Clinical cases by
Dr. Fernando Rojas-Vizcaya

dental
bone & tissue
regeneration

Mediterranean Prosthodontic Institute
MPI

botiss
biomaterials

botiss BTR system: BONE

biologic potential

bovine block & granules:
pure bone mineral phase
maximum integration and
long term volume stability

6-9 months

Integration

cerabone®

sinus lift
ridge augmentation
GBR/GTR treatment

bovine

synthetic paste:
unique 4-phasic synthetic
material maxresorb®
granules composite with
injectable bioactive HA
carrier

4-6 months

maxresorb® inject

sinus lift
periodontal defects
socket preservation

**synthetic blocks,
cylinders & granules:**
bi-phasic calcium
phosphate 60% HA /
40% ß-TCP with unique
nano surface

4-6 months

maxresorb®

sinus lift
ridge augmentation
socket preservation

synthetic

human blocks & granules:
natural tissue, processed
and sterile bone graft
(allograft)

3-4 months

Resorption

maxgraft®
bonering®
bonebuilder®

horizontal & vertical
bone augmentation
socket preservation

human

botiss BTR system: TISSUE

biologic potential

short term barrier function,
quick haemostyptic reaction
guided tissue healing;
supports blood clotting in
extraction sockets

2-4 weeks

Protection

collacone®
Jason® fleece

socket preservation
periodontal defects
biopsy sites

controlled barrier function
ideal for GBR/GTR procedures

2-3 months

collprotect® membrane

sinus lift
socket preservation
covering & protection

3-6 months

Jason® membrane

GBR/GTR treatment
sinus lift
periodontal defects

tissue graft allows
3-dimensional soft
tissue regeneration

6-12 months

Barrier

mucoderm®

root coverage
socket preservation
soft tissue ridge augmentation

native collagen without artificial cross linking

Dr. Fernando Rojas-Vizcaya, DDS, MS

Castellon, Spain

Dr. Fernando Rojas-Vizcaya is Adjunct Assistant Professor in the Department of Prosthodontics at the University of North Carolina in Chapel Hill, NC. He is the Founder and Director of both; the Mediterranean Prosthodontic Institute (www.prosthodontics.es) and BoneModels (www.bonemodels.es), and maintains a private practice limited to dental implant surgery and prosthodontics in Castellon, Spain, and he lectures extensively worldwide.
His major research interest includes esthetic management in complex dental implant cases in immediate placement and immediate loading protocols.

Education

Post-Doctoral Implant Research Fellow	2005-2006	University of North Carolina, USA
Specialty Degree in Prosthodontics	2002-2005	University of North Carolina, USA
Master of Science in Prosthodontics	2002-2004	University of North Carolina, USA
Doctorate in Medicine and Bucco Facial Surgery	1998-2000	University Complutense of Madrid, Spain
Specialty in Osseointegrated Implants	1994-1995	University Complutense of Madrid, Spain
Specialty in Oral Surgery	1993-1994	Hospital Gregorio Marañón of Madrid, Spain
Specialty in Oral Medicine	1992-1993	University Complutense of Madrid, Spain
DDS Degree	1985-1989	University Javeriana of Bogota, Colombia

Clinical cases Implantology, Periodontology, Oral Surgery & CMF

Extraction socket, vertical augmentation of the bone defect with maxresorb® inject and Jason® membrane

Clinical situation before augmentation with vertical bone loss

Visible bone resorption following extraction of canine

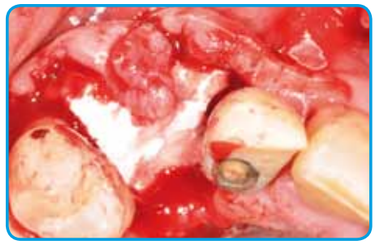
Clear bone defect visible on buccal bone site

Augmentation with maxresorb® inject

Bone defect is filled with maxresorb® inject

maxresorb® inject covers the buccal wall bone defect

Buccal wall protected with Jason® membrane

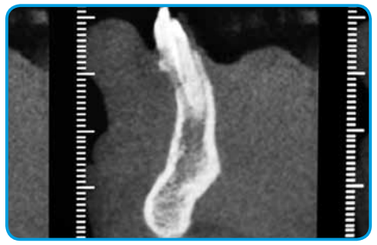


Jason® membrane turned down over the socket

Final suturing of the socket

Clinical cases Implantology, Periodontology, Oral Surgery & CMF

Extraction socket with bone defect; GBR with Jason® membrane and cerabone®



Lateral CT scan of the mandible showing the buccal perforation in the middle of the root of the lateral and the bone defect

Clinical situation before tooth extraction

Clinical situation after tooth extraction

Bony defect of the buccal bone wall visible after soft tissue mobilization

Buccal bone wall protected with Jason® membrane

Socket is filled with cerabone® particles

Jason® membrane turned down over the socket

Wound closure and suturing

Wound closure and suturing

Clinical cases Implantology, Periodontology, Oral Surgery & CMF

Extraction socket, fenestration defect, ridge augmentation; maxgraft®, mucoderm® and Jason® membrane,

Situation before extraction of the teeth

Situation before extraction of the teeth, occlusal view

Atraumatic tooth extraction

Fenestration defect visible after extraction of the teeth

Situation with extracted teeth before augmentation

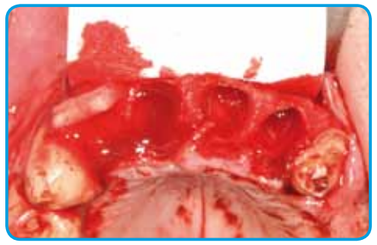
Rehydration of mucoderm® matrix and maxgraft® allogenic bone

Placement of trimmed mucoderm® for soft tissue augmentation

Jason® membrane cut to shape for vestibular placement

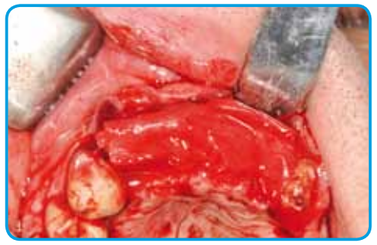
Covering of the vestibular wall with Jason® membrane

Clinical cases Implantology, Periodontology, Oral Surgery & CMF



Jason® membrane protecting the vestibular wall

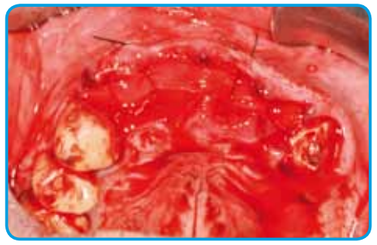
Extraction sockets filled with maxgraft® granula



Jason® membrane turned down over the augmented area

Jason® membrane covering the augmented area

Fixation of mucoderm® and Jason® membrane by sutures



Fixation of mucoderm® and Jason® membrane, occlusal view

Final suturing of the sockets

Final suturing of the sockets; occlusal view

Provisional removable partial denture without compression

Clinical cases Implantology, Periodontology, Oral Surgery & CMF

Extraction socket; collacone®

Situation before extraction

Situation following atraumatic tooth extraction, alveolar walls intact

Filling of socket with collacone®

Suturing and open healing

Clinical situation after healing

No bone resorption visibel after opening of the flap

Placement of implant after 3 months

Placement of healing abutment and suturing

Clinical situation after implantation and healing after 2 months

Clinical cases Implantology, Periodontology, Oral Surgery & CMF

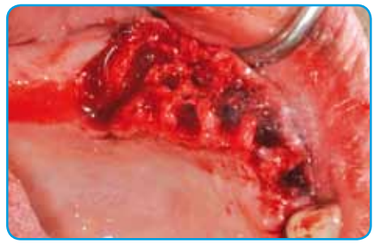
Socket preservation and augmentation with cerabone® and Jason® membrane

Maxilla showing a fixed partial restoration

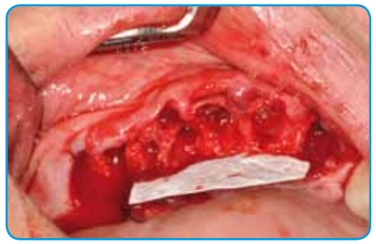
Removal of bridges

Situation after removal of bridges

Bridges and tooth roots extracted from the alveolae



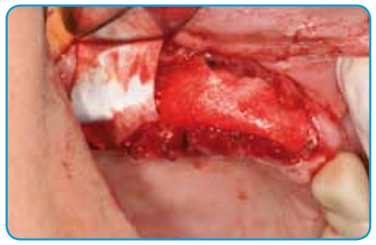
Alveoles after extraction of tooth roots



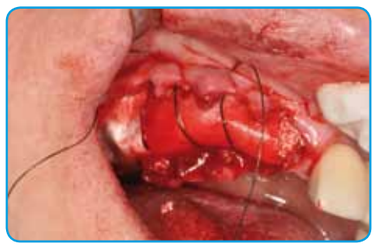
Covering of the lingual wall with Jason® membrane

Filling of sockets and augmentation with cerabone®

Covering of the augmentation area with Jason® membrane



Jason® membrane turned down over the augmentation area



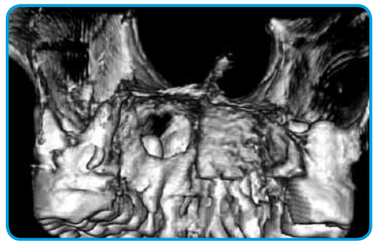
Suturing of the membrane

Wound closure and suturing

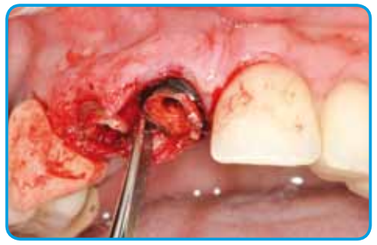
Clinical situation after 2 weeks healing

Extraction socket and fenestration defect; Jason® membrane, Jason® fleece and cerabone®


Situation before extraction

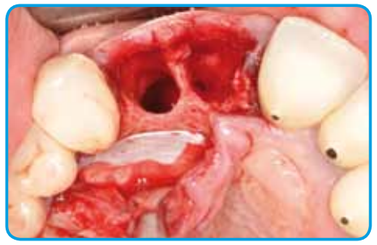

DVD scan of the maxilla showing fenestration defect


Atraumatic tooth extraction


Atraumtatic tooth extraction


Clinical situation after tooth extraction


Clear fenestration defect visible at the lingual side


Jason® membrane covering the bone defect


Block of the apex of the socket with Jason® fleece


Filling of the sockets with cerabone®


Covering of sockets with Jason® fleece


Final suturing of the sockets


Provisional removable prosthesis without compression in the area of the sockets

Socket preservation with Jason® membrane, cerabone® and Jason® fleece


Clinical situation before tooth extraction and implantation


Clinical situation after drilling of implant bed


Situation after implantation and tooth extraction, visible bone defect


cerabone® and Jason® fleece placed in the extraction socket


Covering of the buccal bone defect with Jason® membrane


Final wound closure and suturing

Socket preservation with Jason® membrane and cerabone®


Clinical view before surgery


Buccal bone defect visible after soft tissue mobilization


Placement of implants


Covering of the defect area augmented with cerabone® with Jason® membrane


Perfect adaptation of Jason® membrane to the bone


Immediate provisionalization using prefabricated acrylic crowns

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