

# A one-visit crestal sinus lift approach with the Neoss ProActive® 6.5 mm wide implant

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**Patient:** 37-year-old man.

**Clinical situation:** A patient required a tooth extraction of the first upper left molar due to root resorption. Residual sinus floor height measured 3 mm.

**Treatment plan:** Following tooth extraction, perform a direct sinus lift to allow for immediate placement of a Neoss ProActive 6.5 mm wide implant, all in one visit.



Figure 1



Figure 2

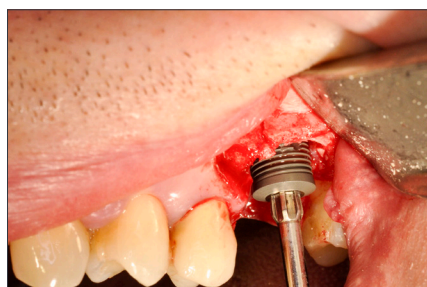


Figure 3

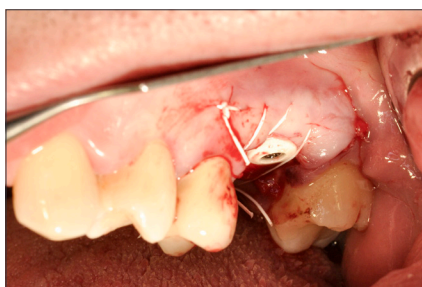


Figure 4



Figure 5



Figure 6



Figure 7



Figure 8

Due to root resorption the patient required a tooth extraction of the first upper left molar. Periapical radiographs showed a residual sinus floor height of 3 mm indicating the need for a sinus lift to allow for implant placement (Figure 1).

Following tooth extraction, enough residual bone height was established to allow for augmentation with a crestal approach through the implant osteotomy site rather than a lateral window approach which is surgically more invasive and used for cases with less bone height (Figure 2).

Immediate placement of a Neoss ProActive Ø6.5×11 mm implant with a final insertion torque of 48 Ncm and ISQ 68/70 (Figure 3). This wide diameter implant has a collar that is conical with threads extending up on the collar, forming a threaded wedge that is engaging even when the available bone height is very limited. Its rounded apex minimizes sharp edges that can tear the sinus membrane during insertion and healing.

A PEEK healing abutment was connected to the implant directly after surgery for transgingival healing (Figure 4).

Healthy peri-implant soft tissue conditions was observed following 4 months of healing where implant stability (ISQ) had increased from 68/70 to 76/82 (Figure 5 and 6).

Radiograph after 4 months of healing show new bone formation around the entire implant (Figure 7).

Functionality restored with the definitive crown in place (Figure 8).