## Immediate implant loading in periodontal affected patients using autologous restorative material

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## Abstract.

Usually, an extracted tooth is considered to be a potentially infectious material, which should be disposed in medical waste containers. Another school of thought is that the tooth dentin matrix has a long osteoinductive function and, along with cementum, contains a number of bone growth factors which includes Type I collagen and bone morphogenic protein (BMP). [1]

An autogenous demineralized dentin matrix of the extracted tooth from a patient can be considered bone graft material because of a minor or no host rejection immunity response.

The various sizes of graft material granules is adapted to the unique procedure protocols and range from 75  $\mu$ m to 500  $\mu$ m. [2-3]

A new method, using a combination of an autogenous, fresh demineralized tooth graft (after a non-traumatic tooth extraction) and an injectable platelet rich fibrin preparation (PFR), has shown a higher primary implant stability when inserted after three months. [4]

Other studies have shown that a six-month post grafting with a good implant support was confirmed to increase radio-opacity with homogeneity on panoramic radiographs and CBCT (Cone beam computed tomography) imagistics. [5-6]

Autogenous demineralized dentin matrix, a useful and safe material which can substitute for a free autogenous bone graft, shows bone healing through both its organic and inorganic components.

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