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Immediate Post-Extraction Anterior Implants with L-PRF and Sticky Bone Augmentation

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ABSTRACT

Background: Managing traumatic fractures and structural root fractures in the anterior maxillary aesthetic zone requires precise surgical sequencing to preserve the alveolar architecture and prevent soft-tissue recession. This report details the management of fractured anterior teeth using immediate post-extraction implant placement combined with plasma-derived alveolar preservation.

Case Description: A 69-year-old patient with an unremarkable medical history presented with a vertical fracture of tooth 1.1 with associated non-fistulizing labial cortical bone deficiency, alongside traumatic fracture and mobility of tooth 1.2 following masticatory trauma. Minimally invasive atraumatic extractions were performed to protect the residual socket walls. Single-piece implants were immediately installed into the fresh extraction sockets. To reconstruct the buccal plate defect and achieve ridge preservation, a composite bone graft combined with Leukocyte- and Platelet-Rich Fibrin (L-PRF) was placed and stabilized at the surgical sites. An immediate provisional fixed crown was placed, followed by a refined polymethyl methacrylate (PMMA) provisional prosthesis delivered within 72 hours to contour the emergence profile during the 3-month healing phase. Following a successful zirconia framework try-in and shade selection, the definitive ceramic restorations were cemented. Postoperative radiographic and clinical evaluations confirmed stable crestal bone levels and harmonic gingival aesthetics.

Conclusion: Immediate post-extraction single-piece implant placement integrated with L-PRF-enhanced composite grafting and immediate-to-early provisional contouring provides a reliable, aesthetically superior solution for traumatic anterior tooth loss with localized cortical loss.

Keywords: Immediate Post-Extraction Implants; Anterior Aesthetics; L-PRF; Sticky Bone Grafting; Alveolar Ridge Preservation; Single-Piece Implants

CLINICAL CASE PRESENTATION

61-year-old female patient on anticoagulant therapy with dental phobia. She refused any regenerative procedures and requested immediate loading, with no period of edentulism at any time.

There is a narrow ridge of less than 3 mm at site 4.4 and 4/3.5mm in the 4.6 region, with adequate vertical height.



Figure 1. Initial Radiograph

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Figure 2. Initial Patient Photograph.

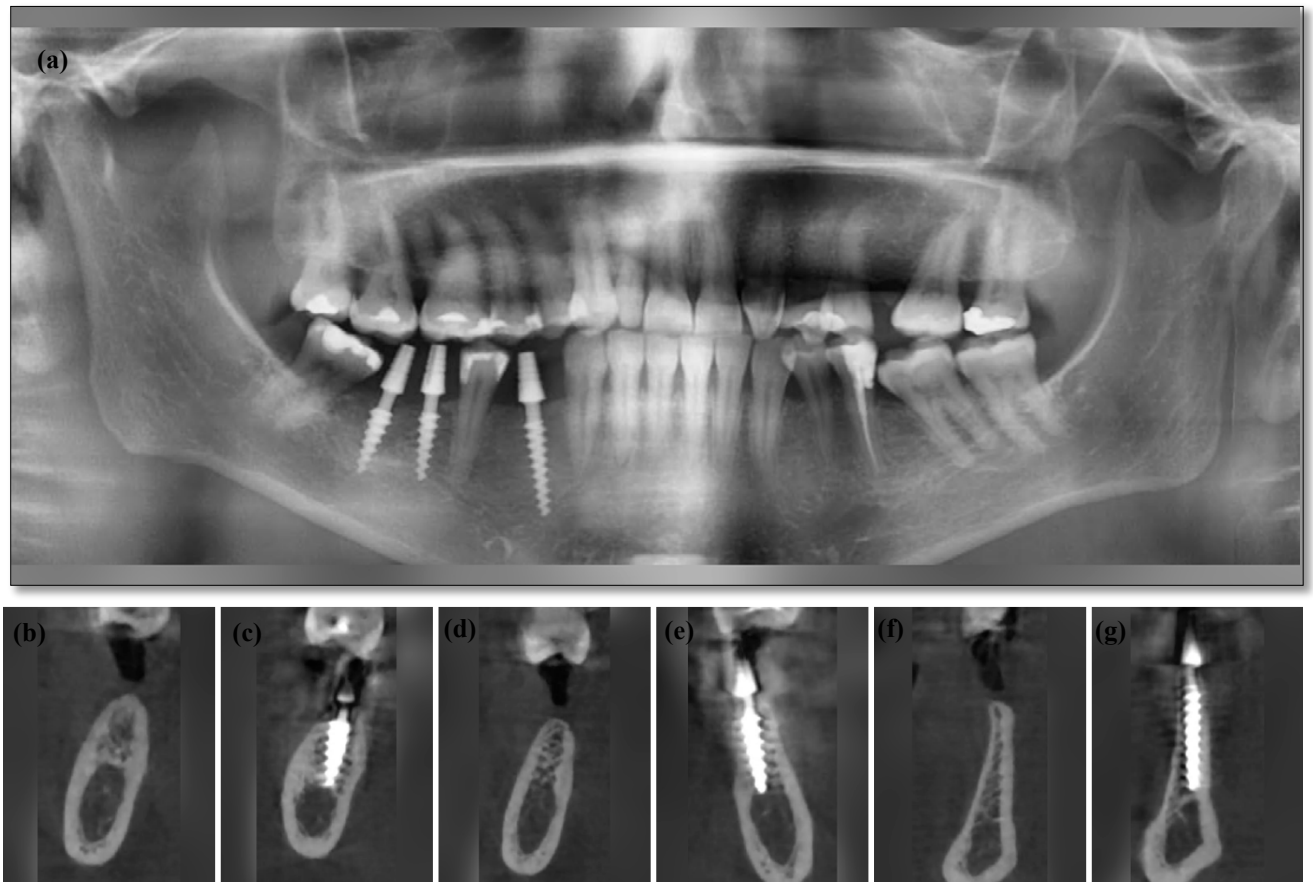


Figure 3. (a) Final RX implants at 4.4 4.6., **(b)** & **(c)** Distal Implant 4.6., **(d)** & **(e)** Mesial Implant 4.6, **(f)** & **(g)** Implant 4.4.

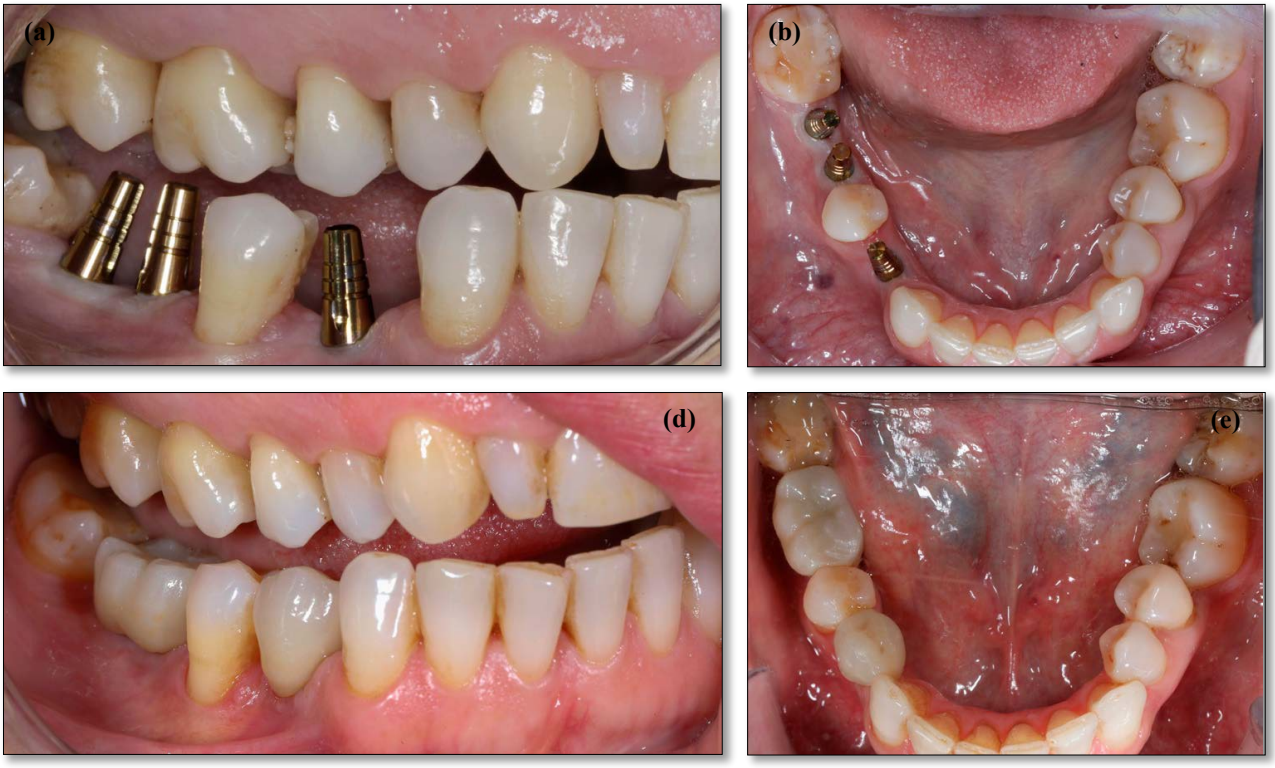
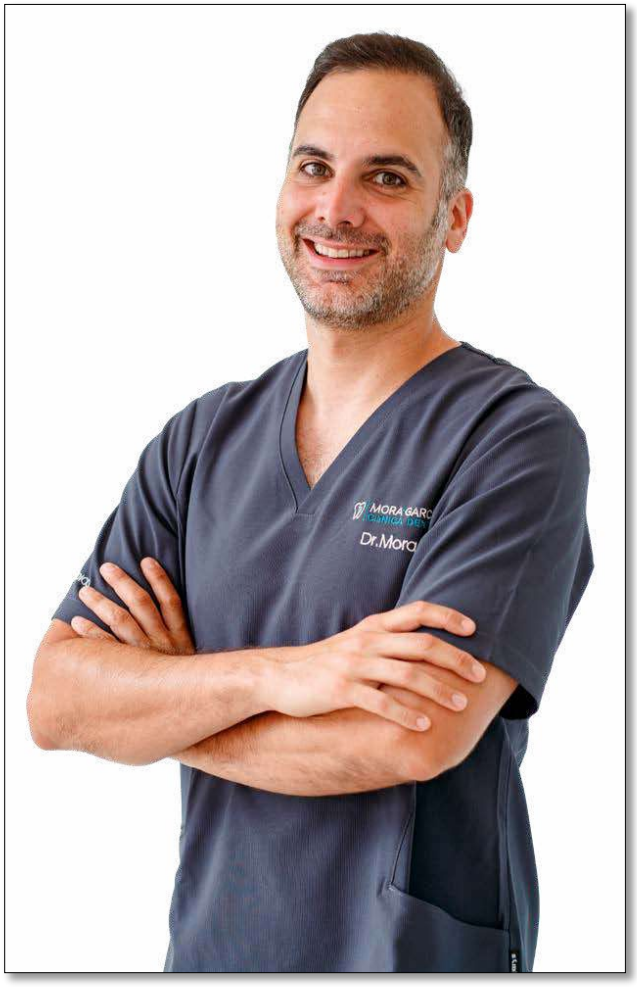


Figure 4. (a) & **(b)** On the day of the minimally invasive surgery. Flapless approach with immediate placement of provisional restorations., **(c)** Ceramic final restorations at 4.4 4.6, **(d)** Ceramic final restorations at 4.4 4.6.

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