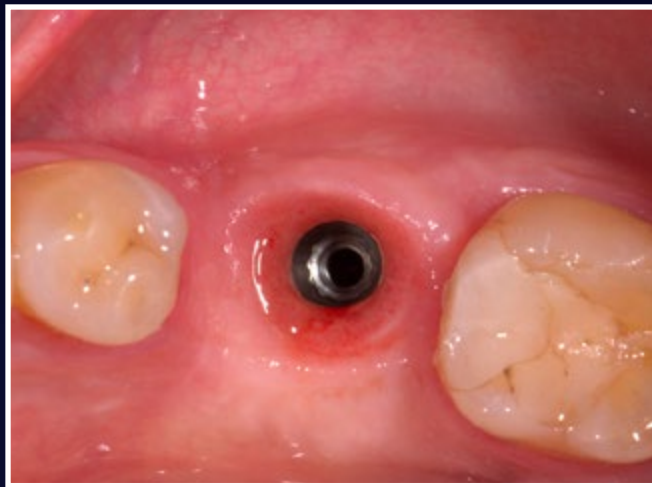
9. Healing after 1 week



10. Bone volume after 2 months. Decision to place more EthOss.



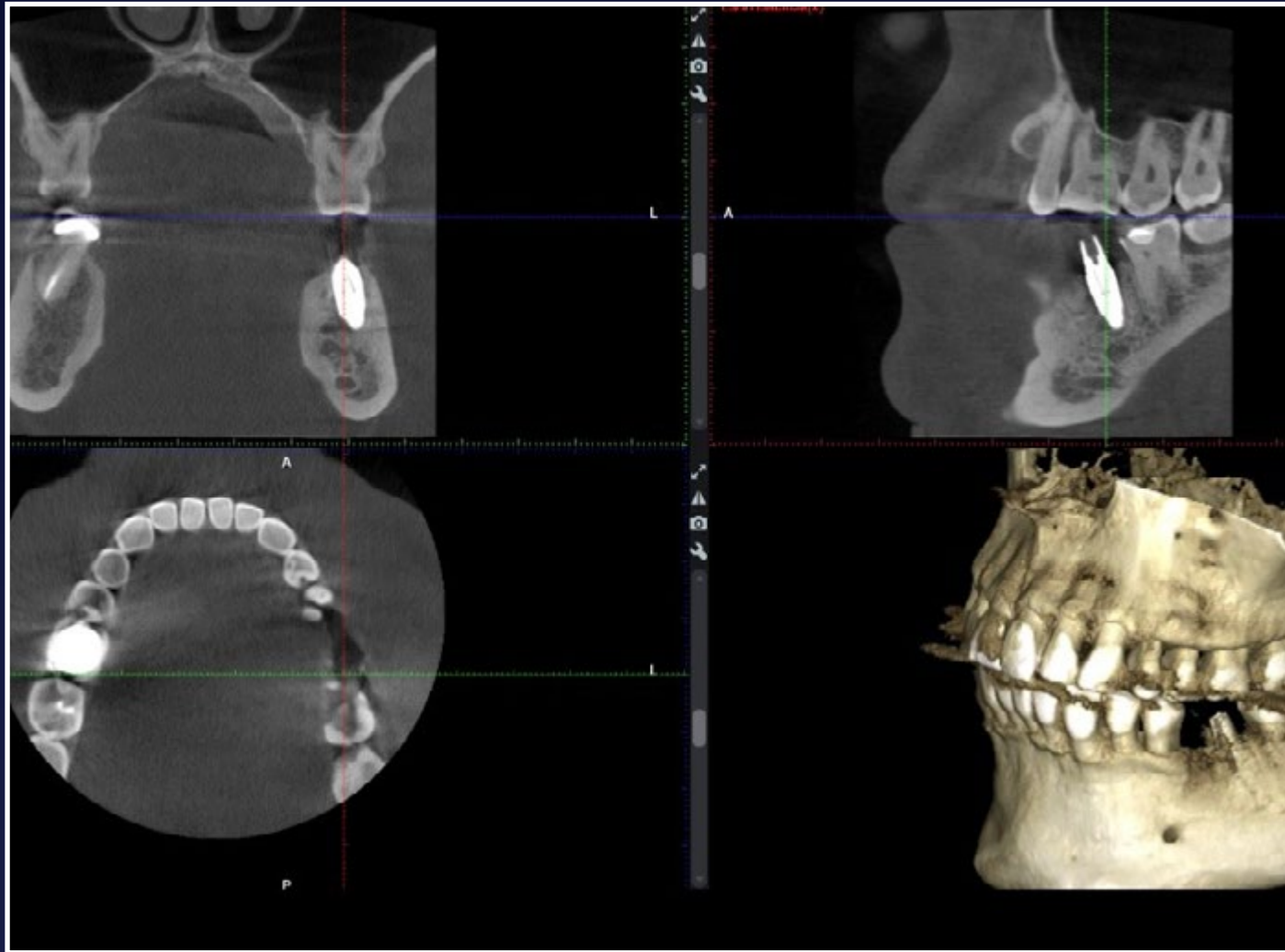
# GROW CONFIDENT



11. Soft tissue after 4 months



12. Crown



13. CT scan after treatment



PATIENT MEDICAL HISTORY

Female  
63 years old  
Non smoker  
Fibromyalgia

Tooth UR3 (13) extracted due to root vertical fracture with periapical radiolucency (PARL). Challenging case as it is a tooth close to a dental implant, compromising the papilla. Clinically, it presented pain, bleeding and PD ≥ 12mm.

Case from Dr Vanessa Suarez-Cordoba, Colombia



 Dr Vanessa Suarez-Cordoba



1. Preoperative Radiograph



2. Initial clinical situation (a scar is observed at the level of the incisor due to previous surgery)



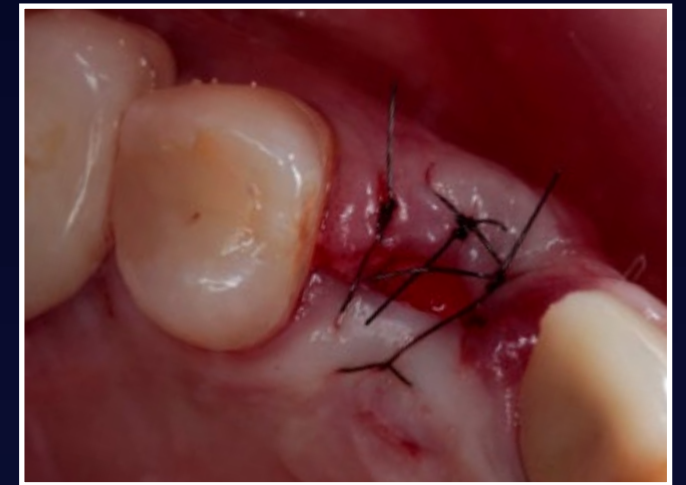
3. Atraumatic extraction



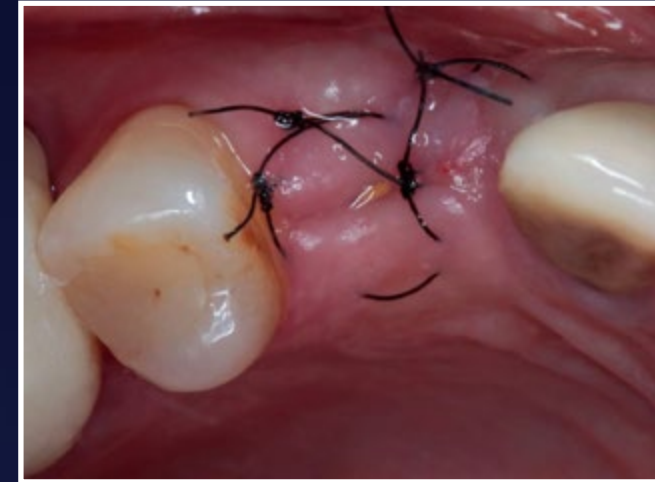
4. Curettage and socket management



5. Bone grafting of socket with 0.5cc EthOss® Bone Graft material



6. Suture with nylon 5-0 and simple stitches



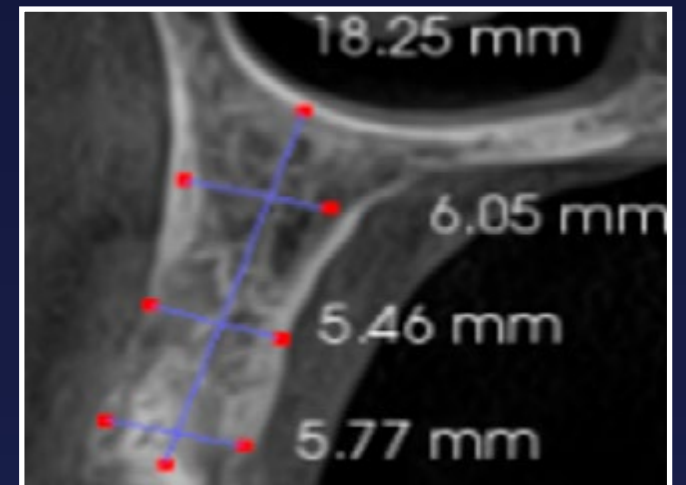
7. Sutures



8. 1 Week post-surgery



9. Post-operative CBCT showing integration of the bone grafting material

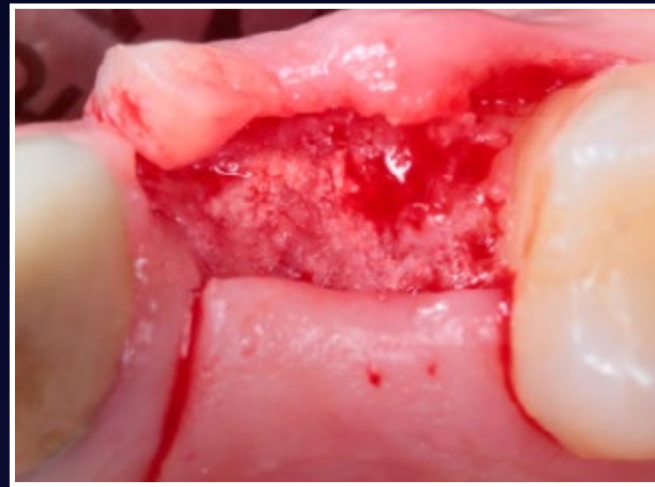


10. Post-operative CBCT showing integration of the bone grafting material





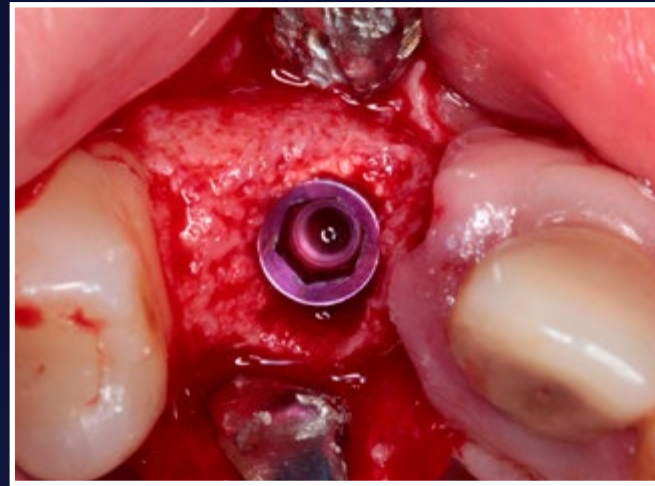
11. Second phase surgery 12 weeks post-op



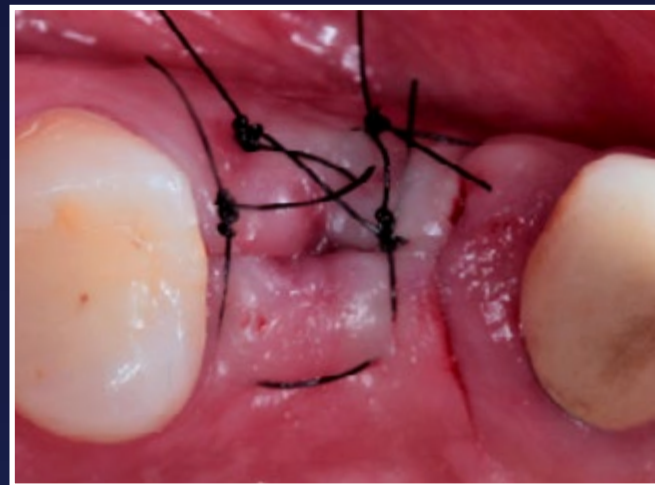
12. Occlusal view after minimal flap, preserving papilla near lateral incisor implant



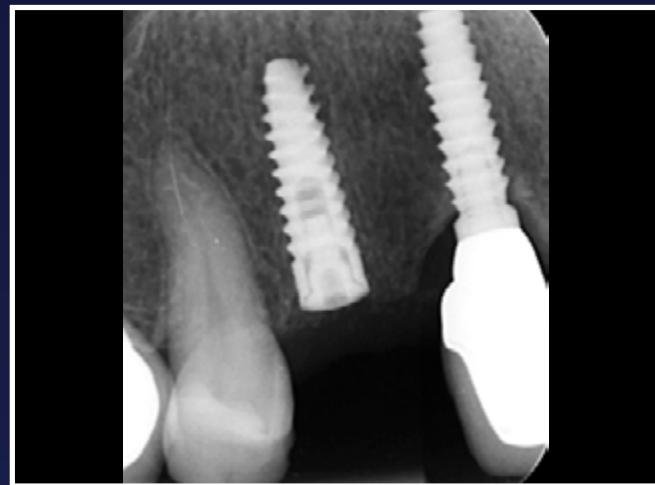
13. Performing biopsy using trephine



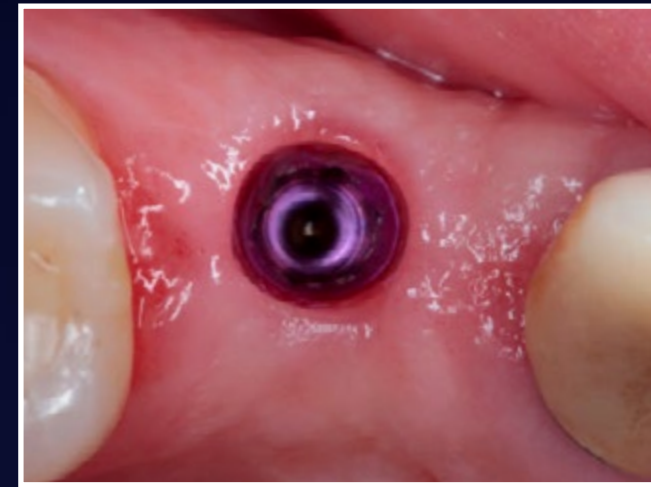
14. 3.75x11.5 seven implant (MIS) placed with surgical guide



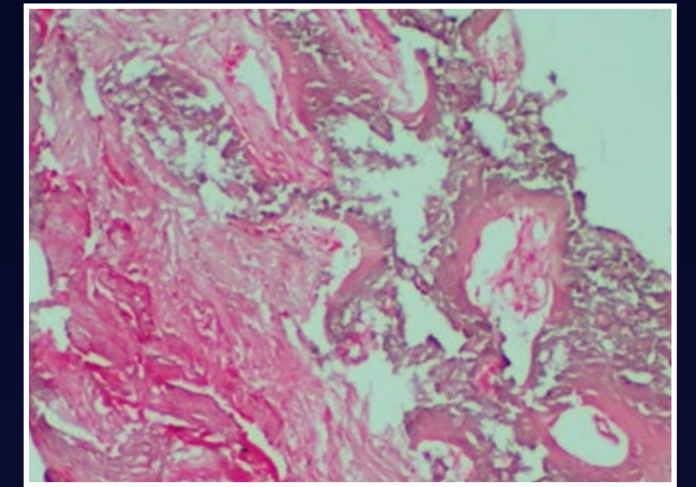
15. Suture closed



16. Uncovering surgery and placement of healing abutment



17. Uncovering surgery and placement of healing abutment



18. Histological results showing new bone formation



19. Soft tissue stability, wide keratinised gingiva



20. Provisionalisation using the original dental crown



21. Radiograph - prior to fitting of permanent crown



22. Crown and soft tissue stability



PATIENT MEDICAL HISTORY

Female  
75 years old  
Non-smoker

Extraction and immediate placement of a Southern co-axis implant UR1. Immediate temporisation.

Case from Dr Andrew Farr,  
United Kingdom



🇬🇧 Dr Andrew Farr



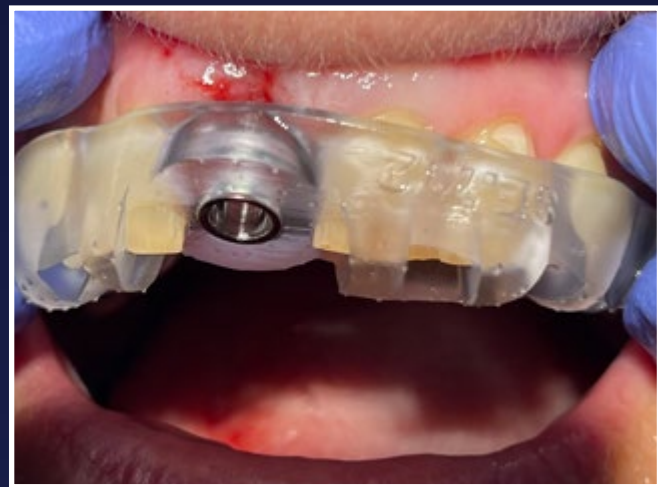
1. Pre-op radiograph



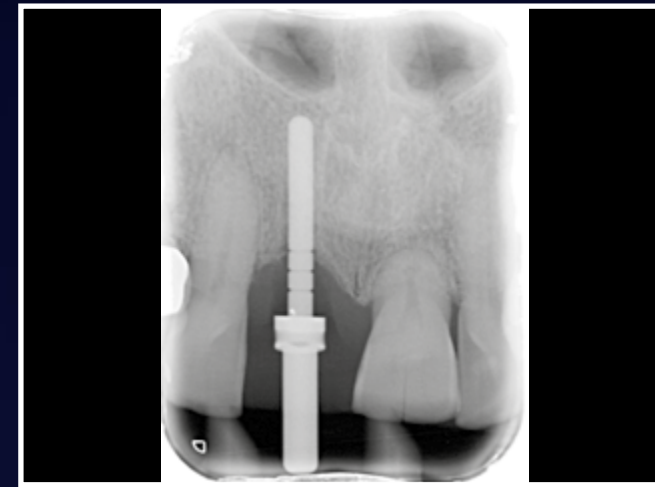
2. Careful removal of UR1



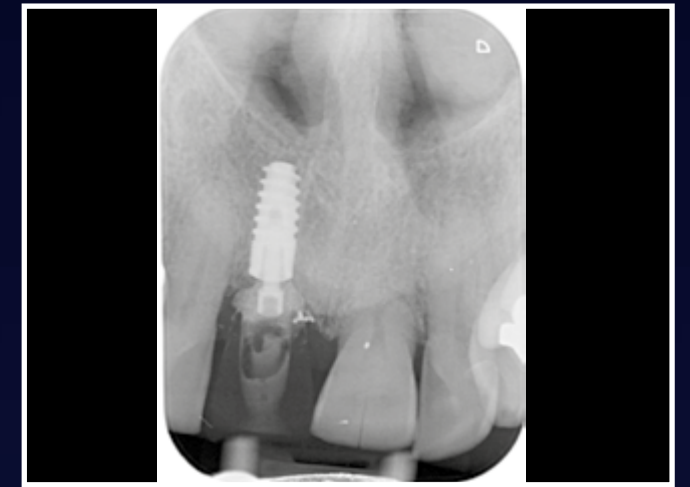
3. Socket debridement



4. Southern Guided surgical stent



5. Depth gauge



6. Confirmation of scan body



7. Temporary cylinder with EthOss® Bone Graft material



8. Temporary crown immediate post surgery



9. Temporary crown and graft



10. Temporary crown 2 months post op with excellent gingival healing



## Extraction and immediate tooth replacement therapy



11. Excellent gingival contour



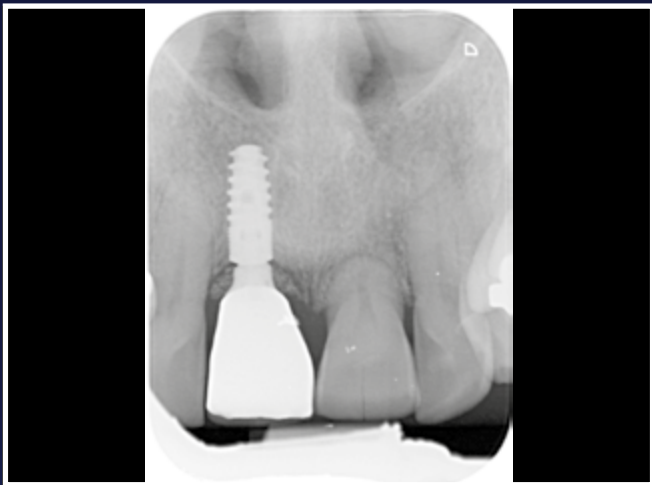
12. Excellent gingival contour



13. Final crown



14. Final crown



15. Post operative PA



PATIENT MEDICAL HISTORY

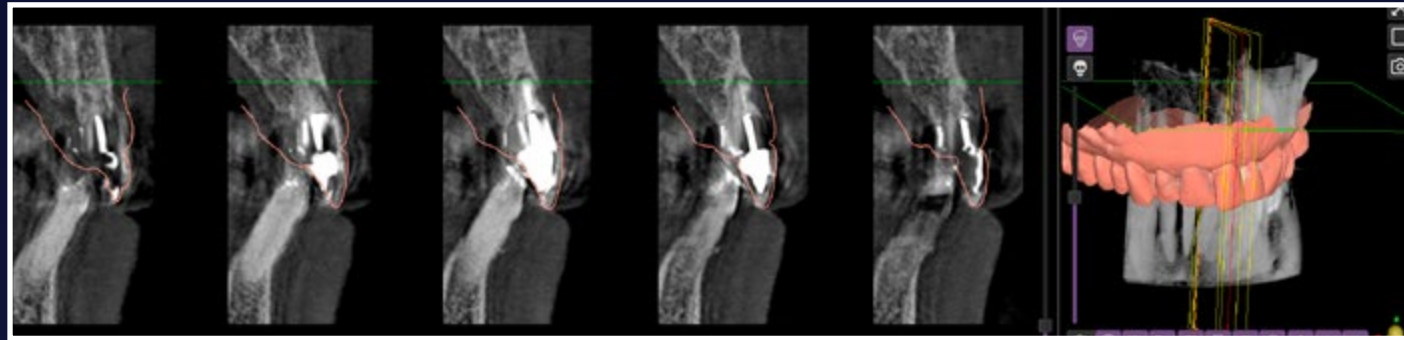
Male  
68 years old  
Non-smoker

A patient with prior extensive treatments on the upper left central and lateral incisors required extraction due to vertical root fractures. Immediate implant placement and EthOss bone grafting were performed. Socket shielding preserved the buccal bone plate, supporting soft tissue stability and bone integration for lasting aesthetics.

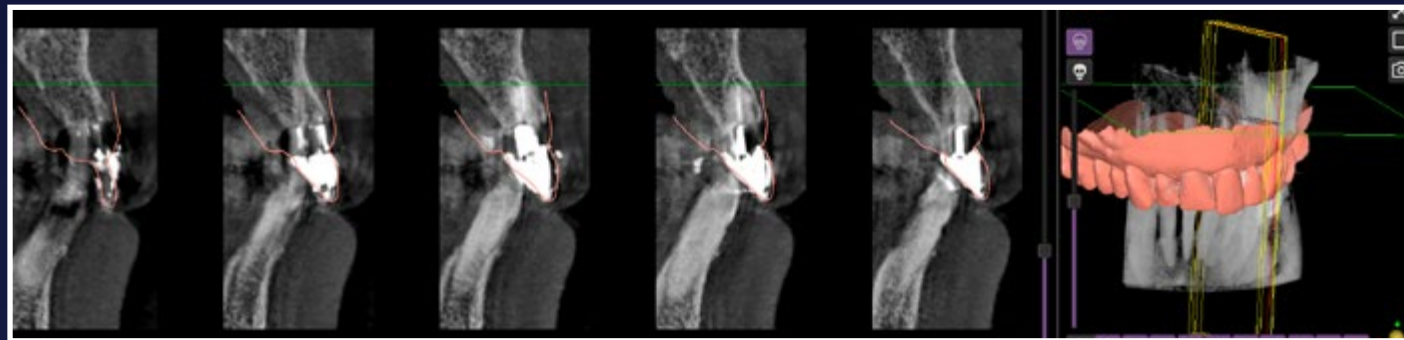
Case from Jakub Batycki,  
United Kingdom



🇬🇧 Dr Jakub Batycki



1. CBCT - central incisor slice



2. CBCT - lateral incisor



3. Preoperative



4. Socket shielding outline



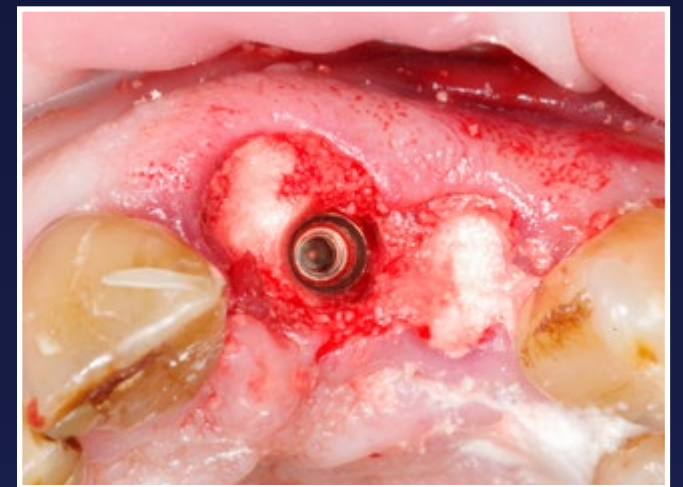
5. Initial preparation



6. Socket preparation using EthOss degranulation burs



7. Placement of 12 degree internal angle correction implant into septum



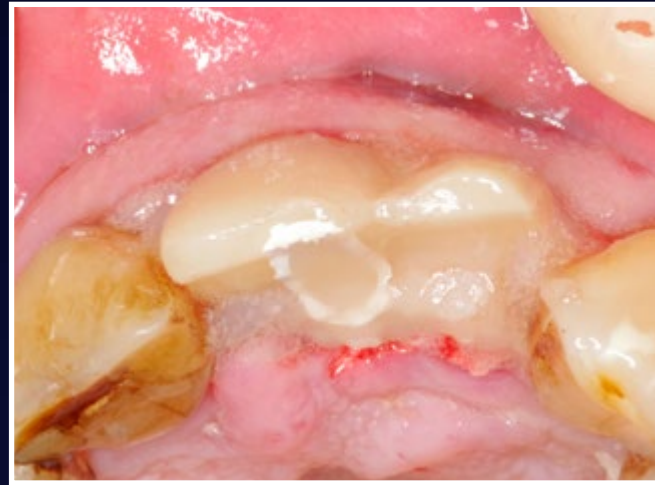
8. Socket was filled with 1cc of EthOss® bone graft material



Socket shield immediate cantilever bridge



9. Sockets were filled



10. Temporary crown immediate post surgery



15. PA radiograph 15 weeks post placement



16. 12 months review



11. Post operative PA radiograph



12. 12 weeks review



17. 12 months review of implant



18. 12 month review occlusal view



13. 12 weeks post operative PA radiograph



14. Fit of final restoration. 15 weeks post placement



PATIENT MEDICAL HISTORY

Female  
69 years old  
Non-smoker

Implant UL6, with buccal EthOss graft.  
Aim to avoid a sinus lift into a sloping sinus floor by utilising a co-axis design implant by Southern Implants.

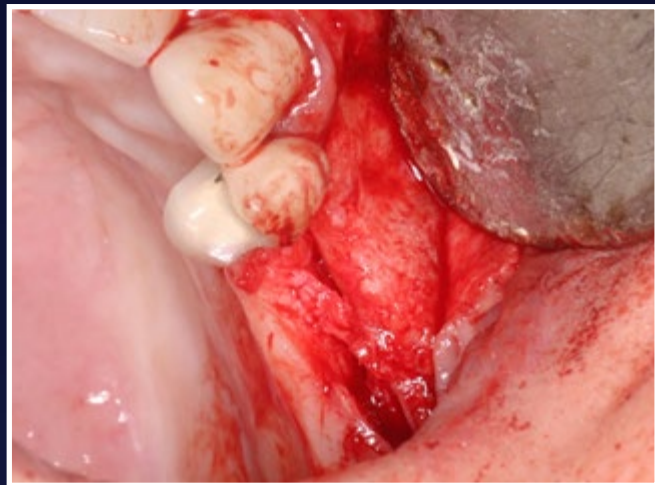
Case from Dr Marcus Hooper,  
United Kingdom



🇬🇧 Dr Marcus Hooper



1. Pre-op radiograph showing healed site with low bone height



2. 2 sided flap, mesial release



3. Angled pin to check angle change



4. Implant placed showing eventual screw channel position.



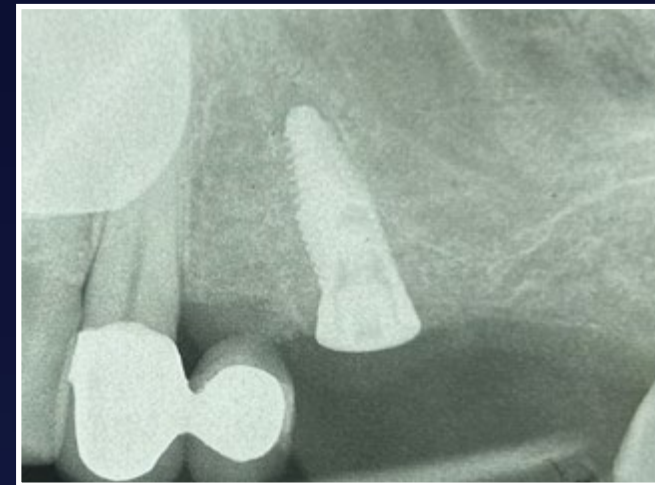
5. Short length of PDS suture placed for tenting



6. 0.5cc EthOss® Bone Graft material placed and set



7. Closure with Vicryl rapide



8. Placement radiograph



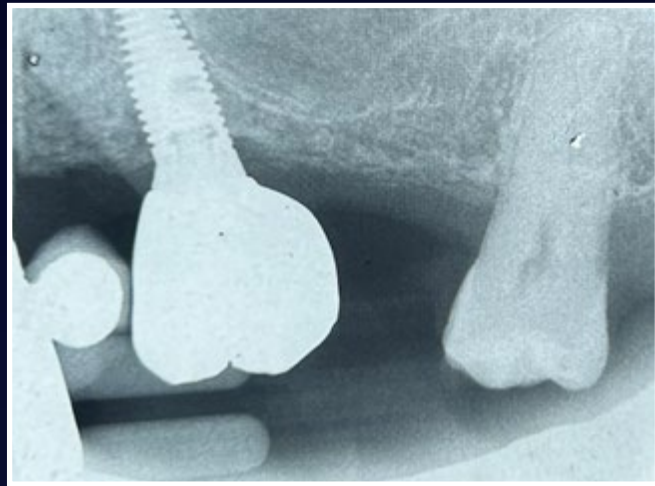
9. Final crown - occlusal



10. Final crown - buccal



Buccal graft with tenting sutures



11. Final crown - Radiograph



12. Final crown - Extra oral image

**GROW YOUR  
KNOWLEDGE**



PATIENT MEDICAL HISTORY

Female  
40 years old  
Non-smoker

Type 2 implant placement with 2 implants support 4 unit bridge.

Case from Dr Parady Hour, Cambodia



Dr Parady Hour



1. Failing bridge



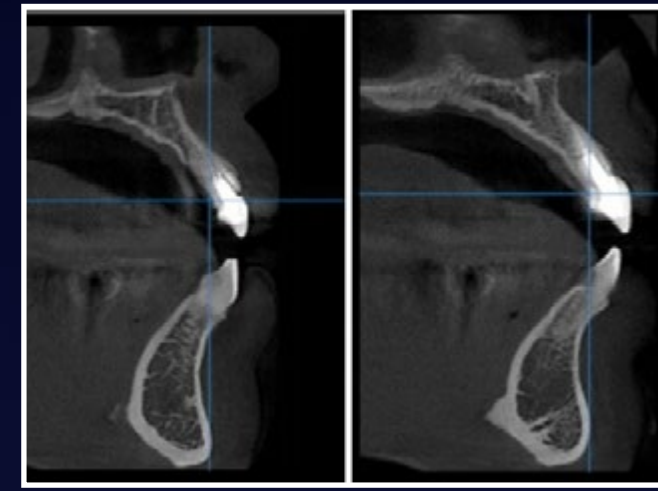
2. After removing the bridge, the tooth is unrestorable



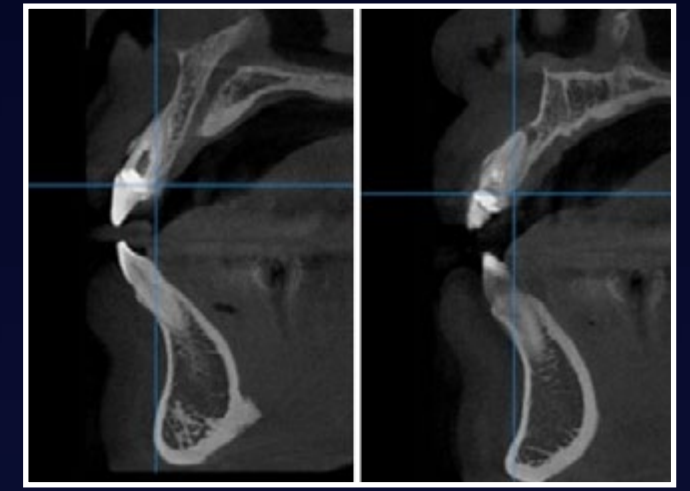
3. Occlusal view



4. PA radiograph



5. CBCT



6. CBCT



7. Extraction 12 and 22 and keep 11 and 21 as the temporary abutment



8. 6 weeks time for implant placement

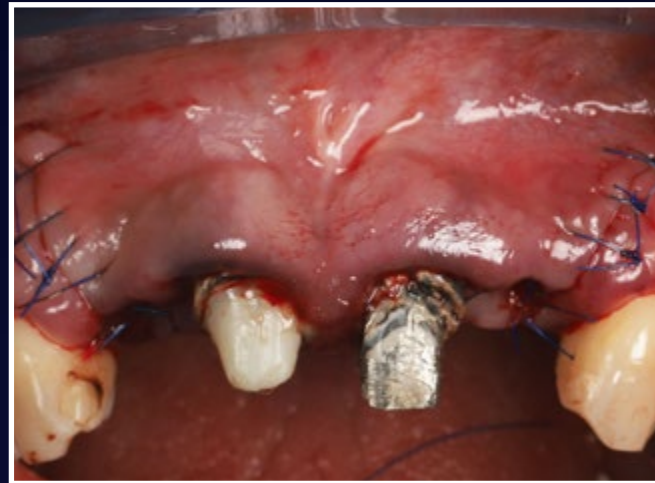


9. 12 implant placement with EthOss® Bone Graft material placement on the buccal defects

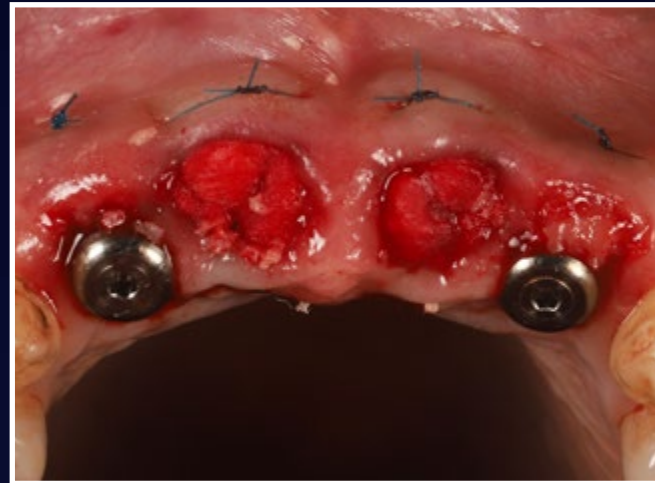


10. EthOss® Bone Graft material was used to cover the exposed implant threads





11. Suture flap



12. 10 weeks to do 2nd stage using rolling flap and EthOss socket grafting for extracted 11, 21



13. Temporary bridge



14. After some temporary adjustments, time for the impression



15. Mature soft tissue



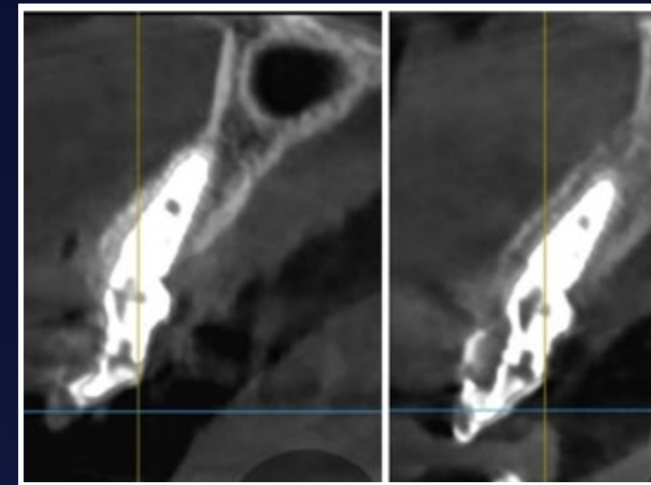
16. Ridge form and pontic sights



17. Fit of definitive bridge



18. Labial view definitive bridge



19. Thick buccal bone at the implant sites



PATIENT MEDICAL HISTORY

Female  
58 years old  
Non-smoker

Peri-Implantitis, removal place and graft with EthOss and 4 years loaded. Reduced keratinised tissue but stable now.

Case from Dr Peter Fairbairn,  
United Kingdom



🇬🇧 Dr Peter Fairbairn



1. Initial situation - implant placed 9 years ago, stable situation



2. 9 months later, implant displaying suppuration



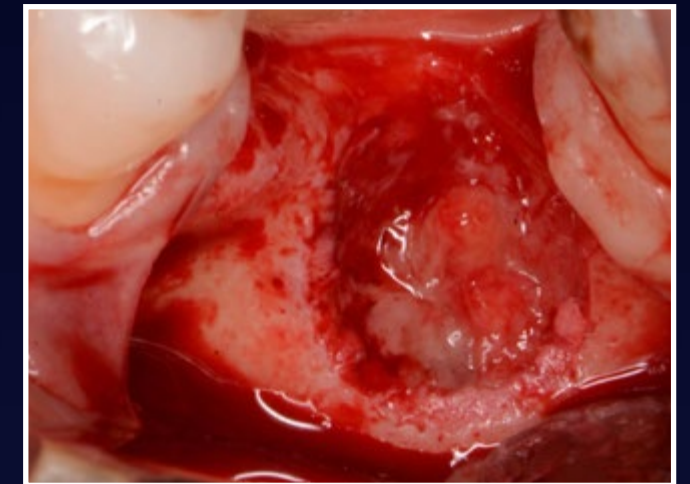
3. Radiograph shows bone loss beyond saving so decision to remove



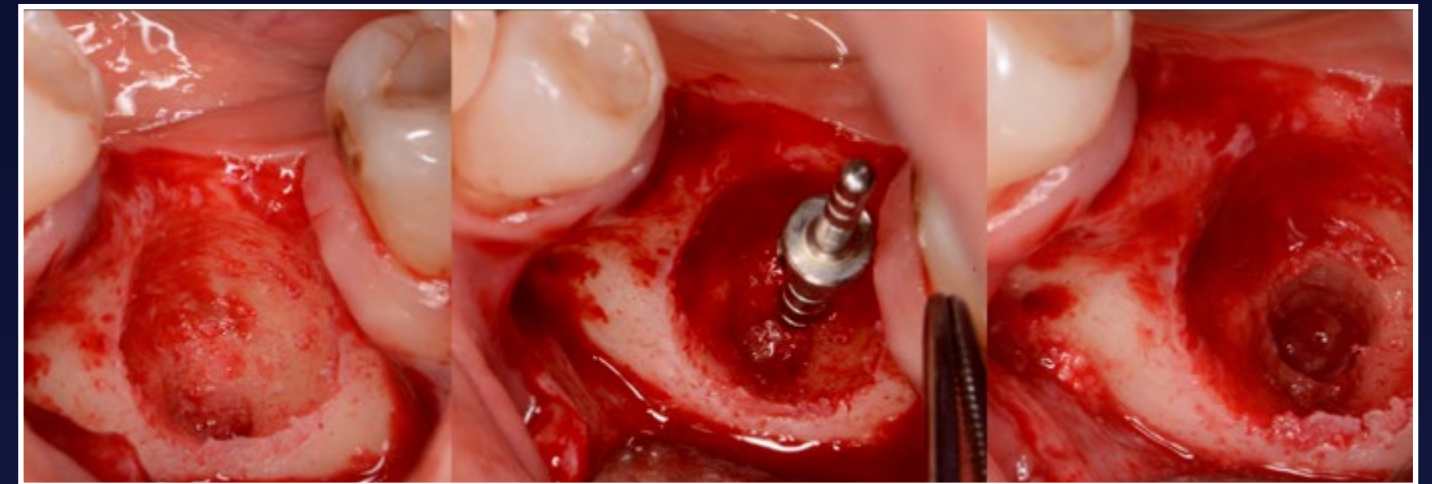
4. Failed contaminated implant



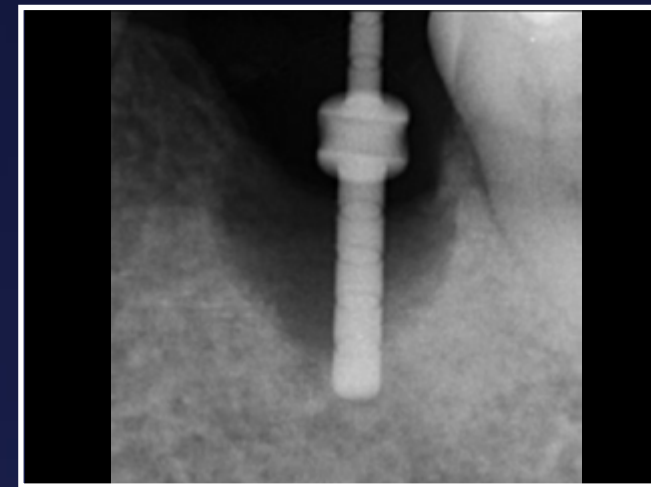
5. 5 weeks post explantation



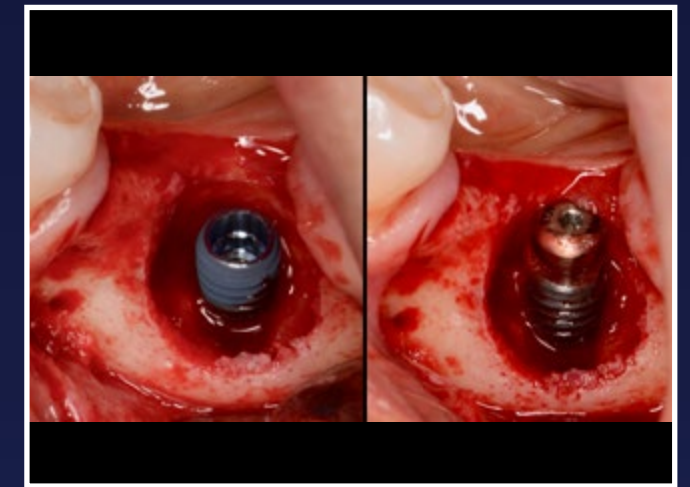
6. Flap raised and papilla sparing



7. Clean the site well and osteotomy



8. Checking



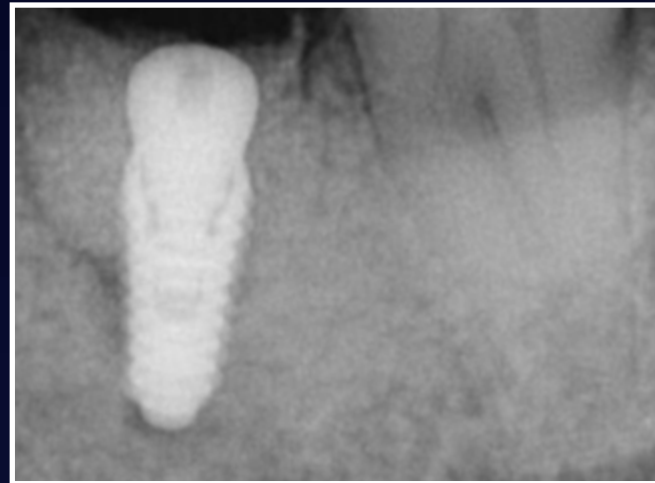
9. Placement of new implant and healing abutment



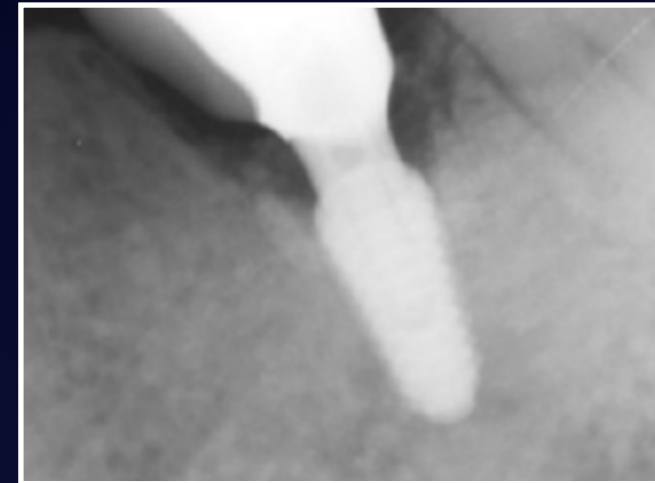
Failed implant placement and graft



10. Placement of EthOss® Bone Graft material



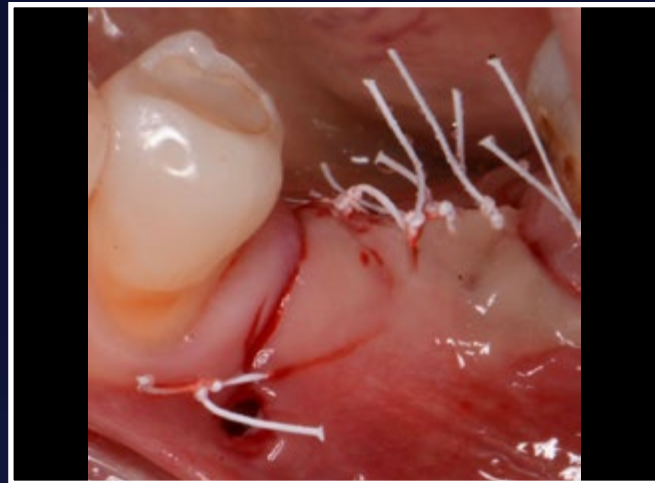
11. Radiograph displays stability



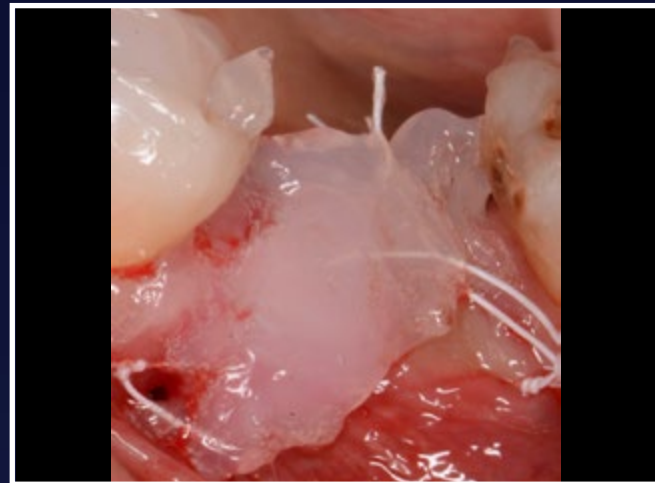
16. Radiograph at 4 years shows fully turned over to host bone



17. Loaded at 4 years



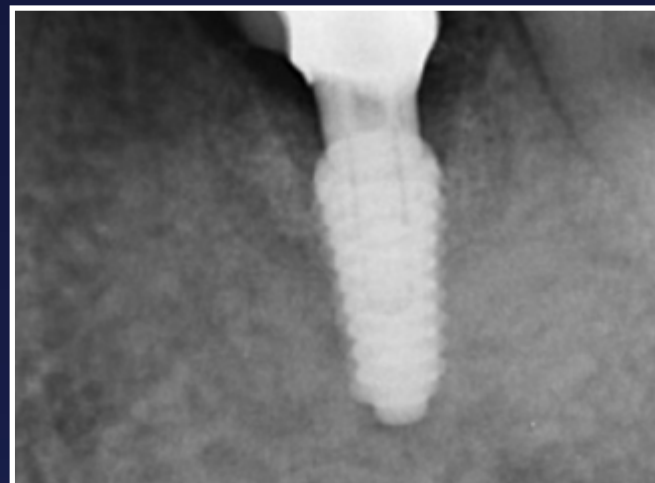
12. PTFE Sutures



13. Placement of blue@M gel



14. 11 weeks post surgery, crown loaded



15. Radiograph at 6 months displays great bone regeneration



PATIENT MEDICAL HISTORY

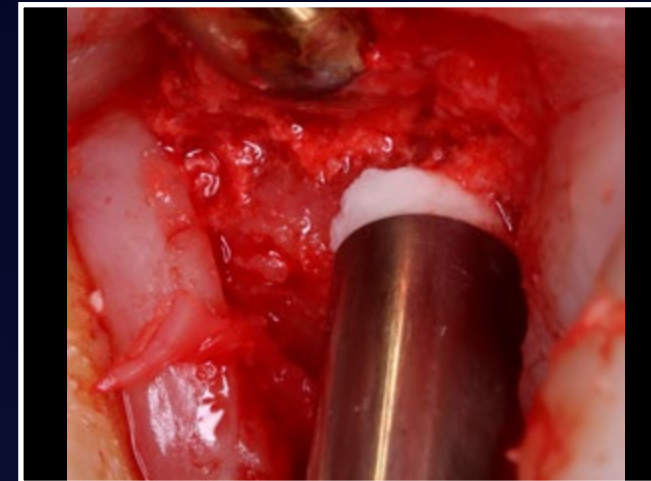
Male  
43 years old  
Non-smoker

Bone augmentation, sinus lift crestal approach, simultaneously implant placement.

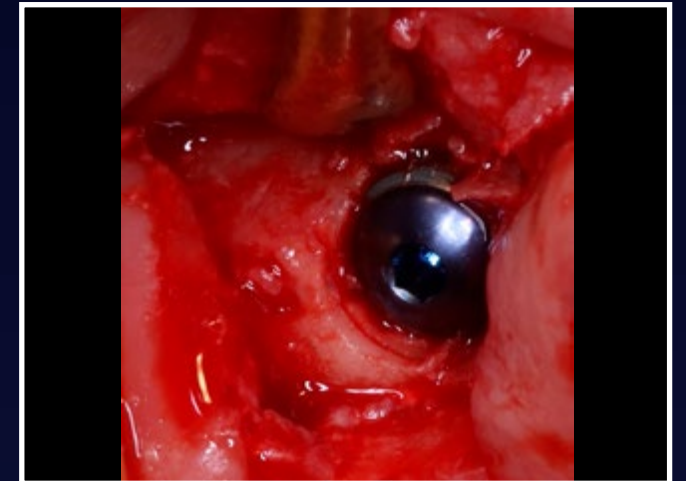
Case from Dr Sebastian Baka, Poland



Dr Sebastian Baka



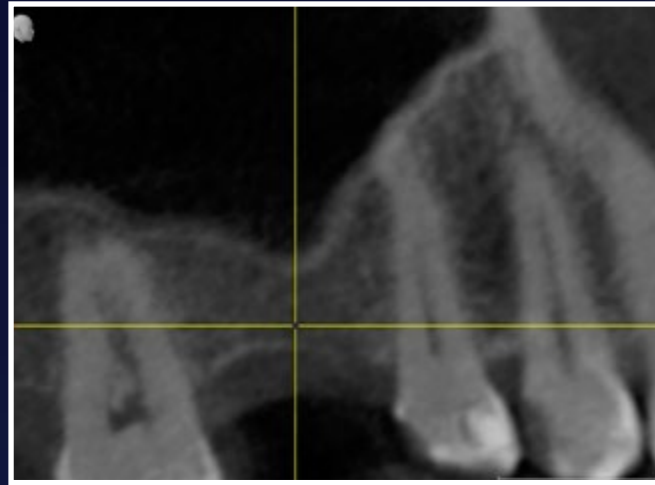
5. Sinus augmentation with EthOss® Bone Graft material



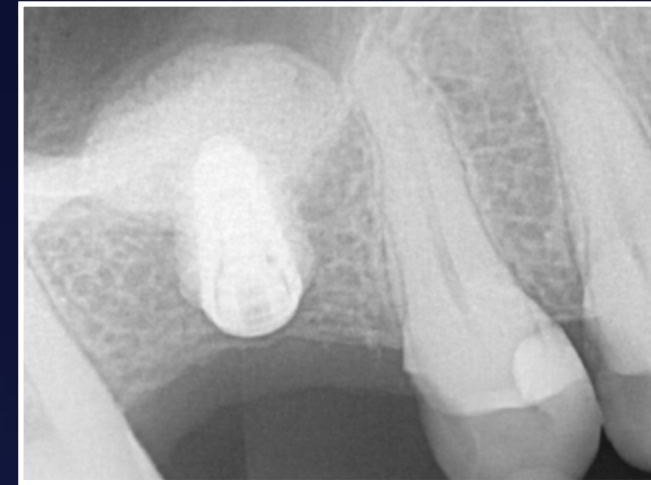
6. Implant placement



1. Initial situation



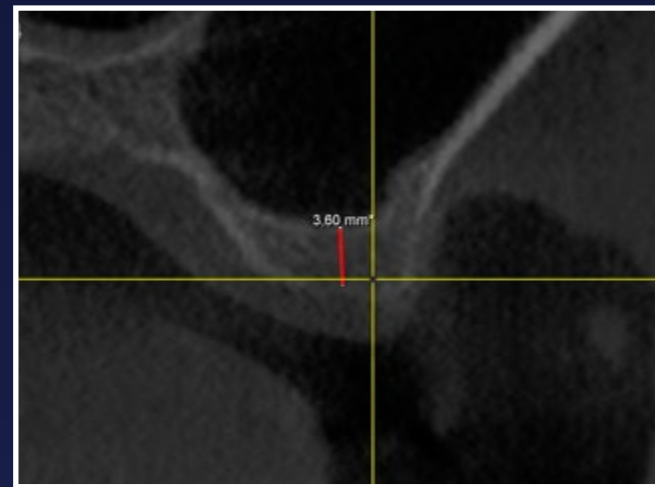
2. CBCT sagittal view



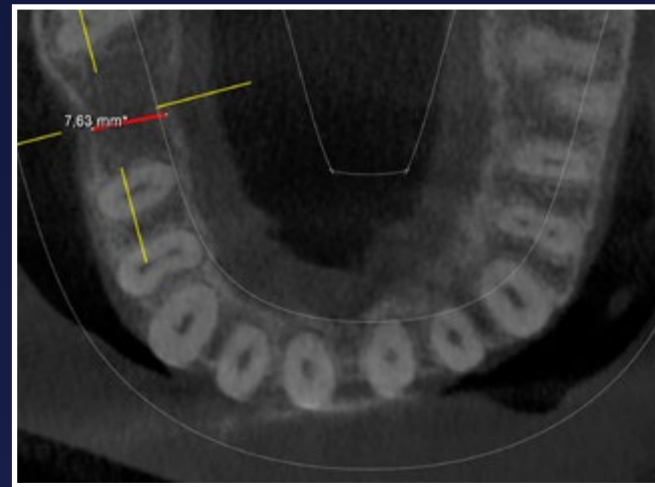
7. Immediate post placement - RVG implant



8. Soft tissue management roll flap tech



3. CBCT transsection view



4. CBCT occlusal view



9. Soft tissue management roll flap tech



10. Soft tissue management roll flap tech



# GROW STRONGER



11. Screw retained crown prior to fitting



12. Implant loading, 4 months after implant placement - e.max screw retained crown



13. RVG Implant loading - 4 months after implant placement - e.max screw retained crown



14. Final result 2 months after implant loading



15. Final result 2 months after implant loading



PATIENT MEDICAL HISTORY

Male  
50 years old  
Non smoker

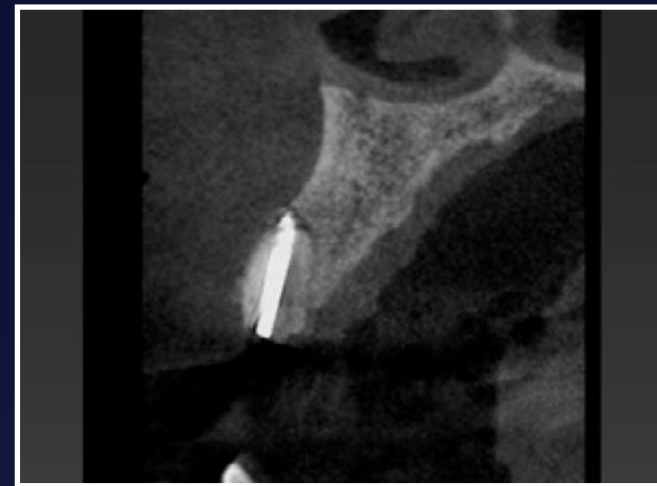
Coronal fracture necessitated extraction, and the case was managed with early implant placement followed by conventional loading.

Early implant placement offers several benefits, such as complete gingival healing, which allows for primary tissue closure. This helps maintain graft integrity and reduces the risk of exposure.

Case from Dr Maria Paula Herrera, Colombia



Dr Maria Paula Herrera



1. CBCT initial



2. CBCT digital planning



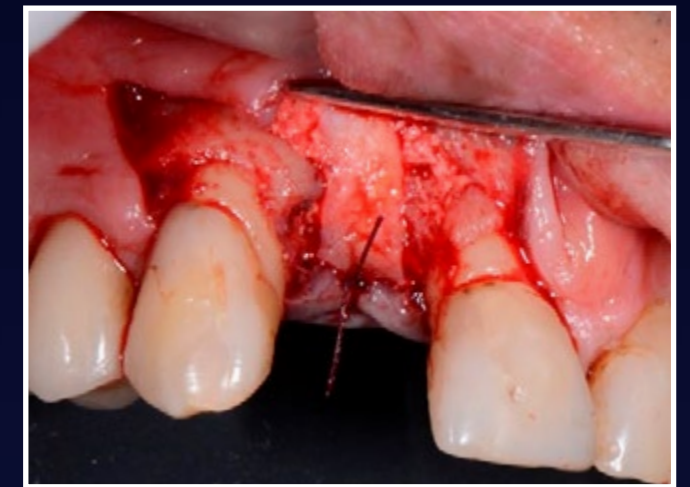
3. Flap elevation, removal of granulation tissue



4. Placement of Straumann BLT implant, primary stability with torque of 30 newtons



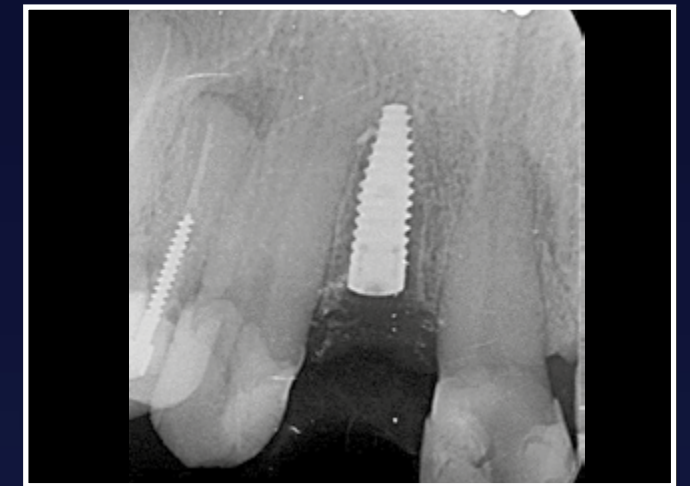
5. Graft with 0.5cc EthOss® Bone Graft material



6. Connective tissue in order to improve aesthetic conditions subsequent to dental extraction



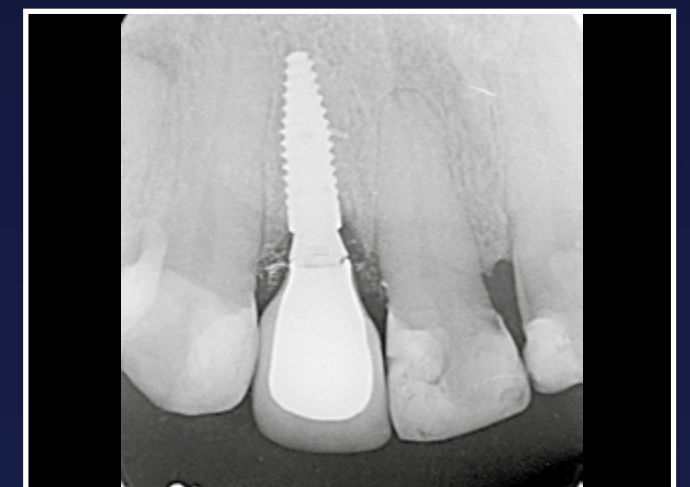
7. The surgery is completed immediately, followed by provisionalisation with a removable prosthesis



8. Control radiograph 1 month after implant placement



9. Final crown, keratinised tissue and adequate papillary filling are observed



10. Radiograph at the final delivery of the restoration



PATIENT MEDICAL HISTORY

Female  
50 years old  
Non-smoker

Immediate placement and loading of a cracked central incisor in combination with EthOss, utilising both a wet and dry / solid mix of the material

Case from Dr Willem Baas, Netherlands



 Dr Willem Baas



5. Further EthOss placed in the jumping gap



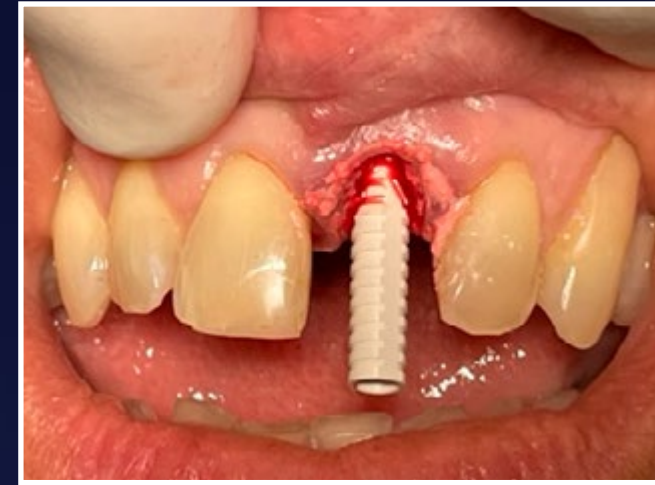
6. Occlusal view of situation



1. Initial situation



2. Tooth removed and site degranulated thoroughly



7. PEEK abutment fitted



8. Flow composite applied to create temporary crown



3. First tranche of EthOss® Bone Graft material placed



4. Implant placement



9. Provisional curing

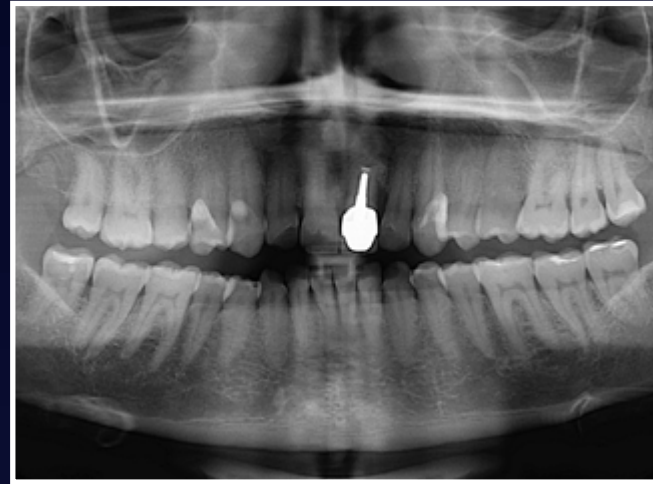


10. Checking for fitment





11. Provisional fixed in place



12. OPG of initial cracked root



13. Directly after implantation with provisional crown

**GROW YOUR  
EXPERTISE**



PATIENT MEDICAL HISTORY

Male  
56 years old  
Non-smoker

Extensive buccal root caries with abscess.  
Extraction with socket grafting with EthOss. Later  
implant supported restoration.

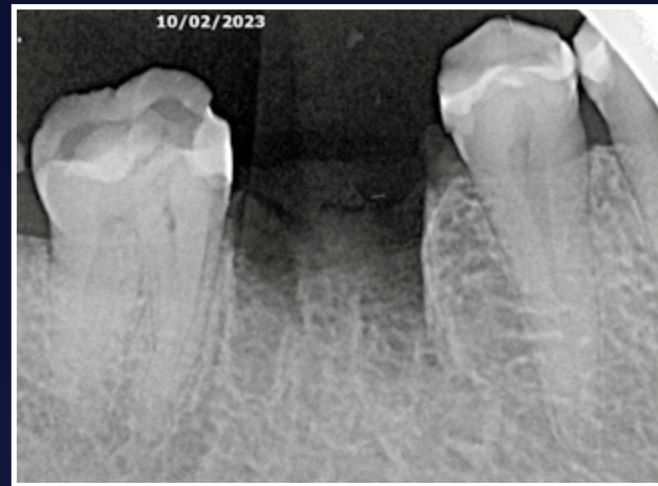
Case from Dr Ganesh Nayak,  
United Arab Emirates



 Dr Ganesh Nayak



1. Buccal root caries



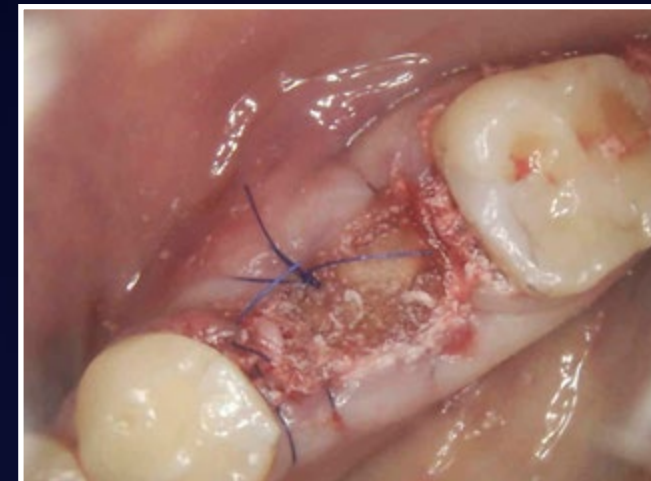
2. Radiograph after extraction



3. Socket after extraction



4. Socket with EthOss® bone graft material



5. Socket closed with hemocollagen plug and stabilised with sutures



7. After three weeks



6. Radiograph after socket grafting with EthOss



8. Occlusal view



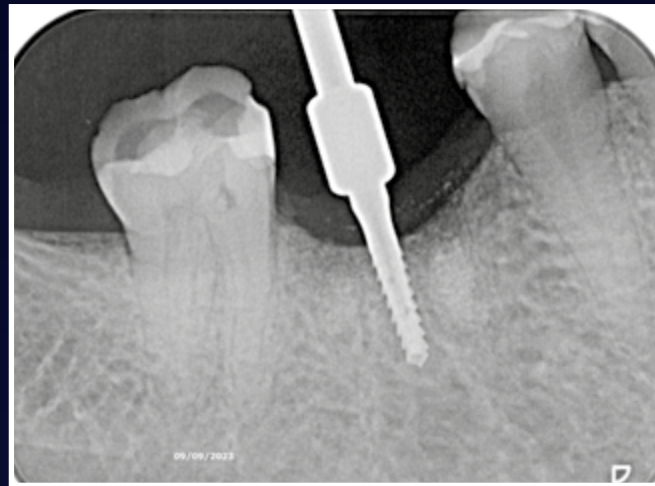
9. Panoramic radiograph



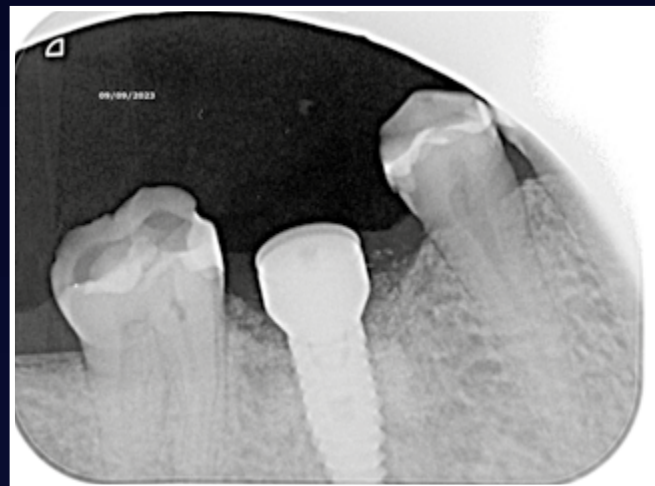
10. After seven months



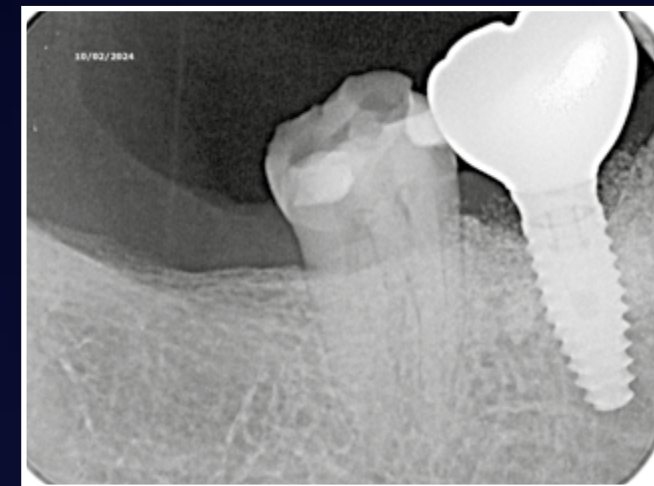
## Socket graft with delayed placement



11. After 7 months with initial drill good integration of the EthOss seen



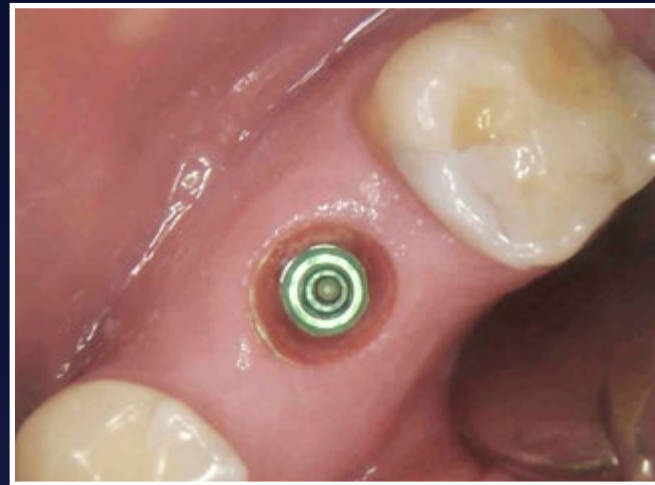
12. Radiograph with implant placement



17. Radiograph of the implant crown



13. Implant placed



14. Healing collar removed



15. Screw retained implant crown



16. Implant buccal view with good ridge contour

## Socket graft with delayed placement



**PATIENT MEDICAL HISTORY**

Female  
35 years old  
Non-smoker

The patient with stage III grade C periodontal disease underwent non-surgical management. Her UR1 was extracted and replaced with a 3.6 x 13mm implant and immediate restoration. GBR with EthOss and a mid-palate graft were done. The final restoration used an Atlantis abutment and zirconia crown, with a photo at 18 months.

Case from Dr Nigel Suggett,  
United Kingdom



 **Dr Nigel Suggett**



1. First visit showed periodontal disease, which we addressed via non-surgical management



2. Visible high lip line. UR1 has drifted and is sitting over the lower lip. The tooth is mobile



3. The tooth was removed with as little soft tissue trauma as possible



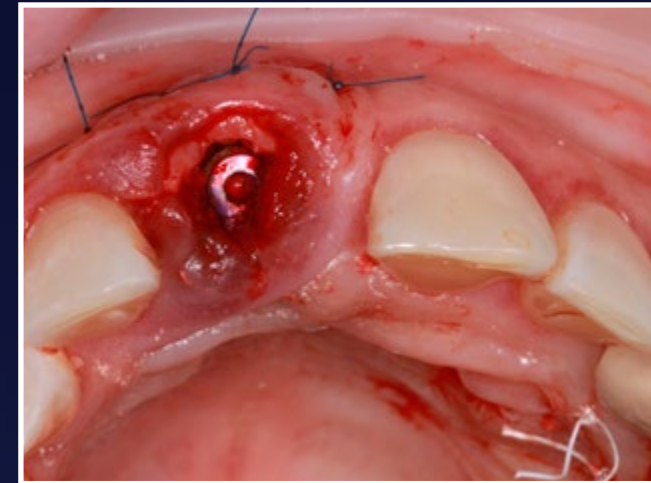
4. Implant placed immediately with good primary stability in the socket's mesial palatal wall



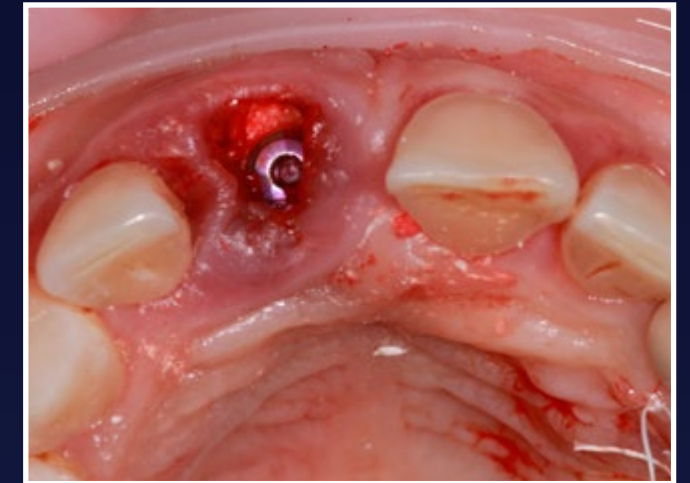
5. Driver in implant; placing it in the socket's mesial wall corrected tooth drift



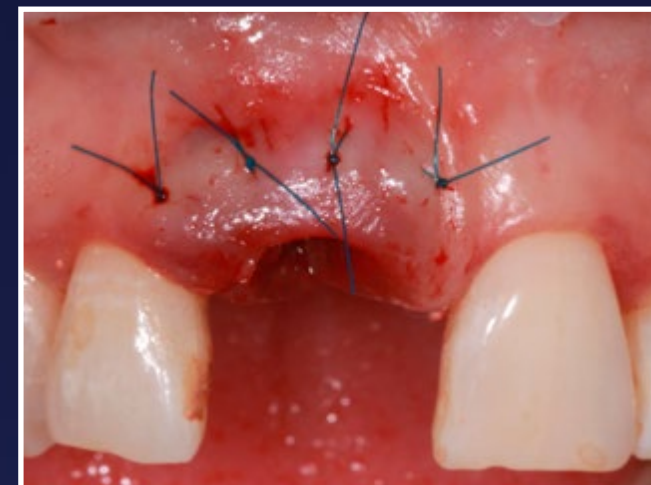
6. Subepithelial connective tissue graft harvested from mid-palate and de-epithelialized in situ



7. Tissue graft sutured, cover screw placed to allow graft material addition in jump space



8. EthOss® Bone Graft material placed



9. Connective tissue graft in place to reduce future recession and support the papillae



10. Used patient's own tooth as the immediate restoration



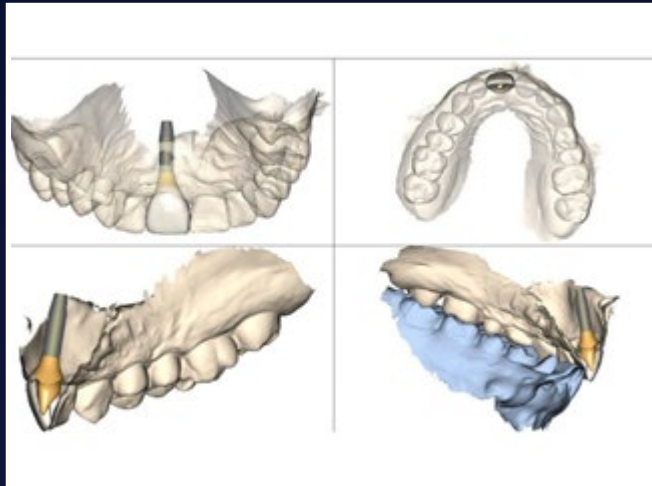
## EthOss with graft for immediate replacement



11. A subcritical contour concavity is essential for blood clotting and connective tissue graft support



12. The temporary restoration was taken out of occlusion



13. Intra-oral scan records 3 months post surgery. Atlantis abutment was prescribed



14. First crown placed. Staining removed from cavitated UR2, followed by composite restoration



15. 18 months review. All is stable



16. Radiograph at 18 months review





PATIENT MEDICAL HISTORY

Female  
Non-smoker  
42 years old

Lost lower molar led to drifting teeth.  
Orthodontics, bone grafting, and implant placement restored function, with zirconia crown placed after 18 months.

Case from Stefan Anca,  
Romania



Dr Stefan Anca



1. Combined bone and gingiva deficiency



2. The bone is narrow and whitish - old healed bone



3. Corticotomy by bur to refresh the bone



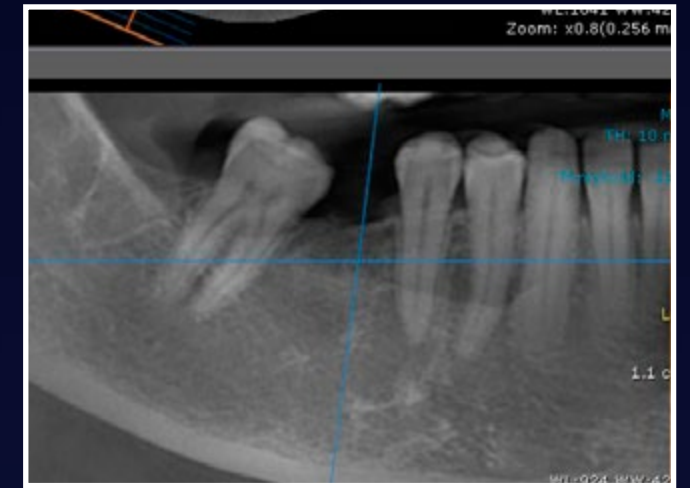
4. EthOss® Bone Graft material used for minimal bone refresh & improvement with a minimally invasive procedure



5. The flap suture without periosteal releasing 1 mm exposed graft



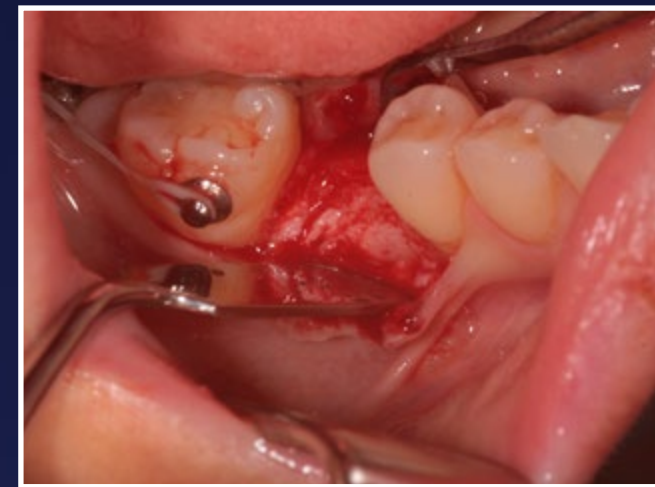
7. CBCT



6. CBCT



8. Implant surgery after one year showing improved gingival and bony contour



9. Bone width improved; EthOss resorbed and replaced by host bone



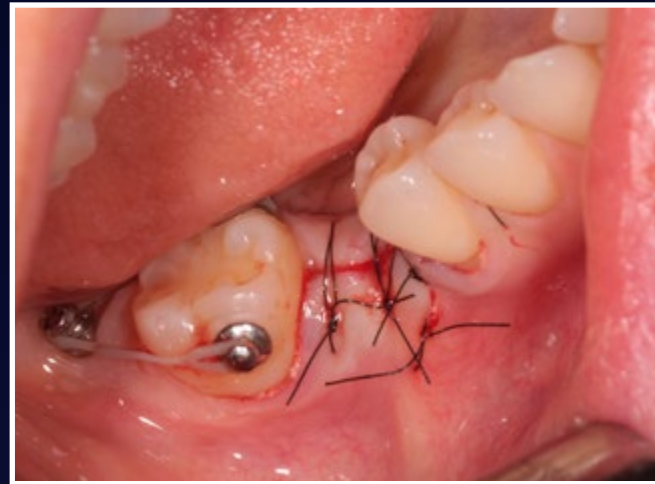
10. Subcrestal implant placing



## Two stage graft and implant placement



11. Second EthOss graft for further ridge enhancement



12. Again no releasing incision needed to close the flap



13. Implant uncovered after 7 months, providing the right space for a first mandibular molar



14. Buccally displaced flap. Implant hidden under bone, with EthOss replaced by host bone



15. Burs used to expose implant



16. A premilled PMMA shell fits on a temporary abutment



17. Coronally repositioned flap to further increase the quantity of keratinised tissue



19. The beautiful emergence profile is evident; compare with the first picture to see the difference



18. The healing after 1 month



20. The final full zirconia screw retained crown was made



21. Follow-up after 18 months



PATIENT MEDICAL HISTORY

Male  
59 years old  
Non smoker

Patient with poor prognosis of upper right molars, history of periodontal disease, advanced bone loss.

Treatment is proposed with individual crowns on implants. Management plan involves extraction of molars, after 4 weeks placement of 3 implants with sinus elevation and bone regeneration.

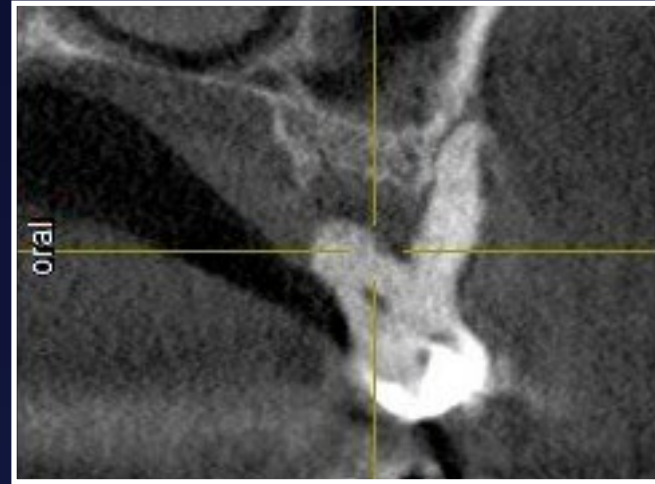
Case from Angela Lucia Solano Britto, Colombia



Dr Angela Lucia Solano Britto



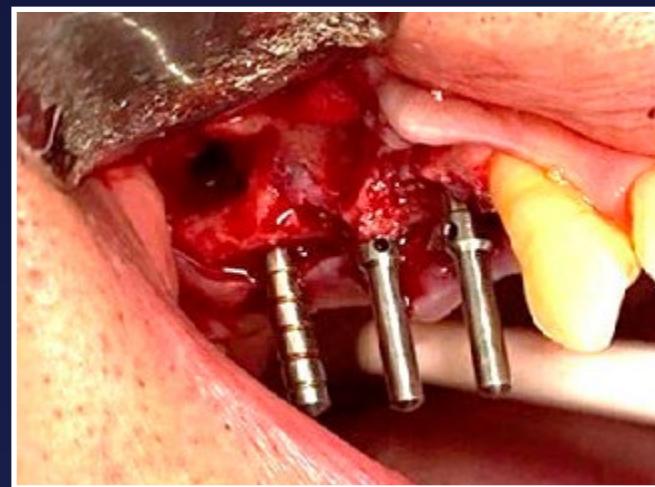
1. CBCT initial



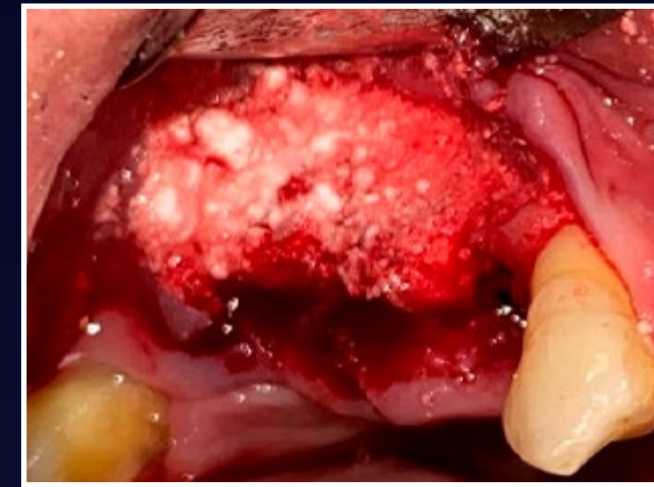
2. CBCT initial zone 26



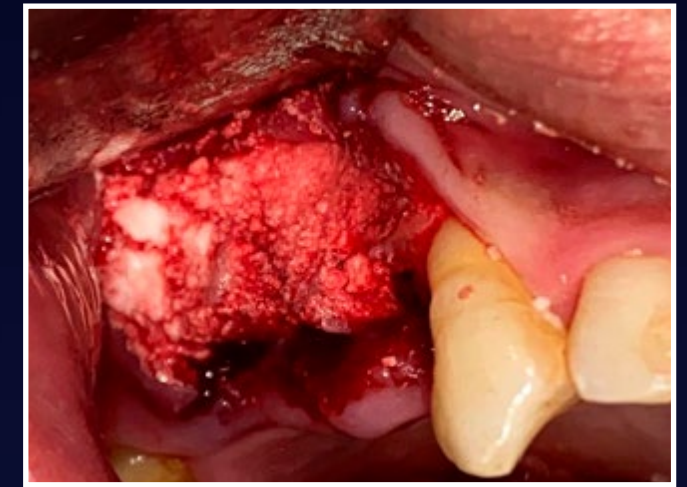
3. CBCT zone 27



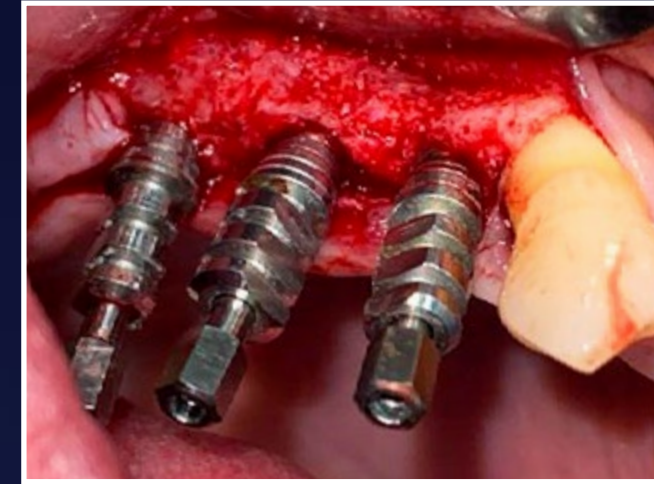
4. Lateral window with implants in position



5. 1cc of EthOss® Bone Graft material placed in zone



6. Another view of the use of EthOss as a bone regeneration material



7. Flap elevation for impression taking - new bone tissue is observed



8. Crown making process



9. One year follow up radiograph



PATIENT MEDICAL HISTORY

Male  
Non-smoker  
55 years old

Fractured root extracted, degranulated and Megagen 4x10mm placed into wet mix, then drier mix added. Nice protocol for managing large walled defect.

Case from Dr Stuart Kilner,  
United Kingdom



🇬🇧 Dr Stuart Kilner



1. Fracture root underneath soft tissue



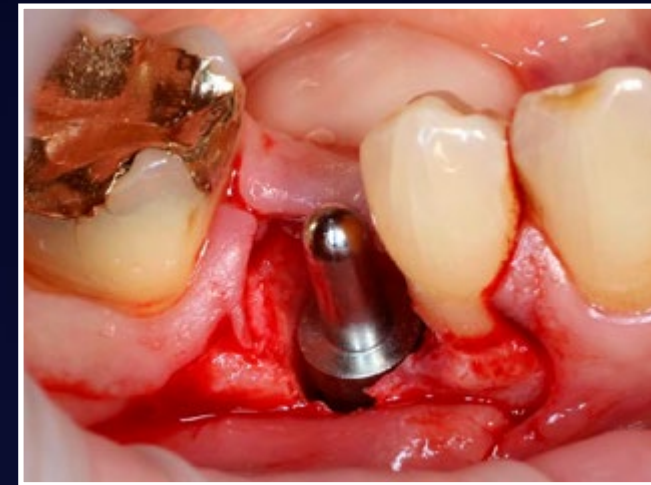
2. Radiograph



3. Papilla sparing flap exposing root



4. Direction indicator radiograph



5. No drilling required. XLA socket and 4.8 direction indicator



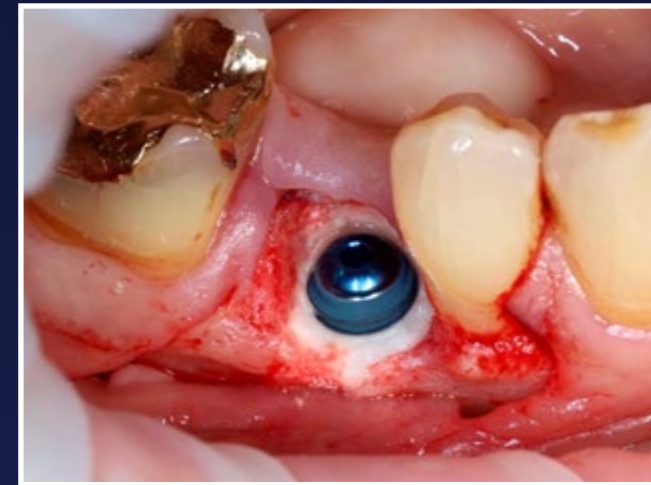
6. Implant



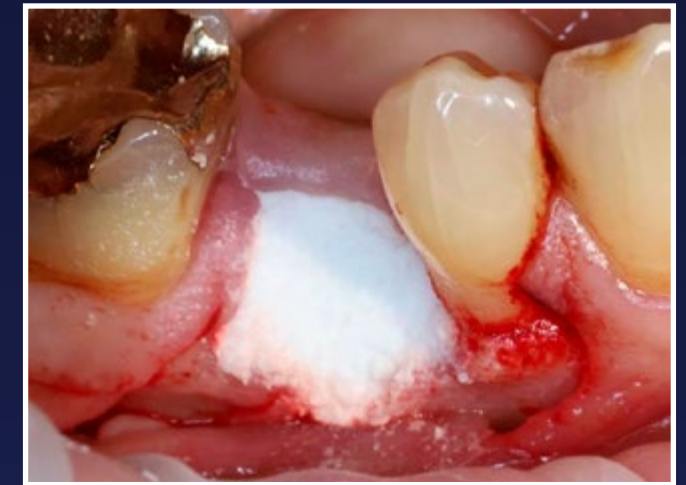
7. EthOss® Bone Graft material and implant placed with no primary stability



8. Radiograph

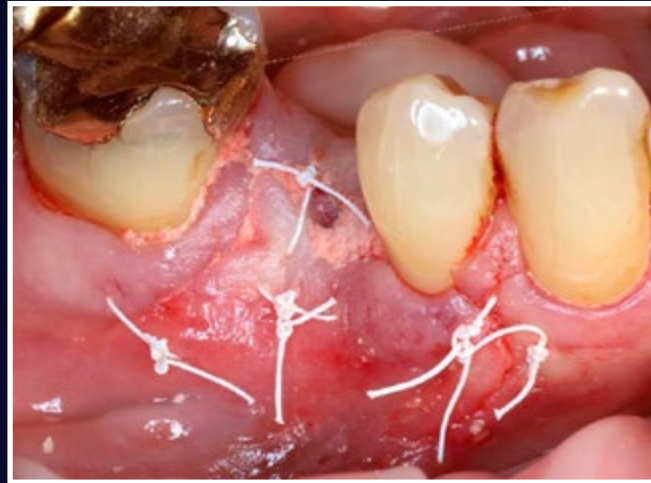


9. EthOss bone graft material added



10. More EthOss Bone Graft added but not overgrafted for easier primary closure





11. Sutured



12. Good keratinised tissue at review



17. Crown fitted



18. Radiograph - crown fitted



13. Ready to load



14. blue@m gel placed



15. Crown ready to place



16. Crown placed and excess blue@m



PATIENT MEDICAL HISTORY

Female  
62 years old  
Non-smoker

After clinical evaluation, compromised teeth are extracted. Upper arch implants and grafting with EthOss after 4 months; lower arch implants are immediate. After 4 months, digital impressions enable fixed arches on 7 upper, 4 lower implants.

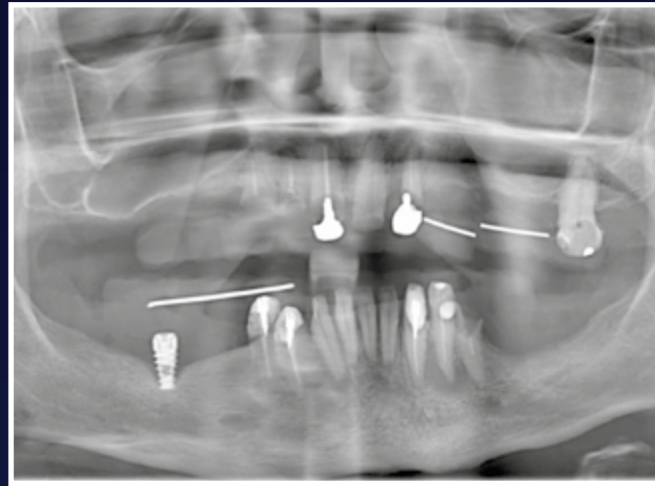
Case from Dr Dario Tuscano, Italy



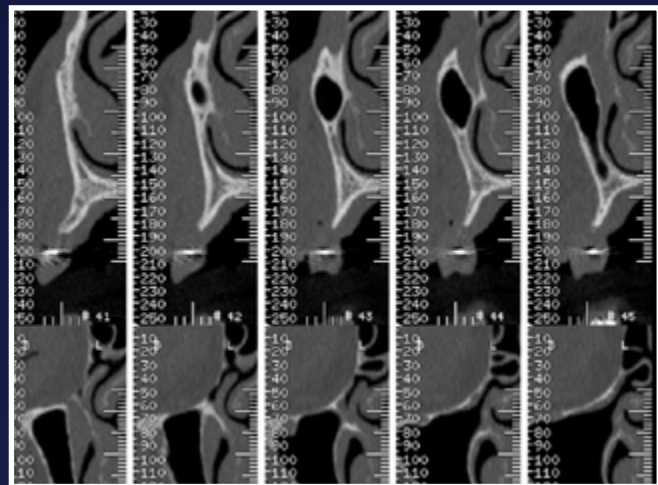
Dr Dario Tuscano



1. Labial photo



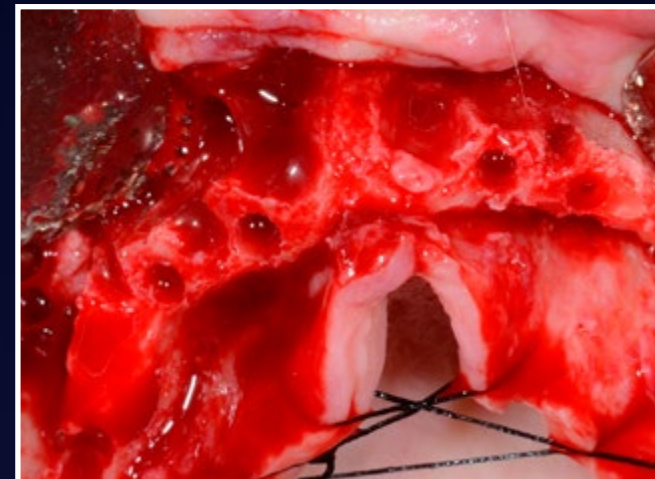
2. Panoramic radiograph



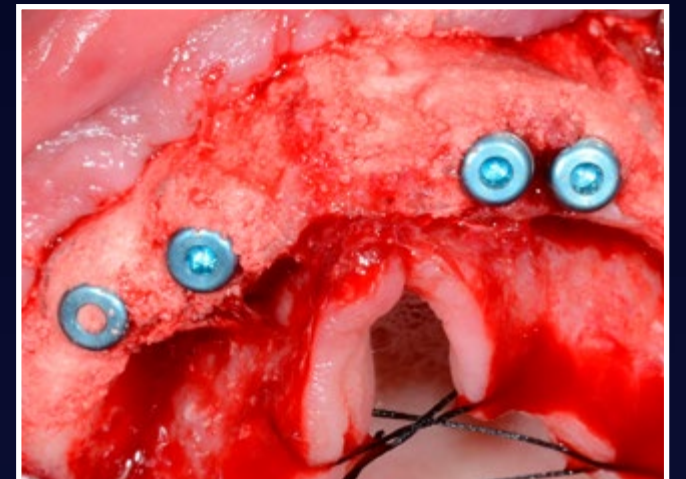
3. CT scan section



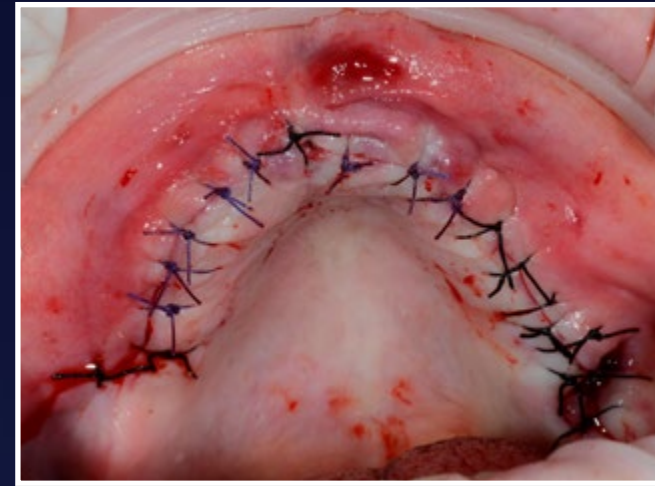
4. Soft tissue healing 4 months after extractions



5. Flap elevation and preparation of implant sites with bone expansion with Versah drills



6. Implants inserted and 2cc of EthOss® Bone Graft material placed



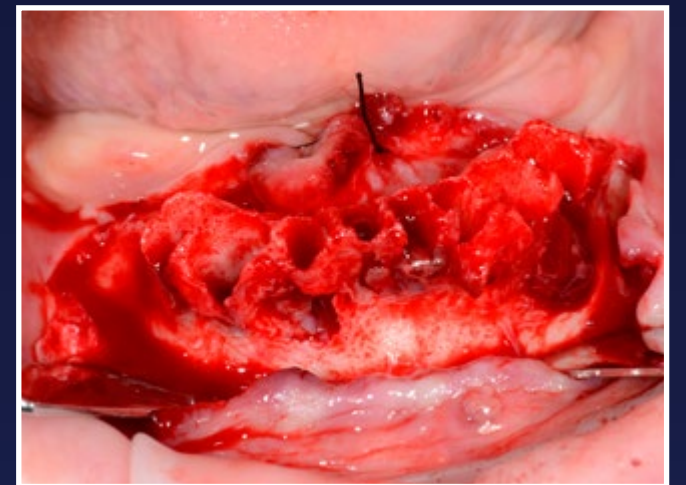
7. Sutures



8. Soft tissue healing in 4 months

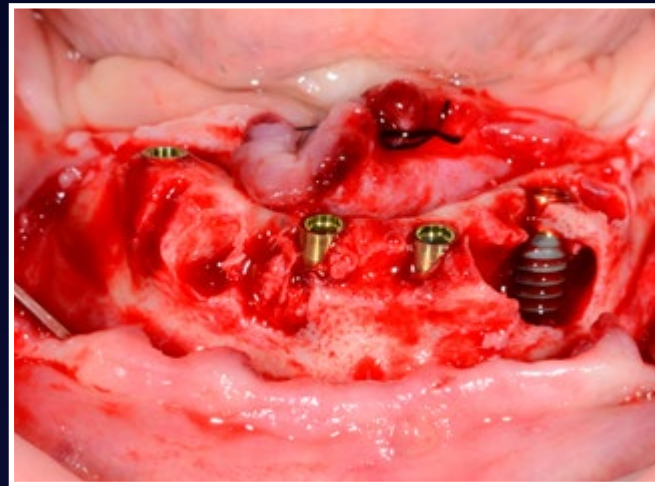


9. Lower arch

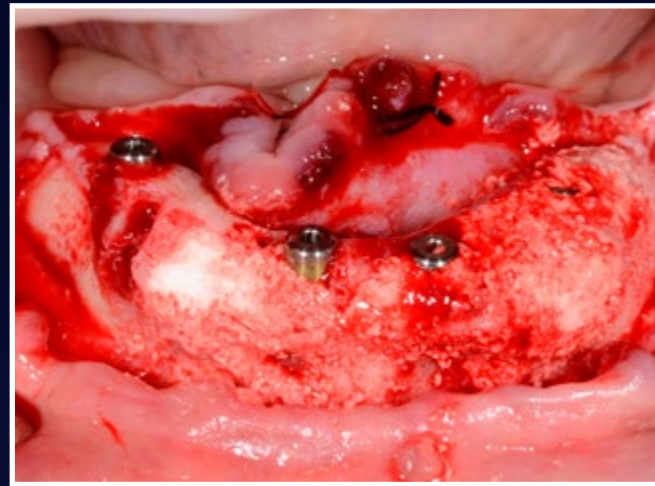


10. Lower extractions and flap elevation

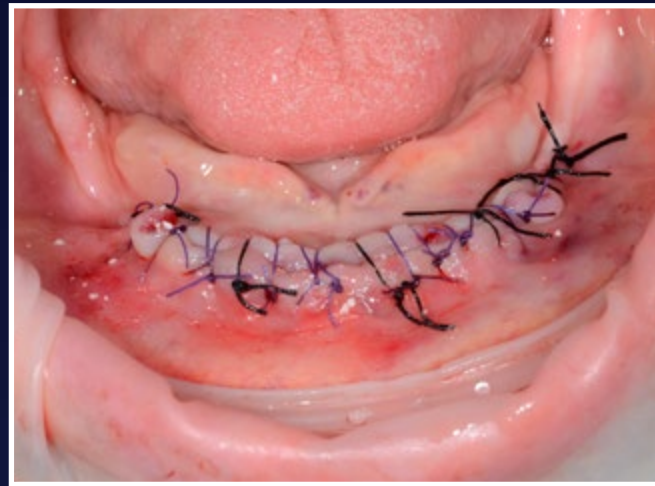




11. Implant insertion



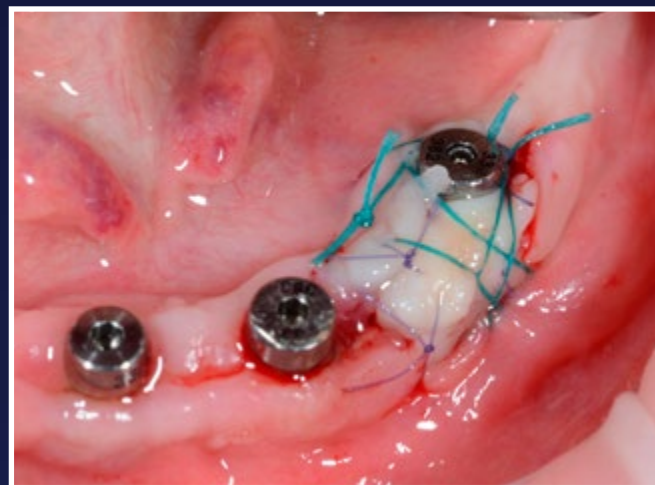
12. Filling bone defects with 2cc of EthOss and waiting for the right hardening time



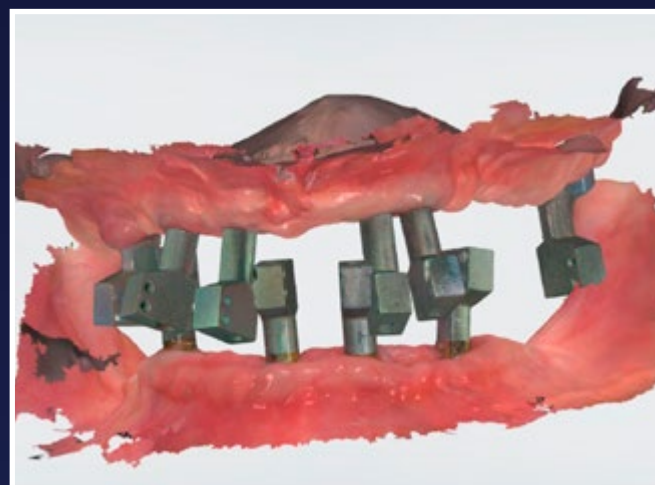
13. Suture



14. Healing in 4 months



15. Soft tissue graft from the tuber to improve the mucosa on the lower left implant



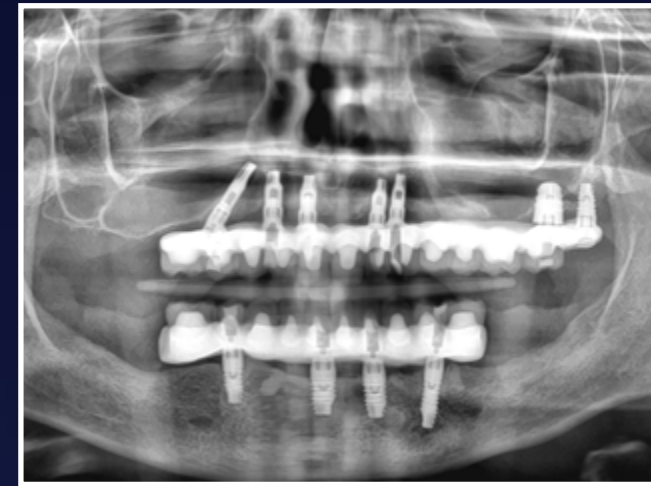
16. Digital impression



17. Trying of the milled titanium frameworks - lower arch and shows soft tissue healing



18. Proof of the milled titanium frameworks - upper arch and shows soft tissue healing



19. Panoramic control radiograph at 18 months



20. Final smile of the patient



PATIENT MEDICAL HISTORY

Male  
70 years old  
Non smoker

UL1 immediate tooth replacement therapy with concurrent repair of an incisal foramen bony defect.

Case from Dr Dominic O’Hooley,  
United Kingdom



🇬🇧 Dr Dominic O’Hooley



1. Preoperative situation



2. CBCT view showing preoperative situation. Sagittal view



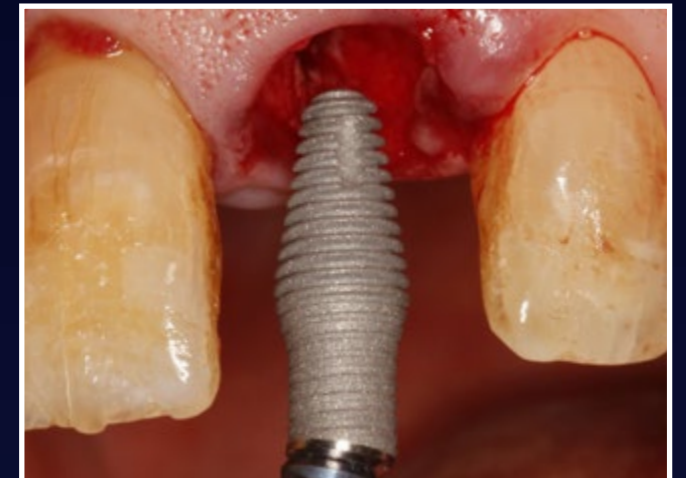
3. CBCT preoperative view of fenestration between the incisive foramen and the socket. Transverse view



4. View of degranulation of the upper left incisor socket and fenestration of the incisive foramen



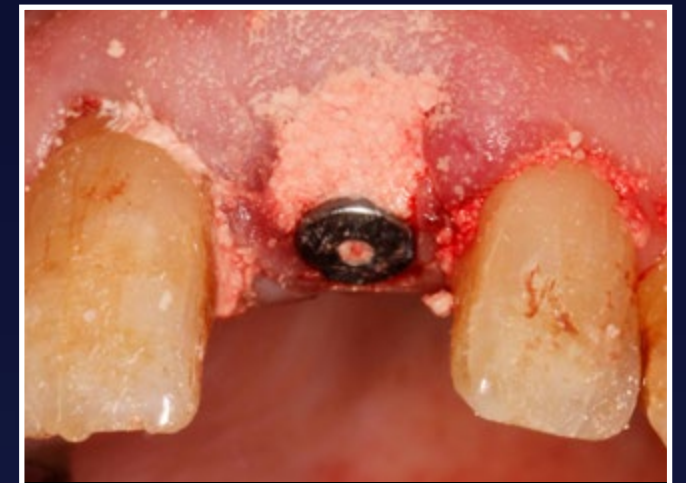
5. View of the degranulated upper left incisor socket and fenestration of the incisive foramen



6. Frontal view showing placement of implant



7. Occlusal view showing implant with healing abutment and circumferential jumping gap



8. View of bone augmentation in circumferential gap and incisive foramen



9. Occlusal view of shell crown on PEEK cylinder before pick-up finishing



10. Frontal view of the provisional crown after screw retention to the implant at 15cm





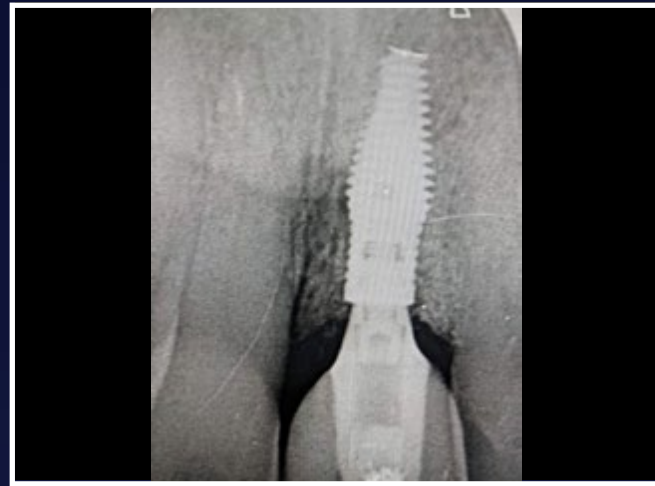
11. CBCT transverse view showing implant and graft in gap and foramen



12. Frontal view at the time of definitive crown fit



13. Occlusal view at the time of definitive crown fit



14. Radiograph at the time of definitive crown fit



15. CBCT scan showing the upper left central incisor and bony ridge at 60 months post-surgery. Sagittal view.



16. CBCT transverse view showing intact foramen wall, mature bone, and cortical ridges around the upper left central incisor implant at 60 months



17. Frontal and occlusal views of clinical tissues at 60 months post-surgery



18. Occlusal view showing hard and soft tissues at 60 months post-surgery



## With special thanks to all our contributors

Dr Andrew Farr  
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Dr Sebastian Baka  
Dr Stefan Anca  
Dr Stuart Kilner  
Dr Vanessa Suarez-Cordoba  
Dr Willem Bass

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[info@ethoss.dental](mailto:info@ethoss.dental)

For further information on the case studies from this book or to enquire about EthOss bone graft material, please contact our team:

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