

Saito et al., 2025



Academia



1
Patient



3 Year
Follow-up

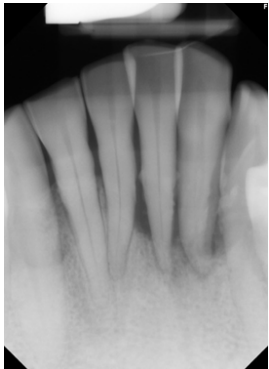


DISCLAIMER

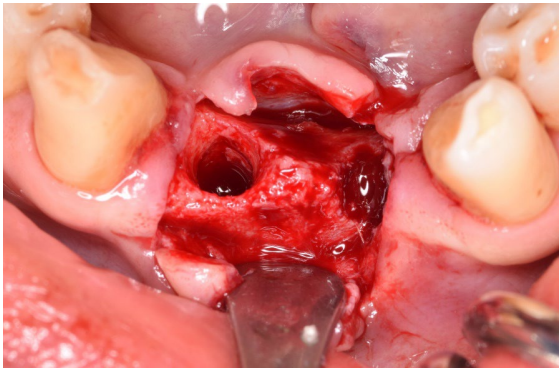
The following page contain summaries of data published by Saito et al., 2025 as interpreted by Geistlich. Although we try to reflect to the best of our knowledge the results and conclusions of the cited studies, errors cannot be excluded. We explicitly emphasize that the authors of the cited study cannot be held responsible for the content of the summaries.

Extraction Socket Management – Ridge Preservation

The Use of Composite Xenograft and Allograft in Post-Explantation Ridge Defect Augmentation: A Case Report



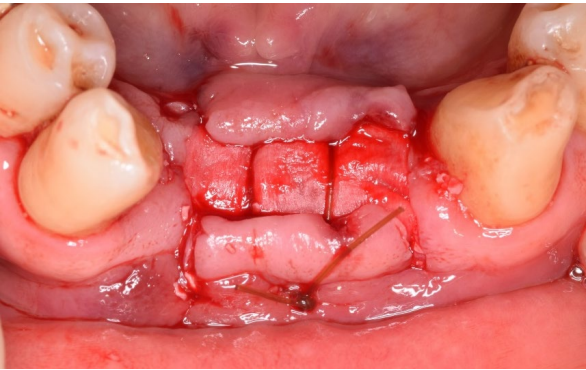
Pre-extraction periapical radiograph



Elevation of flap & explanation of implant



Allograft/xenograft placed in intra- & extra-bony ridge defect



Graft secured with Geistlich Bio-Gide®



PA taken at 1-year follow-up



Buccal view at 1-year follow-up

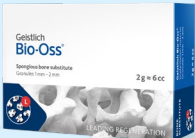
“The fibers exhibit controlled expansion property after placement in the defect to maximize bone fill and space maintenance.” Hanae Saito, DDS, MS, CCRC

Key Message

The combination of demineralized cortical fibers (vallos® f) and xenograft (Geistlich Bio-Oss®) provides both volume stability and structural support, enabling successful ridge augmentation and subsequent implant placement with long-term stability.

Study results

- **Histomorphometric Evaluation:** After 18–20 weeks, composite allograft/xenograft augmentation yielded 22.3% vital bone and 33.2% residual graft material, confirming successful regeneration and scaffold stability.
- **Implant Stability Post-Augmentation:** Four months post-augmentation, implant placement achieved >35 Ncm primary stability, indicating effective bone integration and support.
- **Long-Term Success (3-Year Follow-Up):** At 3 years post-loading, no peri-mucositis or peri-implantitis, stable bone height, and minimal bone loss confirmed the graft’s long-term efficacy.



Case Report



1 Patient



Academia



3 Years



This case report aimed to evaluate the effectiveness of a composite allograft/xenograft bone substitute in ridge defect augmentation following early implant failure and explantation.