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Journal of Oral Health and Dentistry Research
(ISSN: 2583-522X)

Case Presentation: Open Access

Flapless Monophasic Implant Placement in an Atrophic Mandibular Ridge

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ABSTRACT

Background: Rehabilitating severely atrophic posterior mandibular ridges without extensive guided bone regeneration (GBR) is often indicated in medically vulnerable individuals who cannot tolerate invasive surgeries or downtime. This case reports a minimally invasive, flapless approach in an elderly patient receiving anticoagulant therapy.

Case Description: A 61-year-old female with dental phobia on long-term anticoagulant medication presented with partial edentulism in the right posterior mandible. Diagnostic assessment revealed a severely knife-edged residual ridge (<3 mm width at site 4.4 and 3.5–4.0 mm at site 4.6), albeit with adequate vertical bone height. Due to systemic anticoagulant status and explicit patient refusal of bone augmentation procedures, a minimally invasive flapless surgical protocol was selected. Slender single-piece compressive monophasic implants were inserted directly through the mucoperiosteum without periosteal reflection, engaging basal cortical bone. Provisional fixed restorations were delivered immediately to fulfill the patient's demand for zero edentulous interval. Following uneventful mucosal healing, definitive fixed ceramic crown restorations were cemented, demonstrating optimal emergence profile and stable peri-implant hard tissue integration.

Conclusion: Flapless insertion of single-piece compressive implants presents a dependable, graftless alternative for narrow atrophic ridges in anticoagulated and phobic patients, eliminating the morbidity, cost, and protracted healing periods associated with conventional bone grafting.

Keywords: Flapless Surgery; Narrow Alveolar Ridge; Monophasic Implants; Immediate Loading; Anticoagulant Therapy; Minimally Invasive Implantology.

CLINICAL CASE PRESENTATION

A 69-year-old patient with no significant medical history. A crack was detected in tooth 1.1, associated with nonfistulizing buccal bone loss. Additionally, tooth 1.2 presented with fracture and mobility following trauma caused by biting into a piece of fruit.

A post-extraction implant placement with immediate loading was planned, performing alveolar preservation using plasma-based techniques.



Figure 1. Initial Radiograph

Received: *October 20, 2026;* ***Revised:*** *October 29, 2026;* ***Accepted:*** *November 03, 2026*

Citation: Estevez FM. (2026) Flapless Monophasic Implant Placement in an Atrophic Mandibular Ridge. J Oral Health Dent Res, 5(3): 1-5.

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Figure 2. Initial Patient Photograph.

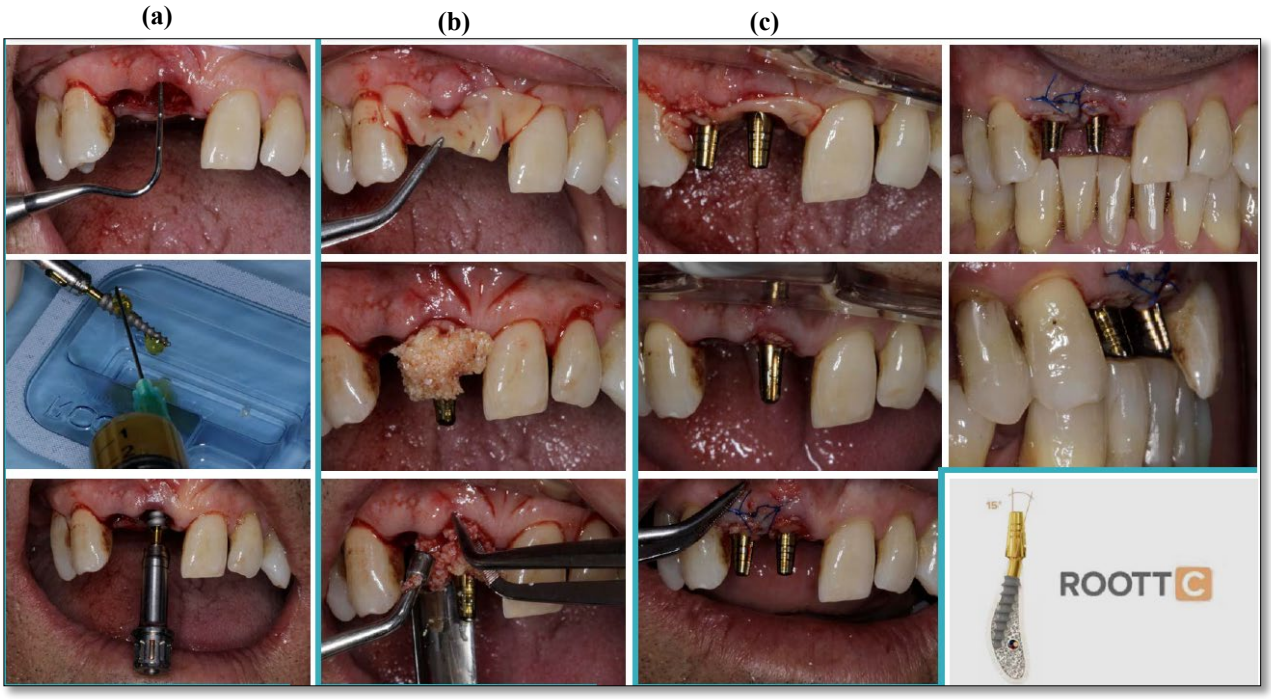


Figure 3. (a) Preparation of the surgical site for implant placement., **(b)** Implant placement and L-PRF application with sticky Xeno/Allogeneic Bone graft., **(c)** Alveolar ridge preservation and suturing at the implant sites.

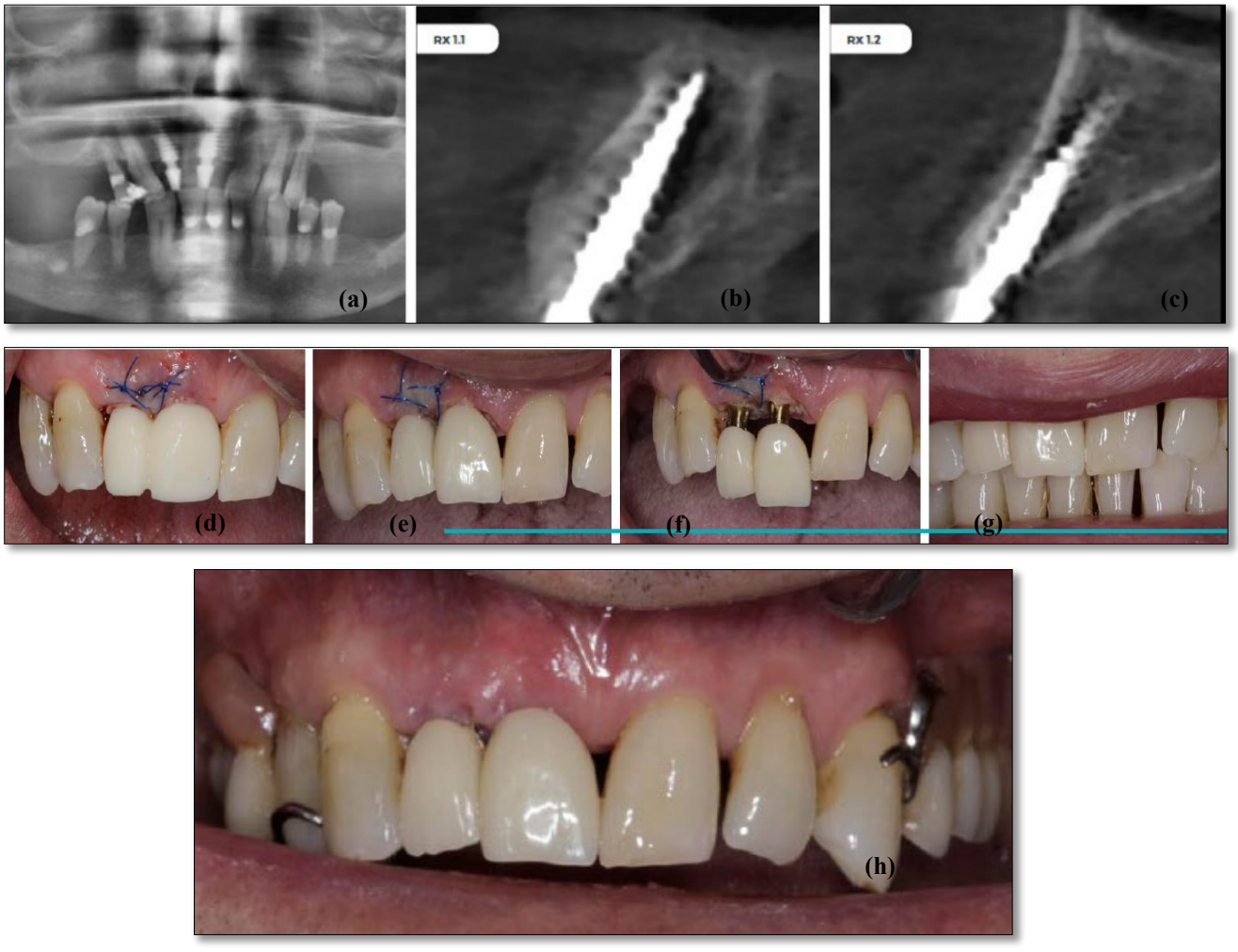


Figure 4. (a), (b), (c) Post-implant radiograph and CBCT Scan., **(d)** Immediate provisional crown restoration., **(e)** PPM Provisional prosthesis delivered at 72 hours., **(h)** Follow-up visit and suture removal at 10 days.

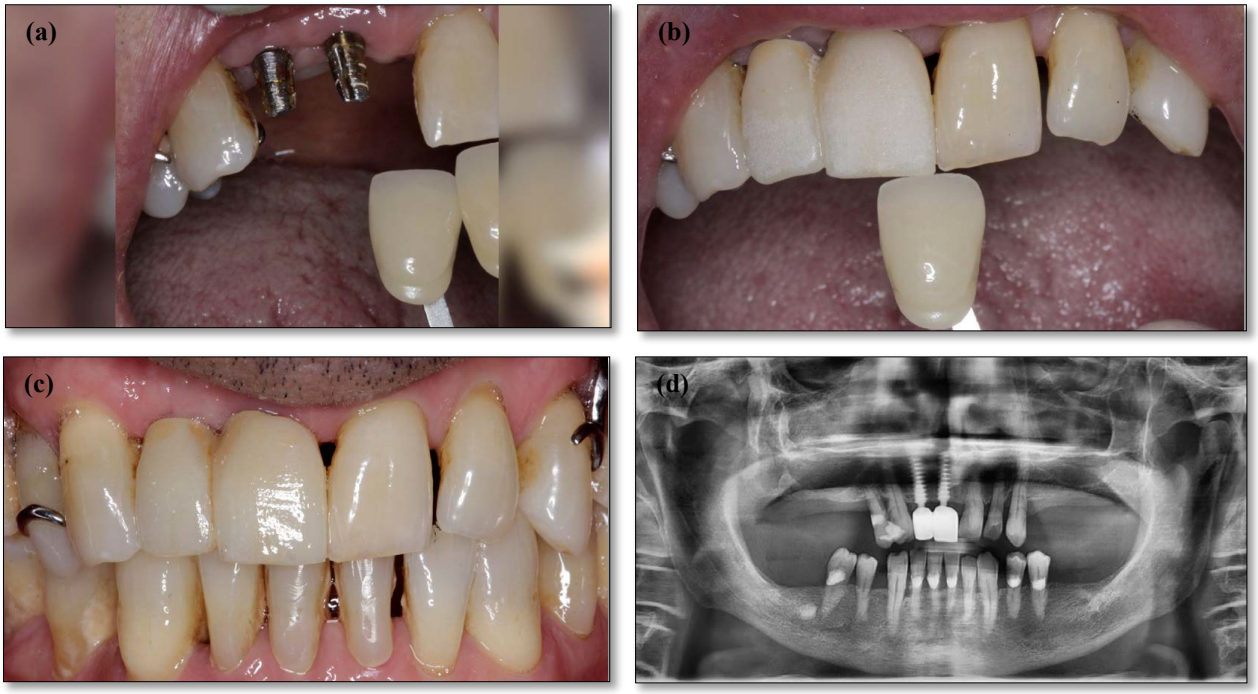


Figure 5. **(a)** 3-month follow-up: zirconia framework try-in and shade selection., **(b)** 3-month follow-up: zirconia framework try-in and shade selection., **(c)** Final Ceramic Restoration., **(d)** Final Radiograph.

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