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## Case Report

# Flapless Immediate Implant Placement and Provisionalization (FIIPP) in the Aesthetic Region: Surgical Protocol of a Prospective Clinical Cohort Study on 100 Patients – Two Case Reports: Intact Socket, and Defect Socket with a Thin Gingival Phenotype

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### ABSTRACT

**Background:** Immediate implant placement and provisionalization (IIPP) is considered as a high-risk treatment for aesthetic failure and generally only recommended in case of post-extraction intact sockets and a thick phenotype gingiva. During a prospective clinical cohort study on one-hundred consecutive patients, using this strict flapless immediate implant placement and provisionalization (FIIPP) protocol, we found high and stable aesthetic outcomes (WES/PES = 8.2/12.1) in both intact – and defect sockets, and both thin- as thick gingival phenotype. By means of one case report (Case 1), the total FIIPP treatment is illustrated. Results of two other cases, show that comparable high aesthetic outcomes can be reached in cases with a thin phenotype gingiva or buccal bone defect using the same protocol.

**Case Presentation:** In a 24-year-old male with good general and oral health, root fracture of tooth 21 was diagnosed and FIIPP was indicated. Direct post-extraction, an implant was placed in a palatal position of an intact socket by a flapless approach. A minimum space of 2 mm in front of the implant was created and filled with a bone-substitute prior to implant placement. Subsequently, the implant was restored by use of a titanium abutment and a composite temporary crown. Three months later, the temporary crown was replaced by a customized zirconium abutment and ceramic crown resulting in a high aesthetic outcome. A comparable aesthetic outcome using this protocol can be reached in cases with a thin phenotype gingiva and/or a buccal bone defect (Case 2).

**Conclusion:** Using described surgical FIIPP protocol, high aesthetic outcomes are reached in only 4 visits and within a treatment period of 4 months. A thin phenotype gingiva, or a pre-operative buccal bone defect, does not seem to affect the aesthetic outcome using this treatment method.

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