



Biologically mediated dental implantology- Socket Shield technique Dr. Sanjay Kumar Sah

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Abstract: Dental implant restorations in esthetic region is a clinical challenge. Patients are very much concerned about esthetics and desire for a natural looking prosthetic replacement. Optimum soft tissue and hard tissue (bone) condition is mandatory for providing a pleasant implant supported restoration. Tooth loss due to extraction or trauma results in variable but inevitable soft tissue and hard tissue volume loss, compromising ideal implant placement and restoration. Various procedures such as socket preservation, ridge shield, have been described in the literature with limited success requiring additional interventions to achieve an ideal result. This adds to surgical complexity and financial burden. In 2010, Hurler introduced socket shield technique, in which a prepared healthy root fragment on the buccal aspect of the socket is left intentionally. This root fragment maintains the periodontally mediated blood supply to the thin buccal alveolar process, hence preventing the alveolar bone remodeling caused due to extraction of the tooth. This procedure is minimally invasive, requires no additional graft and hence advantageous to the patient. This presentation intends to review socket shield technique regrading it's concept, technical aspects, limitations, and followed by a case presentation.



Biography: Dr. Sah completed his BDS degree from Tribhuvan University Nepal in 2007 A.D and MDS in Prosthodontics from Huazhong University Of Science and technology China in 2013 A.D. Dr. Sah is passionate about implant restorations in anterior maxilla and focus greatly on optimising esthetics by hard and soft tissue management around dental implants. Dr. Sah has various publications in national and international journals.

Publications:

1. Validation of digital pathology imaging for primary histopathological diagnosis
2. A detailed immunohistochemical analysis of a large series of cervical and vaginal gastric-type adenocarcinomas
3. Clinical presentation of retinoblastoma in Eastern Nepal
4. Enterobius vermicularis causing symptoms of appendicitis in Nepal
5. Germ cell tumors of the ovary: a clinicopathologic study of 121 cases from Nepal

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