

# Congress Scientific Report

## EAO 25th Annual Scientific Meeting

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Figure 16.2.3



Figure 16.2.4



Figure 16.2.5

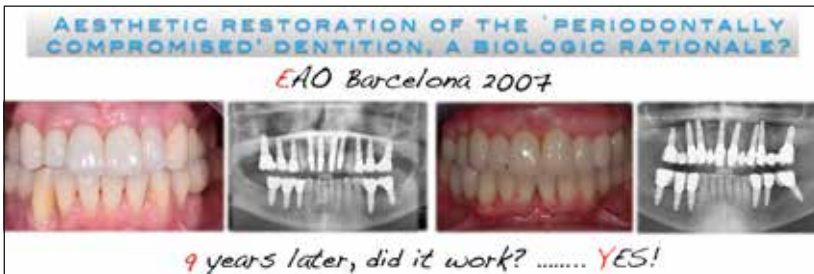


Figure 16.2.6

Thoughts on immediate implants:

- wherever possible, a flapless technique is recommended. If a flap is necessary, bone substitute grafts should be used
- place the implant towards the palate and avoid wide platform implants
- anorganic bone bovine mineral (or similar) should be used in the gap between the implant and buccal wall of the socket
- a connective tissue graft should be performed to thicken the tissue

**Case 5**

The final case also involved orthodontic extrusion (which may usually last 3–6 months, then is retained for 3 months). The final restoration made use of the single and small bridges concept (Figure 16.2.5).

An approach using orthodontic extrusion has substantial benefits when compared with conventional treatments which are based on surgical reconstruction or hybrid prostheses:

- surgery is less invasive
- prostheses can be more easily designed and fabricated
- it offers biological and biomechanical advantages
- it can provide improved stability
- it facilitates good oral hygiene and ongoing maintenance
- the phonetics are likely to be better

But it also has limits:

- clinical attachment is needed
- teeth must be viable
- infection must be eradicated, or at least controlled well
- orthodontic anchorage is required
- the appearance of interdental papillae will not be perfect but 'good' at best
- the patient must still have teeth in the affected areas

The speakers concluded that the therapeutic approach they presented during the EAO conference in Barcelona nine years ago continues to be valid (Figure 16.2.6).

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EAO Office  
38 rue Croix des Petits Champs  
75001 Paris

Tel: +33 1 42 36 62 20  
Email: [info@eao.org](mailto:info@eao.org)  
Web: [www.eao.org](http://www.eao.org)



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