

## 17. IMMEDIATE IMPLANT PLACEMENT IN POSTERIOR SIDES OF THE MANDIBLE

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**Introduction.** Due to the development and progress of oral implantology and its methods, the early implant-prosthetic rehabilitation became a primary objective of the specialists. Thus, the immediate implant placement comes with certain benefits in the posterior areas, due to decreasing the terms of rehabilitation and number of surgeries. However, anatomical features do not allow placing an implant into a fresh extraction socket in a desirable position in all cases.

**Case presentation.** The evaluation of immediate implant placement in lower molar region using drilling through the roots. The study focused on a clinical case of immediate implant placement in the region of first lower molar. After clinical and paraclinical evaluation of the patient, the presence of the tooth with total crown lesion was determined, which did not allow rehabilitation by restorative techniques. CBCT analysis reflected the presence of a septum of insufficient size to allow the implant site preparation within its limit. The drilling process was performed through the furcation in order to avoid the slipping of the drills into one of the mesial or distal sockets, and the extraction of the roots was performed after it. In this way, the roots played the role of drilling guide. After the insertion of the implant and socket grafting, its position was radiologically evaluated in relation to the initially established plan.

**Discussion.** The procedure for using interradicular drilling consisted of the following stages: infiltrative anesthesia, removal of softened dentin remnants from the tooth surface, separation of roots, antiseptic treatment with Chlorhexidine 0.05%, drilling according to the protocol recommended by the manufacturer through the root separation area, the deep probe evaluation of the socket, syndesmotomy and roots extraction, the curettage of the apical regions and the antiseptic processing, insertion of the implant with the hand-piece at 30 RPM and the verification of its positioning, implant stability appreciation using Periotest device. Due to an insertion force greater than 30 Ncm, the application of the healing abutment does not present risks for the integration of the implant and also presents a mechanical protective barrier of the peri-implant space. X-ray evaluation relieved an implantation in accordance with the established initial plan.

**Conclusion.** In some clinical situations, the drilling of the implant site before root extraction can be considered a good option to achieve a desired implant position between mesial and distal sockets, especially when the septum has a reduced dimension.