



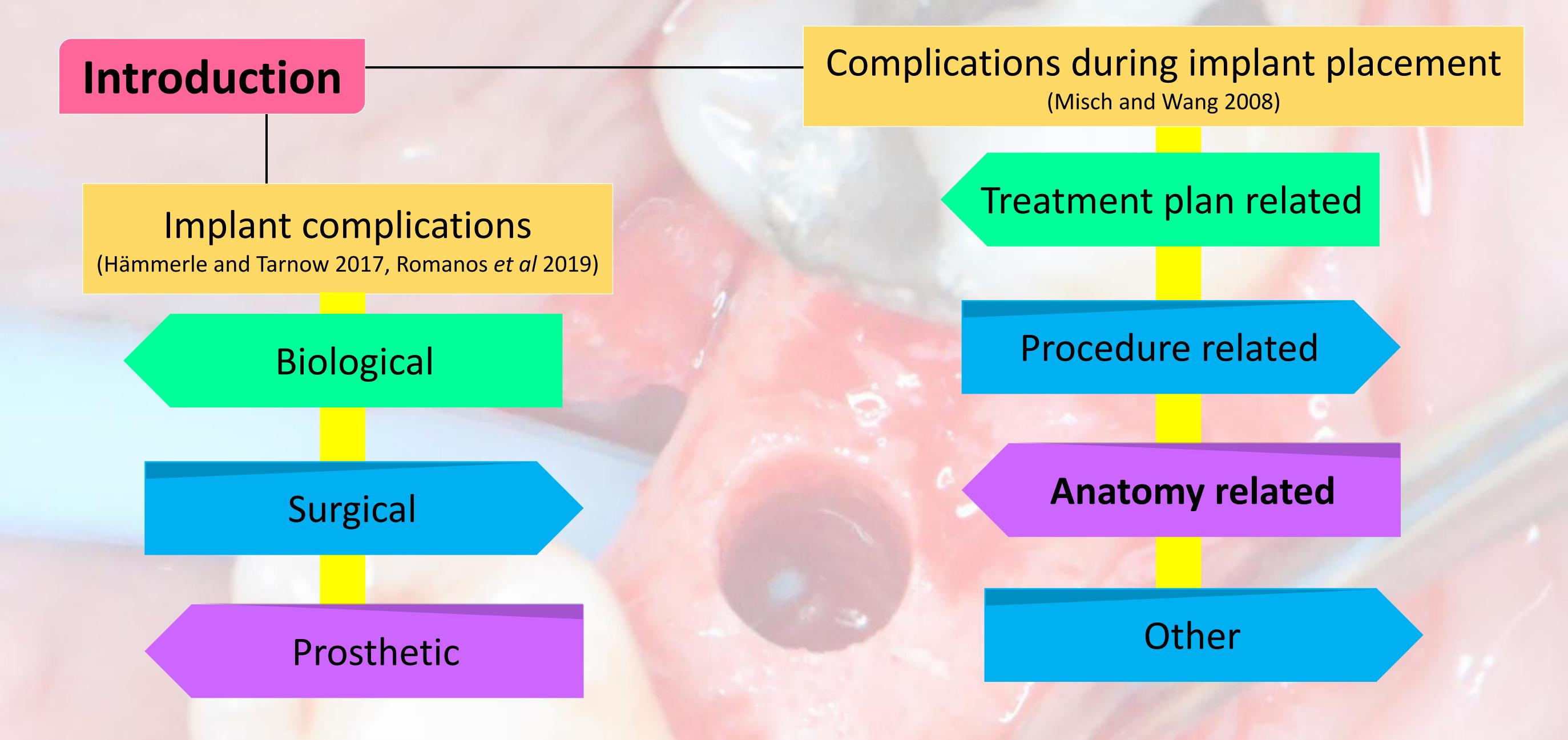
PERFORATION DURING IMPLANT PLACEMENT

Presenter: Nur Zety Mohd Noh

Mohd Noh NZ¹, Ariffin F²

¹Department of Restorative Dentistry (Periodontics Unit), International Islamic University Malaysia, Pahang, Malaysia.

²Centre of Periodontology Studies, Faculty of Dentistry, Universiti Teknologi MARA, Selangor, Malaysia. zety_noh@iium.edu.my



Objective

To discuss lingual bone perforation during implant placement on lower left posterior region and its management.

Case report

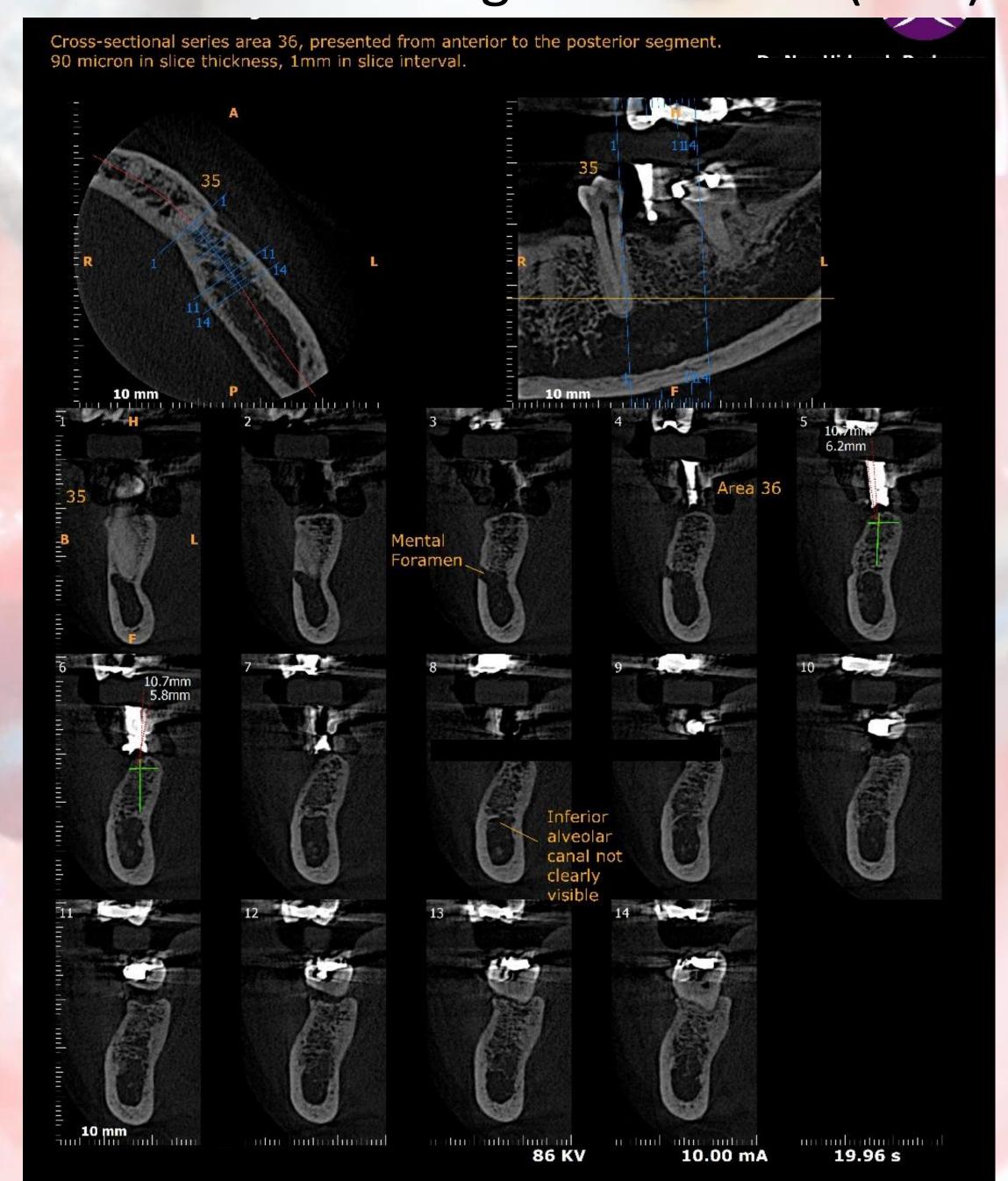
53-year-old, lady



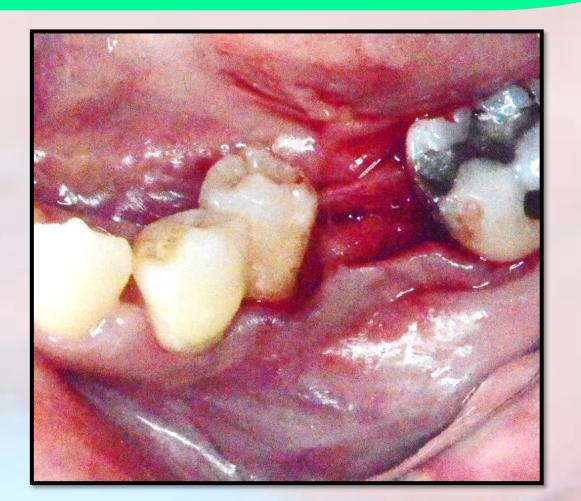
Pre-operative

- Individual surgical stent.
- Cone beam computed tomography.

3.4mm implant width and 9.5mm implant length + adjunct concentrated growth factor (CGF).



Intra-operative

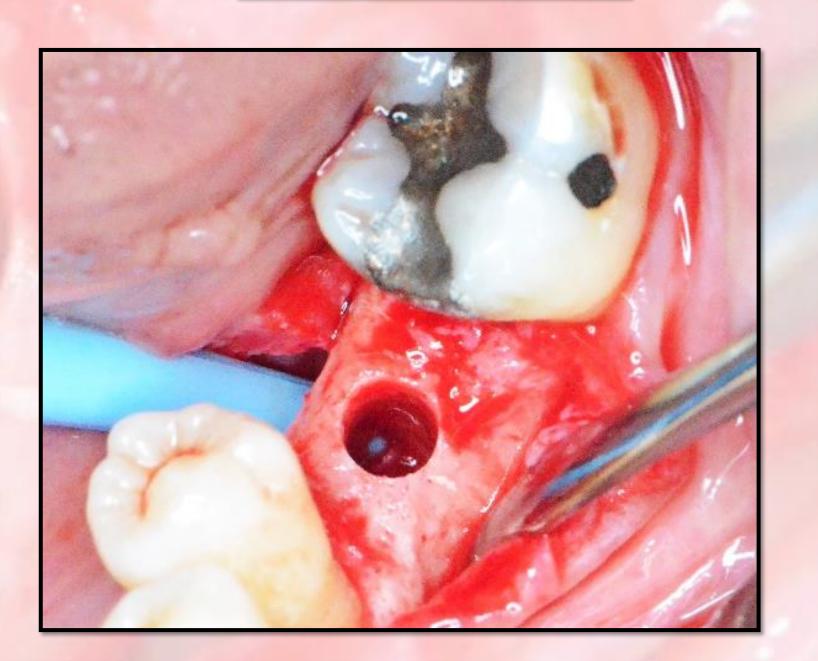


A full thickness flap was elevated.

3 Drilling was performed sequentially to 9.5mm depth.

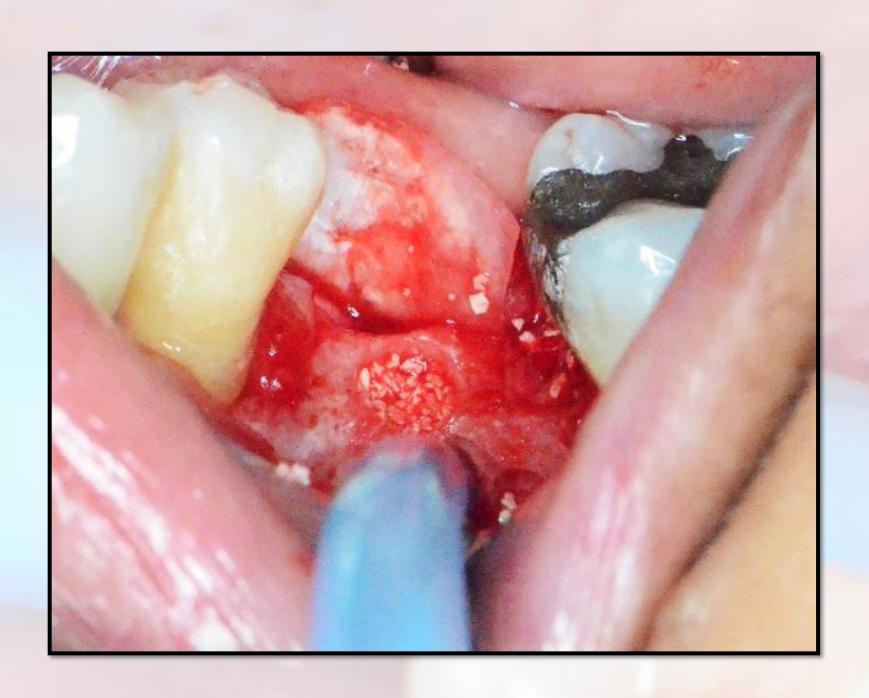
The surgery was initiated with a 2mm pilot marking drill up to 7.5mm in depth.

4



A lingual bone fenestration was observed.

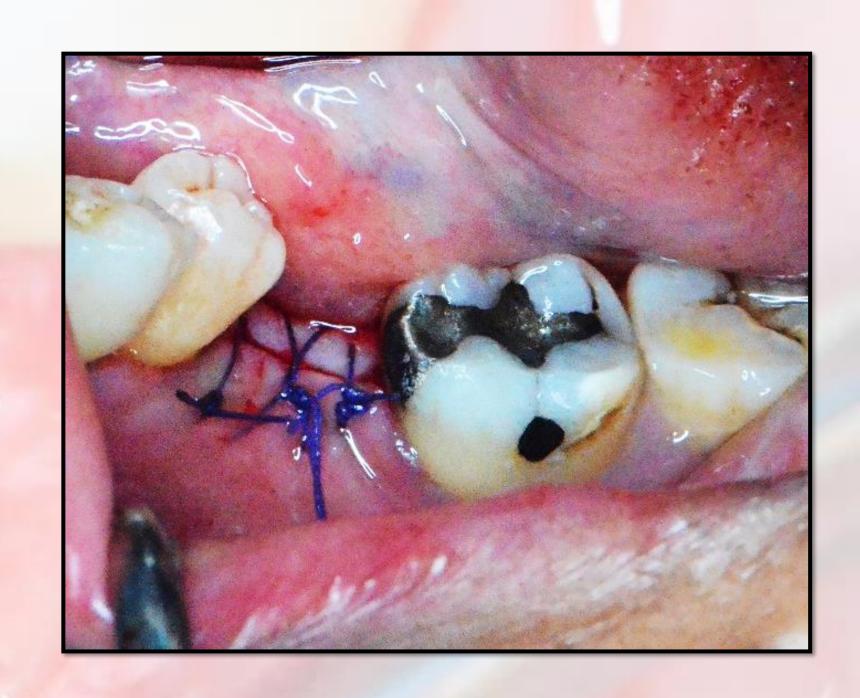
Guided bone regeneration procedure was performed.



Bone substitutes were condensed into the implant cavity and covered with a layer of collagen membrane.



Placement of CGF membrane prior to flap approximation.

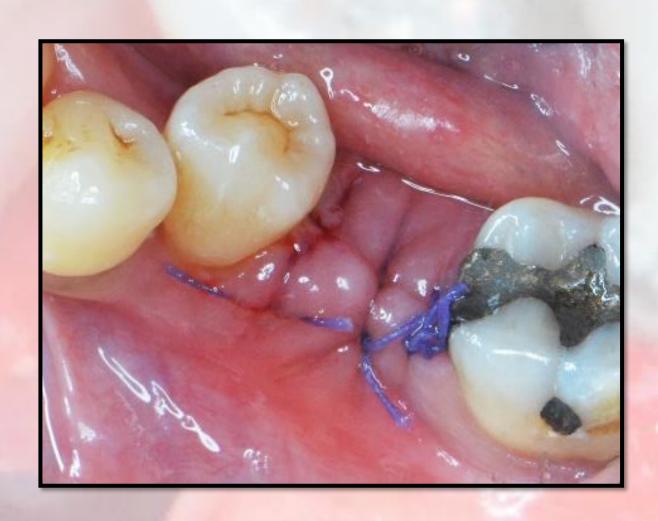


Flap approximation.

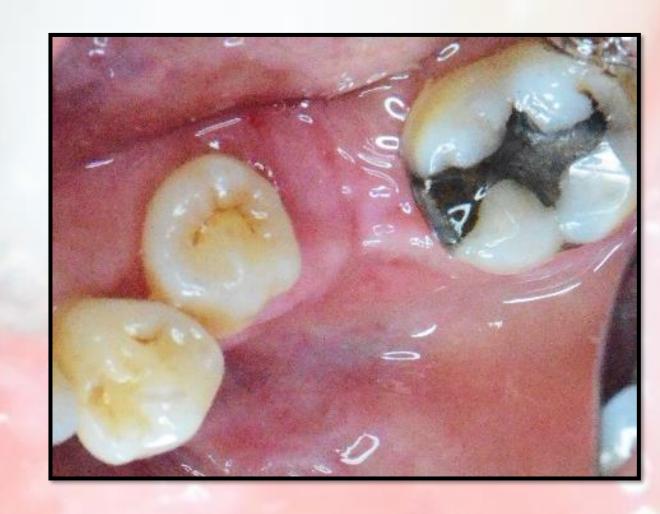
Post-operative



Three-day review.



One-week review.



Two-week review.



Two-month review.



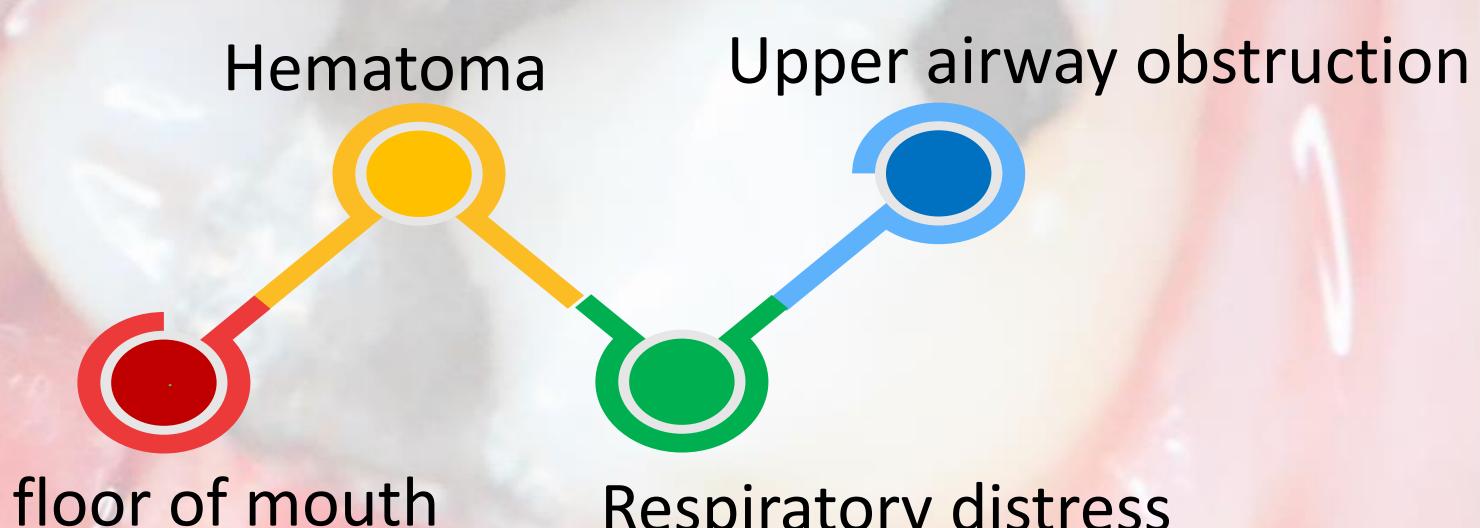


One-year review.

Discussion

Lingual bone perforation

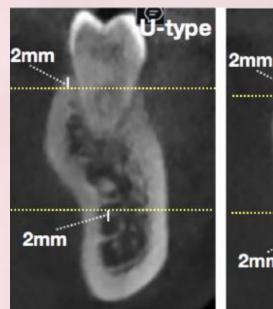
(Kalpidis and Konstantinidis 2005, Dubois et al 2010).

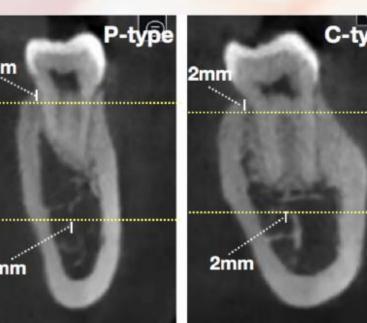


Hemorrhage in the floor of mouth

Respiratory distress

Risk of lingual bone perforation





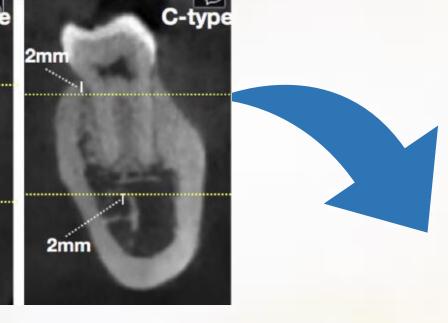
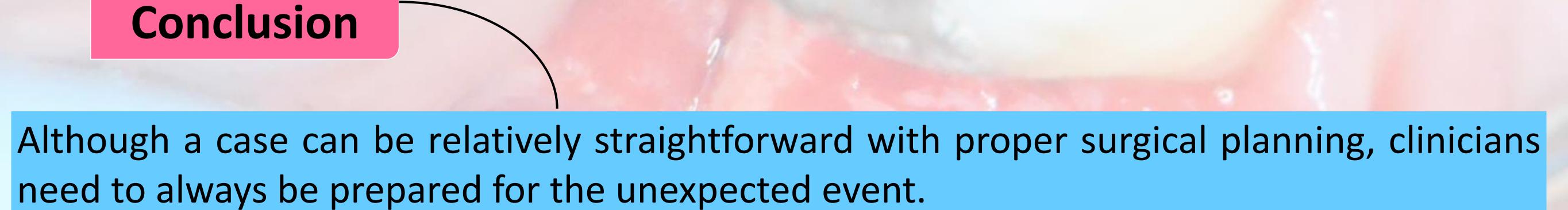


Figure adapted from Sun et al 2023.

Premolar and molar areas of the mandible are often affected by lingual undercuts (Hämmerle and Tarnow 2017).

Edentulous posterior mandibles are at greater risk of lingual cortical plate fenestration or perforation due to lingual concavity (Leong et al 2011).

A higher risk of lingual plate perforation in posterior mandible is associated with U-type cross section of implantation site (Sun et al 2023).



References

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- 8. Sun, Y. et al. (2023) 'Relevant factors of posterior mandible lingual plate perforation during immediate implant placement: a virtual implant placement study using CBCT', BMC Oral Health, 23, pp. 1–9.

