## Using EthOss® to address a major anterior lingual bony defect with suppuration on probing

Case from Dr Andres Eslava, Colombia

## **PATIENT MEDICAL HISTORY**

Female, 35 years old, non-smoker.

Patient with 8mm periodontal pocket in tooth 41 (image 2), bleeding and suppuration on probing (image 1), normal pulp test. In the CT scan we can see cemental tears on tooth 31 (image 7), vertical and horizontal bone loss (image 6) and lingual gingival recession (image 8).



Fig 1. Suppuration on probing



Fig 4. Initial CT scan



Fig 7. Methylene blue to check cemental tears



Fig 10. Occlusal view of the defect



Fig 13. Sutured

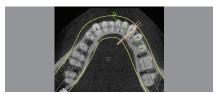


Fig 16. Final CT scan 3 years later

## Conclusion

This case demonstrates that after grafting with EthOss (image 9), there has been a significant reduction in the clinical pocketing which is visible (image 14) and an associated radiographic shows improvement in bone level that has been maintained for 3 years (images 14 & 15). Vertical and horizontal bone has been



Fig 2. Bleeding on probing – 8mm periodontal



 $\label{eq:Fig.5.} \textbf{Fig.5.} \ \ \text{Granulation tissue associated with cemental tear}$ 



Fig 8. After removal of cemental tears



Fig 11. Filling the defect with EthOss bone graft material



Fig 14. Final situation 3 years later



Fig 17. Final situation 3 years later

achieved (images 16 & 17) with healthy soft attached tissue, following the established EthOss surgical guidelines. ◆

For more information see www.ethoss.au



Fig 3. Initial situation



**Fig 6.** Periodontal attachment loss, vertical and horizontal bone loss



Fig 9. EthOss bone grafting material mixing



 $\begin{tabular}{ll} \textbf{Fig 12.} Complete filling of the defect and thickening the lingual bone wall \\ \end{tabular}$ 



Fig 15. Final situation 3 years later

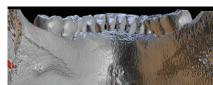


Fig 18. Final CT scan