

2026 Neobiotech World
Symposium in Hanoi, Vietnam.

2nd case



Doctor

Dimitris Exarchos

- DDS, 1999 Aristotle University of Thessaloniki, Faculty of Dentistry
- MSc, 2003 Master of Science in Oral Surgery and Implantology, Aristotle University of Thessaloniki
- Dental Association of Thessaloniki licensed 2000
- 2000: private dental practice in Thessaloniki
- 2017: Running second private clinic in Olympus Riviera, Platamon. Mainly undertaking surgical treatments
- 1997-till today: Participation in congress, seminars and various post-graduate courses
- 2010-till today: Participation in seminars as speaker.



Extreme mouth makeover in a young patient with congenital absence of lateral maxillary incisors and failed implants in these areas, and congenital absence of mandibular second premolars.

- FEMALE 32 YEARS OLD
- FREE MEDICAL REPORT
- NO SMOKER
- BAD ORAL HYGIENE

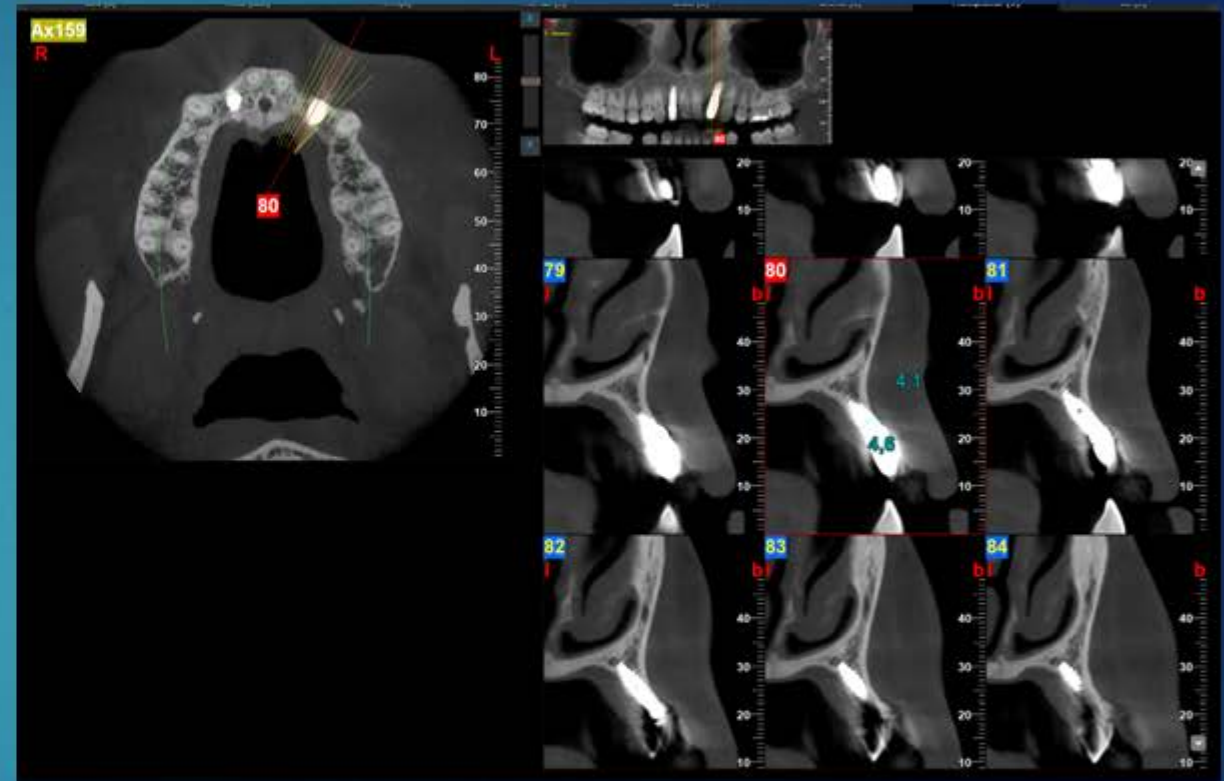
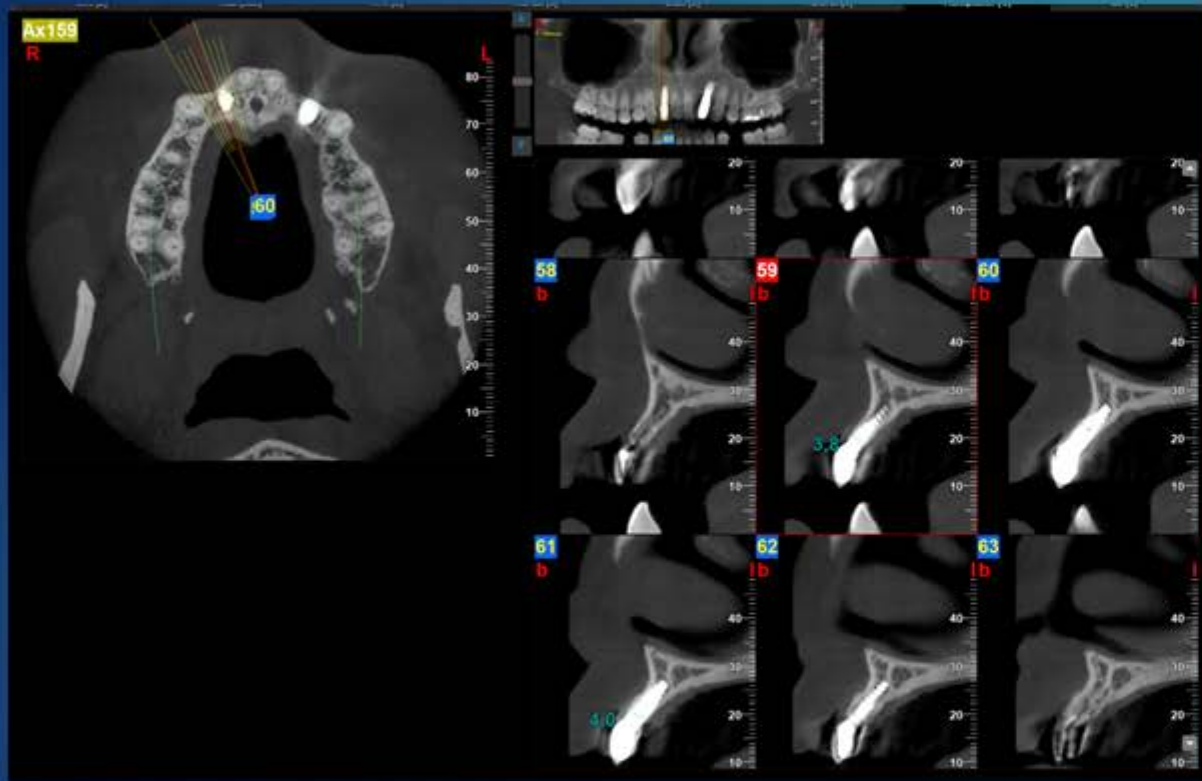
Initial situation Pre-op



Inflammation around the old implants

Treatment Plan Explantation of the implants at sites #12 & #22. Orthodontic Treatment with Aligners, Teeth Bleaching, GBR at the site of the lateral incisors. Implants, GBR, CTG at sites of #35 & #45. Implants at #12 & #22, immediate loading with provisionals crowns and CTG. Prosthetic rehabilitation of the implants with screw retained zirconia crowns with layering technique and all-ceramic veneers at #11, #13, #21 & #23.

Initial CBCT of maxilla



The ridge is very thin and there is bone loss around the old implants
cause Peri-Implantitis

The priority is to atraumatically remove the old implants due to peri-implantitis but also due to poor placement and to preserve as much of the little bone remaining in the area as possible.



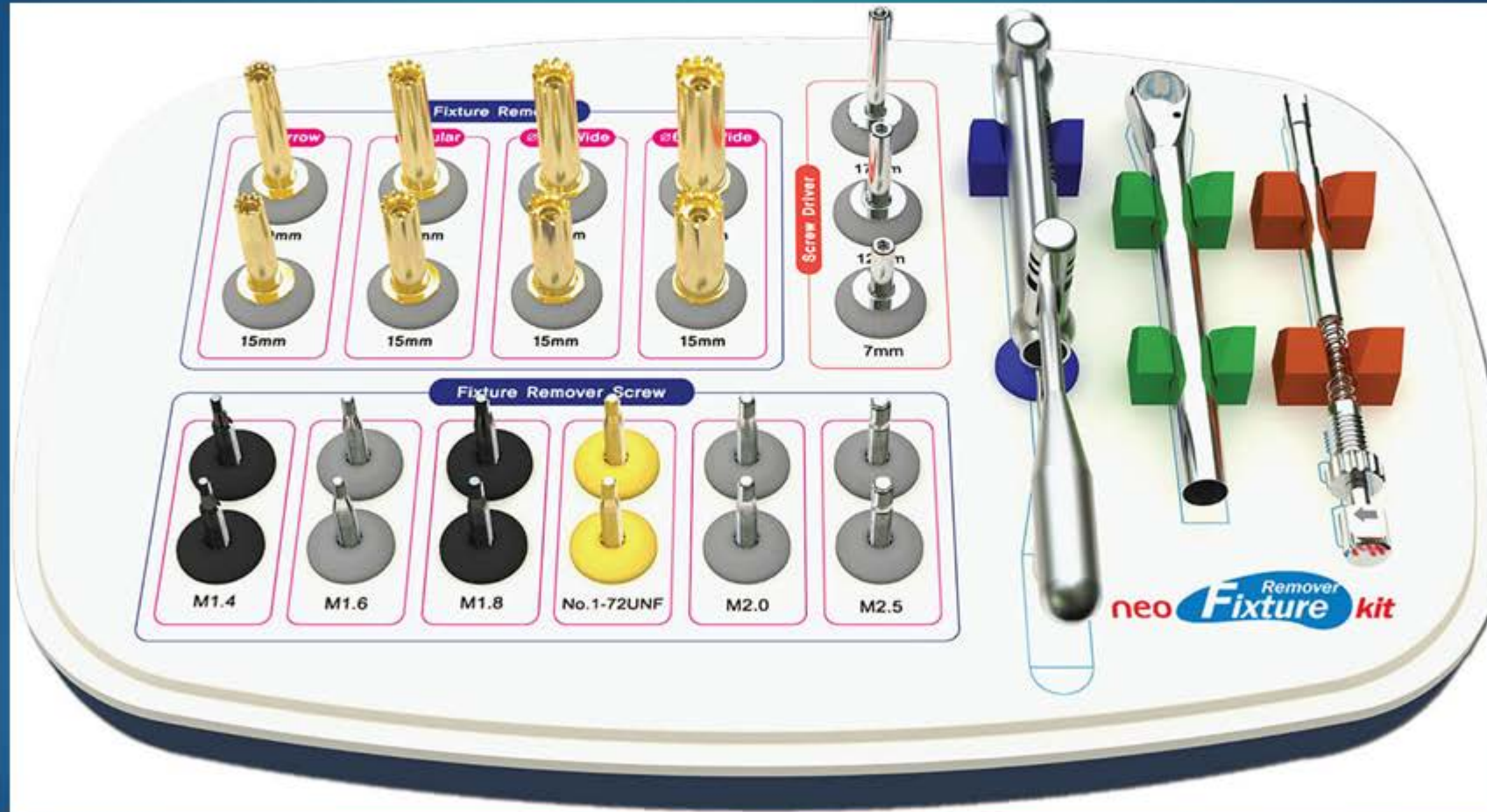
During the crown removal, I found that the screw head was damaged by the manipulation of colleagues, as the patient reported to me. The screw and the abutment were removed with the Neobiotech Screw Remover Kit



After removing the abutments, I screwed in impression posts to show the poor placement of the old implants.



For the atraumatic removal of the implants I used the
Neobiotech Fixture remover Kit

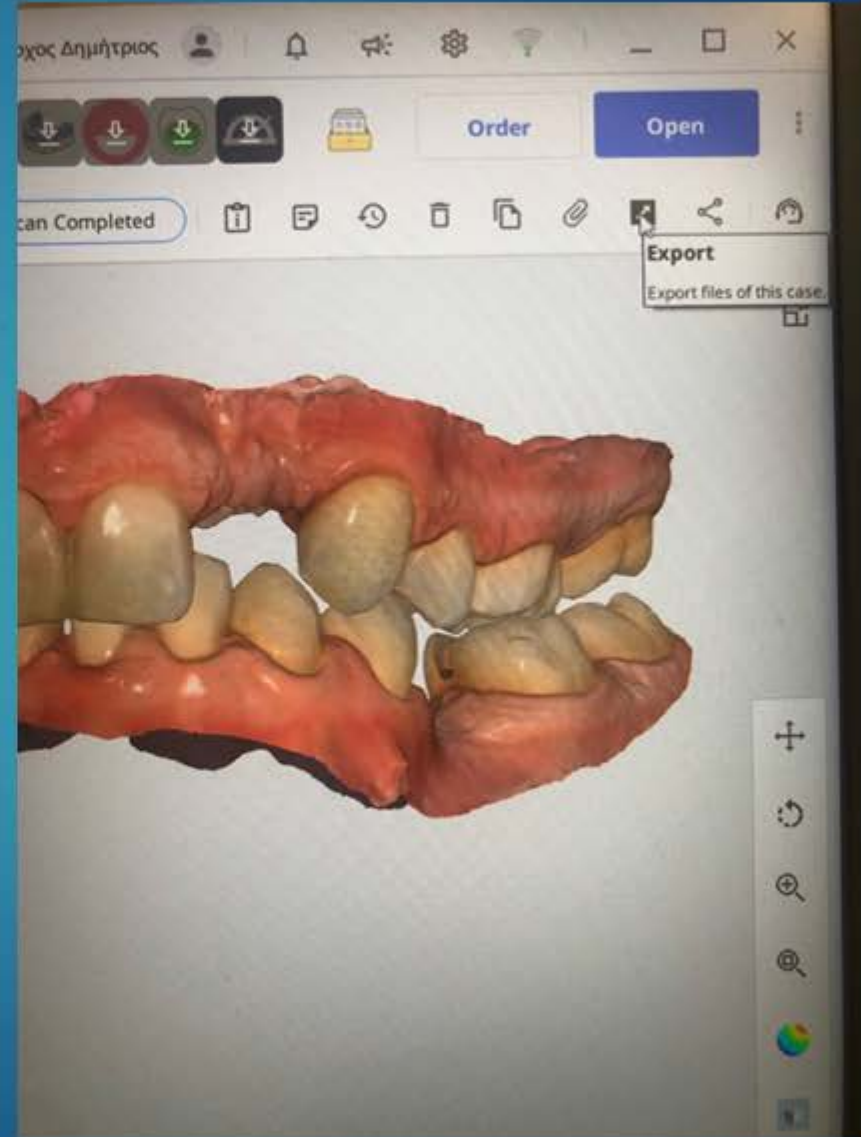




Since our patient had already started orthodontic treatment, she used the braces as a temporary restoration so that the gaps would not be visible.



Intraoral Scan with Medit i700 wireless so to be able to have the stl archives and proceed to the treatment plan for the implants in the mandible



STL & CBCT



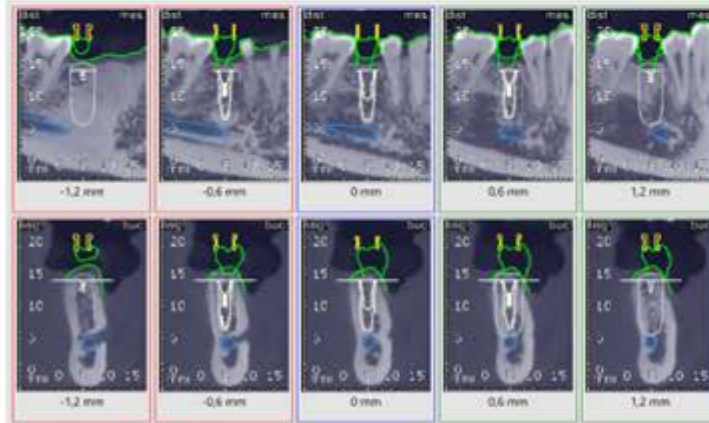
Treatment plan design in exoplan. Both implants at sites #35 & #45 are Neobiotech IS III 3,5 X11,5

Tooth 45: Implant details

Patient: Maria, Anagnostopoulou
Project: ChairSideClient_Maria-2024-04-15

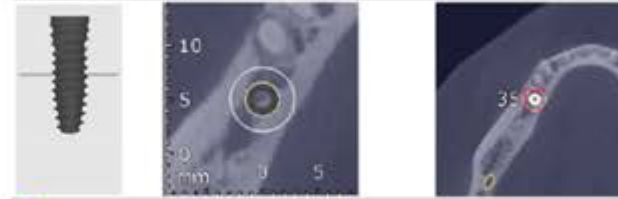


Model: Neobiotech - IS-III active FDA
Type/Subtype: IS-III active FDA
Diameter Body: 3.5 mm
Diameter Platform: 3.7 mm
Implant Length: 11.5 mm
Manufacturer: Neobiotech Co., Ltd.
Part No.: IS-III active, Ø 3.5 mm, 11.5 mm/IS33511A
Web address: <http://www.neobiotech.com/>
General information: Material: Ti Surface: S.L.A.
Legal information: N/A

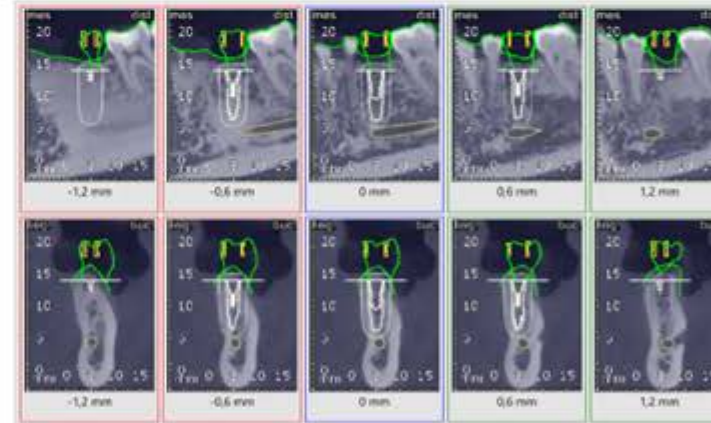


Tooth 35: Implant details

Patient: Maria, Anagnostopoulou
Project: ChairSideClient_Maria-2024-04-15



Model: Neobiotech - IS-III active FDA
Type/Subtype: IS-III active FDA
Diameter Body: 3.5 mm
Diameter Platform: 3.7 mm
Implant Length: 11.5 mm
Manufacturer: Neobiotech Co., Ltd.
Part No.: IS-III active, Ø 3.5 mm, 11.5 mm/IS33511A
Web address: <http://www.neobiotech.com/>
General information: Material: Ti Surface: S.L.A.
Legal information: N/A



Pre-op



Surgical Guide



For the full guided placement of the implants I used the **neo NaviGuide Kit**



Just click it and place it!



Great primary stability 35-40Ncm



Ready for GBR



Sticky bone and membrane in place



A-Prf membrane covered both



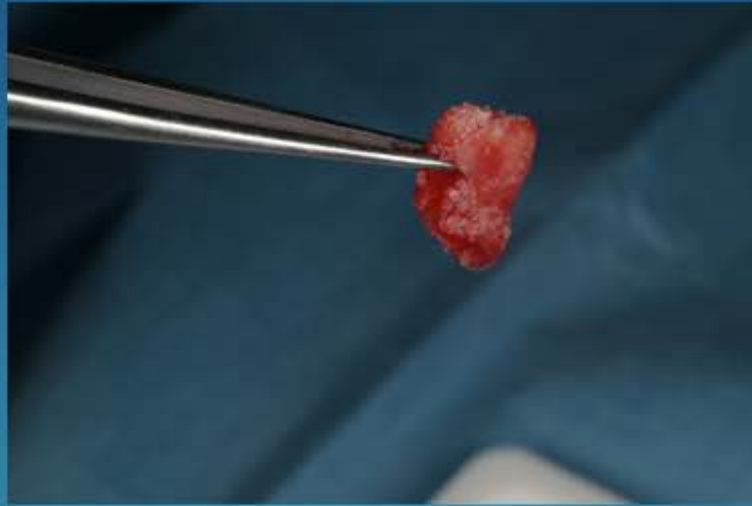
The stitches fixed the flap.



Placing the implant



Sticky bone



Sticky bone and membrane in place



A-Prf membrane covered both

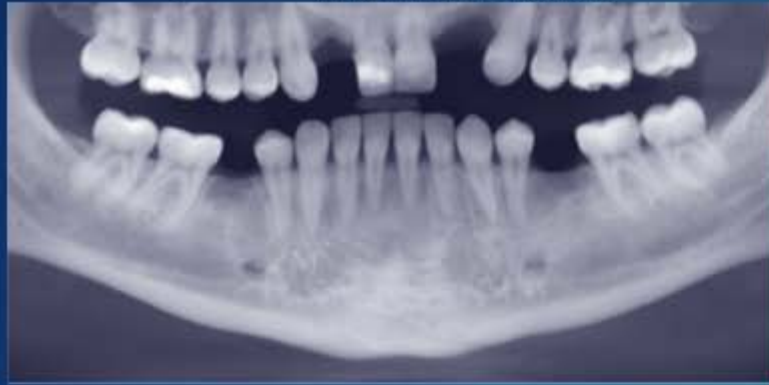


The stitches fixed the flap



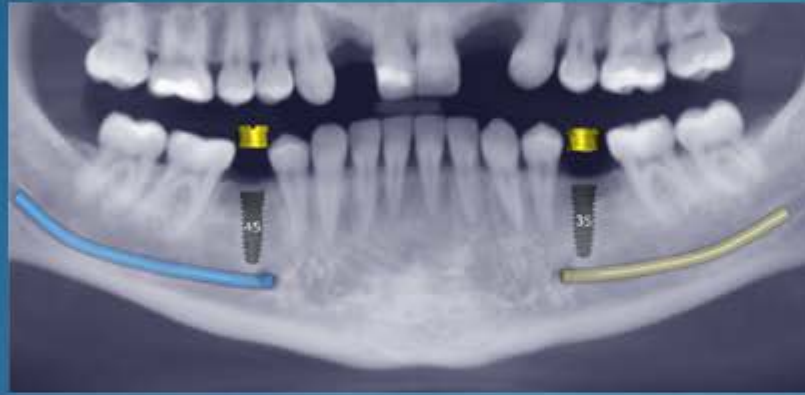
Pre-op

X-ray panoramic radiograph
image without implants.



Panoramic Radiograph Images

Planning



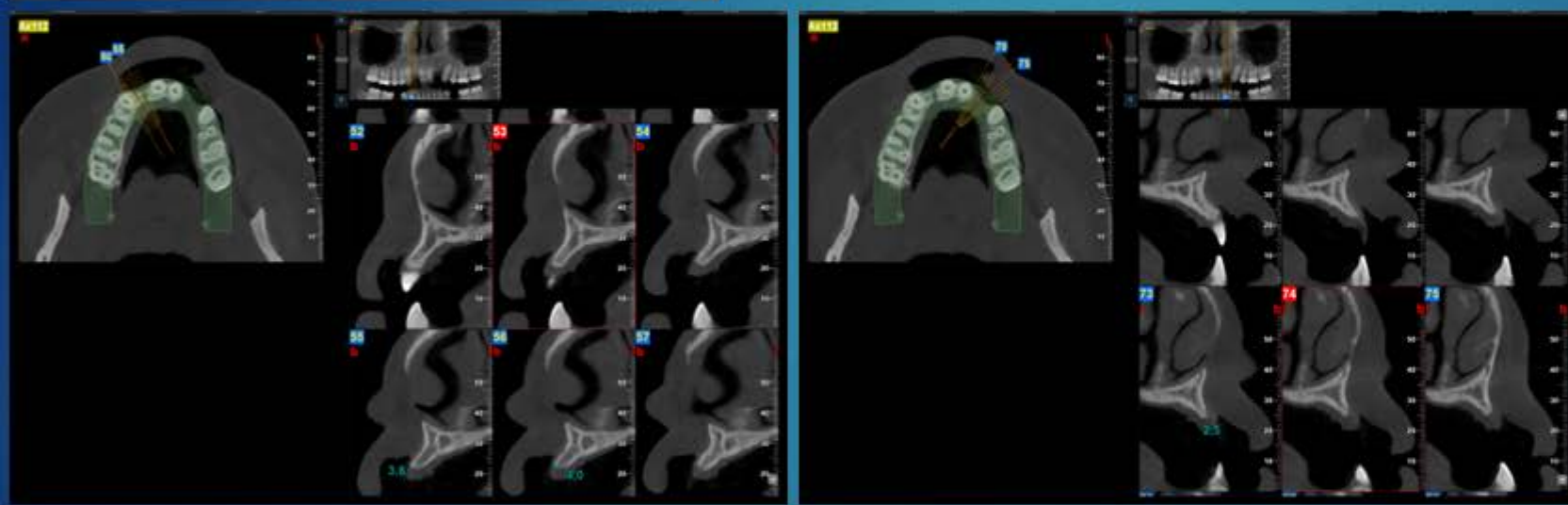
X-ray panoramic radiograph image with all set implants and sleeves.
(Due to technical reasons, the graphical representation of implants and mandibular
canals inside this image might be distorted.)
exoplan 3.1 Rijeka 8657 -
Engine build 8657

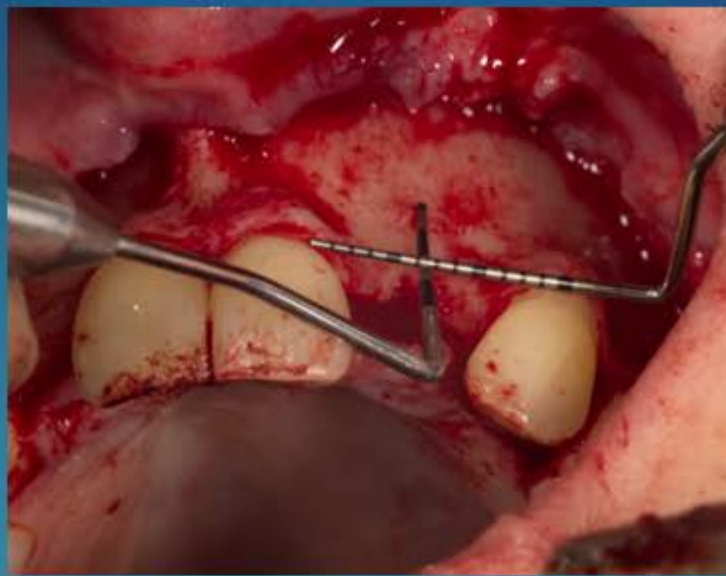
Xray control post-op



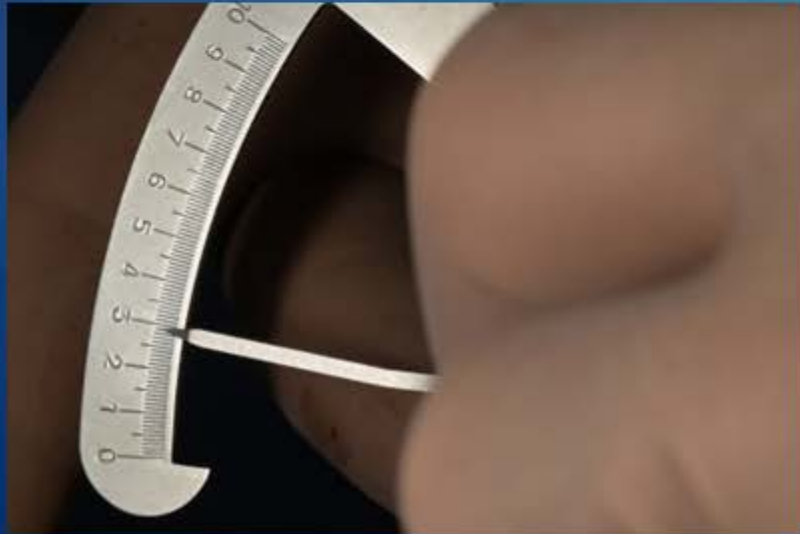


7 months after the removal of the old implants and while our patient was undergoing orthodontic treatment, the time came for bone regeneration of the upper jaw in the areas of #12 and #22 to regenerate the very thin ridge and prepare the ground for the placement of the new implants.





After the trapezoidal flap is elevated , we also determine with the caliper that our ridge is less than 3 mm thick. We proceed to prepare the area and the graft material (sticky bone with allograft)





We immobilize the resorbable collagen membrane apically with titanium pins. Then we fill the space with the sticky bone (mix 50-50% xeno & allograft) and cover it with the membrane which is stabilized to the palatal with a resorbable mattress suture . At the end we cover the graft materials with A-Prf membranes and suture the flap without tension with resorbable stitches. The stitches will be removed after 3 weeks.



Xray Panoramic control



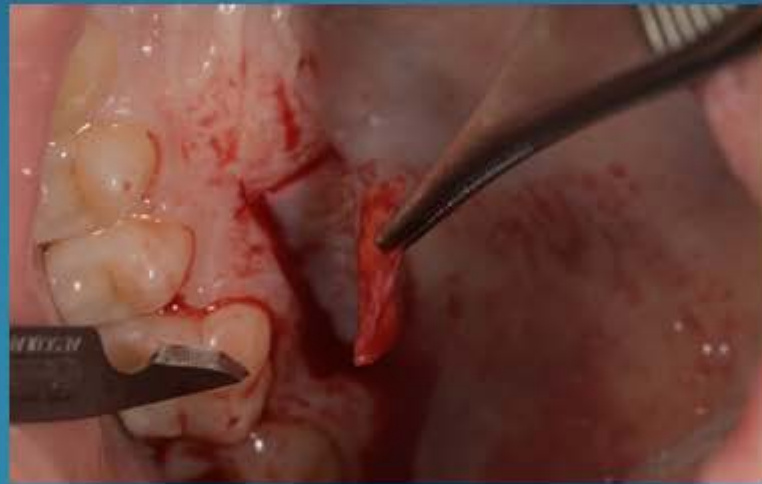
The day stitches removed



4 weeks post op we have a nice tissue healing



6 months after the placement of the lower implants and the simultaneous bone regeneration, it was time for tissue regeneration with a connective tissue graft. The aim is to increase the thickness of the adjacent gums to protect the bone and implants, as well as to increase the thickness of the apical ridge to avoid food retention recesses under the implant crowns. In the area of #45, flap expansion and suturing of the connective tissue graft were performed, while in the area of #35, a tunneling technique was performed.






Pre-op



Post-op

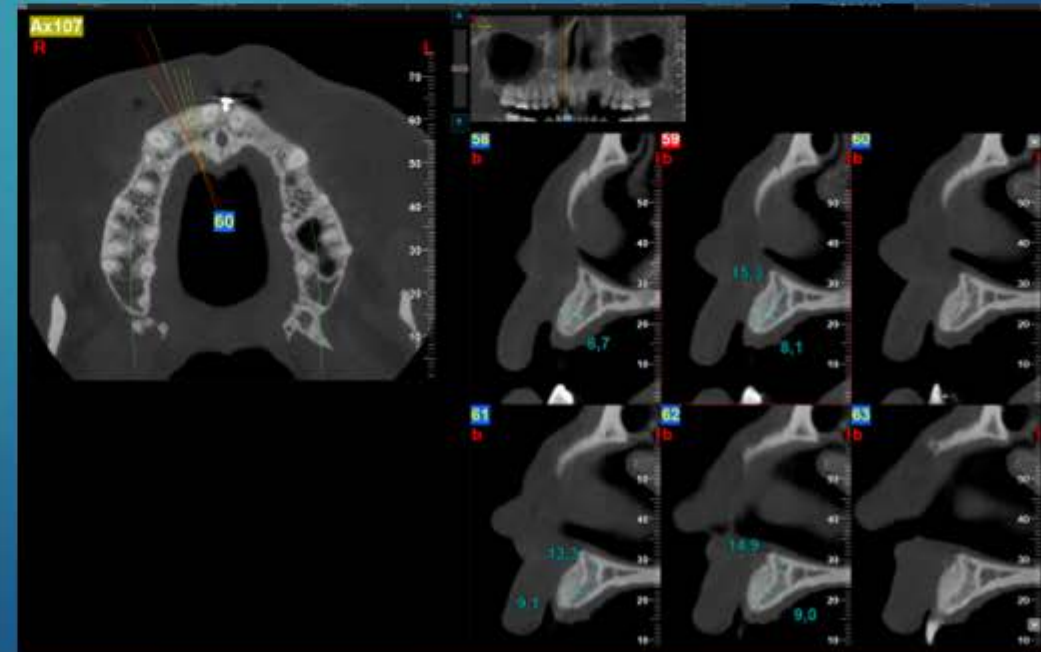
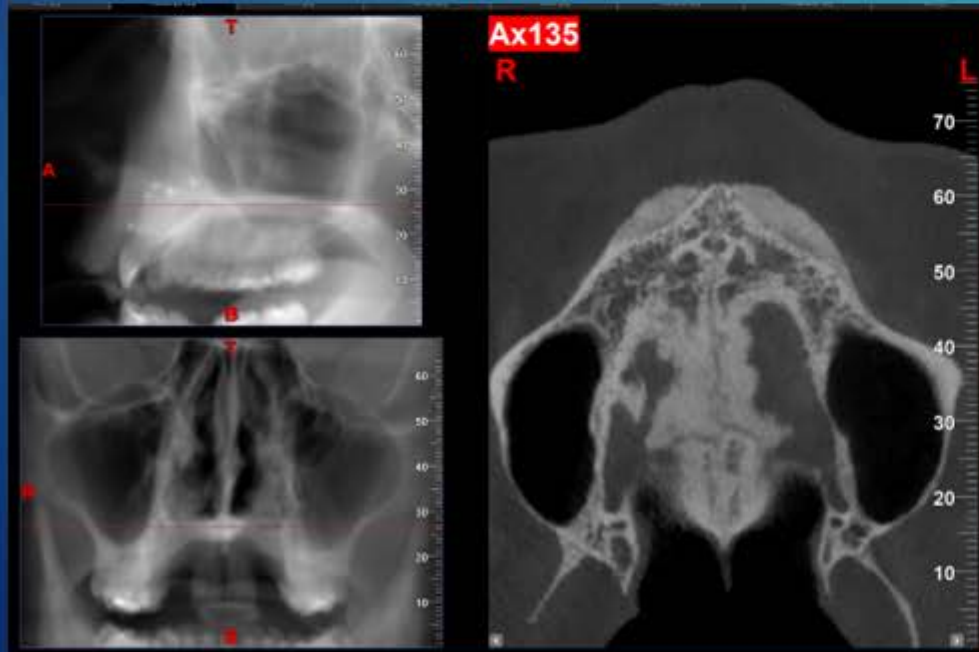
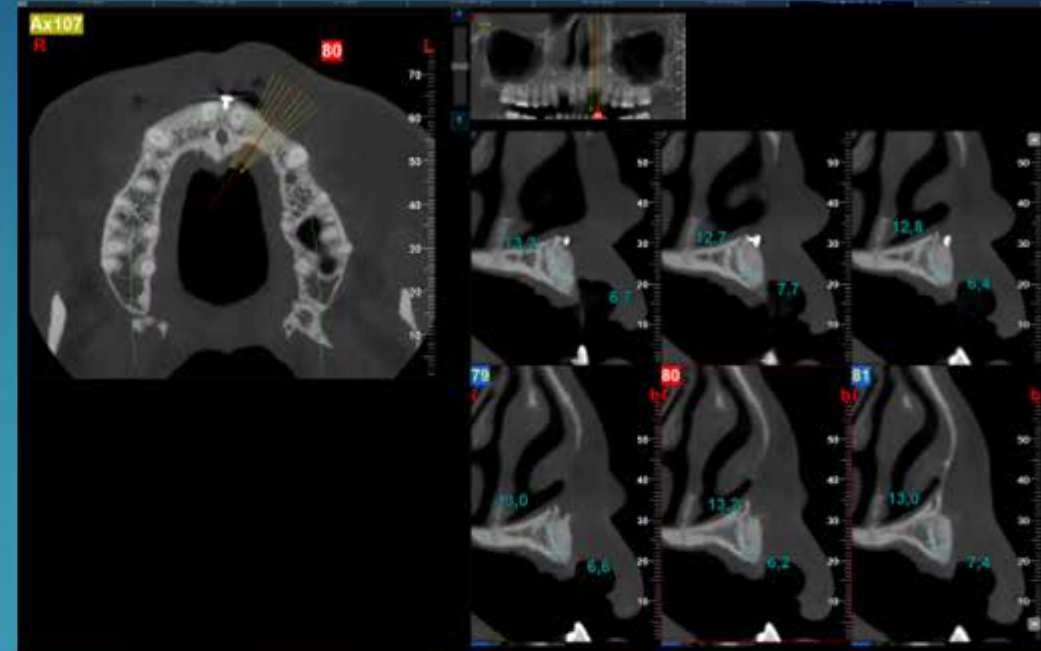


The benefit we have in soft tissues is obvious.



7 months after bone regeneration at maxilla ,
Neobiotech IS III Super Narrow implants are
placed with a surgical guide in the upper jaw
at positions #12 (3,2X11,5) & #22 (3,2X10).
Immediate loading with temporary crowns on
them outside of occlusion and simultaneous
tissue regeneration to increase the thickness of
the gums with a connective tissue graft.

We had an impressive increase in the width of the apical ridge after bone regeneration. #22: 2,5mm → 7,5mm #12: 4mm → 9mm

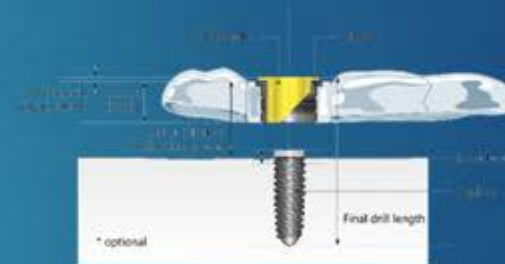


100



(Due to technical reasons, the graphical representation of implants and mandibular canals inside this image might be distorted.)

100





The surgical guide was designed for narrow implants and was used for pilot drilling because there is no kit yet for super narrow implants from Neobiotech.



Surgical Report

Patient: maxilla Anagnostopoulou Maria
Project: 2025-01-09_00001-001

Implant Information	
Tooth Number:	12
Implant Model:	Mediatech - IS II Active FDA
Manufacturer:	Mediatech Co., Ltd.
Article Number:	IS3511A
Length:	11.5 mm
Body Diameter:	3.5 mm
Platform Diameter:	3.7 mm
Library Integrity:	Library is signed
Image:	
Sleeve Information	
Library Information:	Steco - Universally compatible StecoGuide Sleeves - Universal Single Sleeves Part: d 2.35 mm D 3.0 mm L 5.0 mm
Sleeve Model:	
Manufacturer:	
Article Number:	
Height:	
Inner Diameter:	
Sleeve Offset to Implant Platform / to Bone Level:	
Assumed Drill Length:	
Library Integrity:	Library is signed
Image:	
The provision of an electronic signature only confirms that the library entry has been verified for certain mesh and/or data check/entries. If the library contains information that is not correct, the user is responsible for the correct information.	
Surgical Kit and Drill Information	
Library Information:	Kit has to be selected by user
Drill Model:	N/A
Drill Manufacturer:	N/A
Article Number:	N/A
Drill Length:	Manually placed sleeve used! User is responsible for selecting the correct drill length and diameter.
Drill Diameter:	
Library Integrity:	N/A

Surgical Report

Patient: maxilla Anagnostopoulou Maria
Project: 2025-01-09_00001-001

Implant Information	
Tooth Number:	22
Implant Model:	Nedbiotech - IS III active FDA
Manufacturer:	Nedbiotech Co., Ltd.
Article Number:	IS335 FDA
Length:	10 mm
Body Diameter:	3.5 mm
Platform Diameter:	3.7 mm
Library Integrity:	This library is signed.
Image:	
Sleeve Information	
Library Information:	Staco - Universally compatible StacoGuide Sleeves - Universal Single Sleeves Pilot: d 2.35 mm D 3.0 mm L 5.0 mm
Sleeve Model:	
Manufacturer:	
Article Number:	
Height:	
Inner Diameter:	
Sleeve Offset to Implant Platform / to Bone Level:	
Assumed Drill Length:	
Library Integrity:	
Image:	
<small>The presence of an electronic signature only confirms that the library entry has been verified for certain meta and/or data characteristics. If the library contains information that is not reflected in the meta data, the information in the meta data is not reliable.</small>	
Surgical Kit and Drill Information	
Library Information:	Kit has to be selected by user
Drill Model:	N/A
Drill Manufacturer:	N/A
Article Number:	N/A
Drill Length:	Manually placed sleeve used! User is responsible for selecting the correct drill length and diameter.
Drill Diameter:	
Library Integrity:	N/A



Both implants achieved the ideal initial stability of 40Ncm and ISQ of 83 and 85, levels that give us the confidence to proceed with immediate loading.



In addition to tissue regeneration with a CTG, I also chose to proceed to vestibuloplasty

3 weeks after the surgery we removed the stitches



6 months later it's time for the final prosthetic rehabilitation with zirconia crowns with layering technique up to the implants and all-ceramic veneers to #11, #21, #13, #23 . In the meantime, the patient had completed orthodontic treatment and had teeth whitening.



Post-op Xray Control











Before

After

Before



After



I must thank the patient for her trust, my team for their support as well as the dental laboratory for the impeccable result and cooperation.

- ▶ Thank you for watching.
- ▶ Please feel free to reach out if you have any questions.
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