case*study*

OsteoGraf [®]/LD-300 Extraction Site Case Report

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A 68-year old female patient was scheduled for removal of teeth #15 & #16 (Figure 1). Her primary concerns were the non-restorable 2nd molar and partially impacted 3rd molar. The treatment plan consisted of removal of the two teeth and bone grafting of the fresh sockets to help preserve the ridge. No future prosthetics were considered.

Local anesthesia was administered, a flap reflected, the bone over the third molar was removed and the tooth was elevated from the socket. It was necessary to remove the 2nd molar in sections with some bone removal. The surgical procedure involved in removing these teeth resulted in significant bone loss (Figure 2). As pre-



Figure 1. Teeth #15 & #16 to be extracted.



Figure 4. OsteoGraf [®]/LD-300 packed into sockets.

viously discussed with the patient, grafting of the fresh extraction sites was done in order to maintain the periodontal health of the adjacent molar and to preserve as much of the alveolar ridge as possible.

Following removal of the teeth, all loose bone spicules were removed from the socket, the bone was smoothed and the area irrigated profusely. *OsteoGraf* */*LD-300* was wetted with a sterile saline solution and loaded into a curved delivery syringe. The curvature of the syringe aided in placement of the graft material into the socket (Figure 3). With the loss of the bony buccal wall and periodontal involvement adjacent to tooth #14, the sockets required several



Figure 2. Extractions resulted in significant bone loss.



Figure 5. Suture closure.

syringes of the resorbable hydroxylapatite to adequately pack the voids (Figure 4).

To assist in containing the graft material, a piece of Vicryl[®] (Ethicon, Somerville, NJ) mesh was cut to size and adapted over the graft. Although resorbable, the Vicryl mesh will continue to preserve the integrity of the graft while the material turns over. The mucosa was then re-approximated and sutured using interrupted 4-0 Vicryl (Figure 5).

The patient was discharged with homecare instructions including Peridex[®] rinse and postoperative antibiotics. A routine check and evaluation was scheduled for 5 days postoperatively. ♥



Figure 3. Curved syringe for posterior placement.

