the apex of the implant site, which was crushed and combined with MinerOss (BioHorizons) (Fig. 5). A membrane (Pericardium, Zimmer) was tacked into place to cover the graft (Fig. 6).

After six months of healing (Fig. 7), a screw-retained temporary was placed to aid in forming the soft tissue without any cement lines (Fig. 8). After two months of healing, the temporary was removed and an impression taken to capture the implant position as well as the soft tissue profile (Fig. 9).

The ceramist took the straight abutment that came with the implant and contoured it for clearance with the opposing dentition. The margin of this abutment would be too far apical for adequate cement clearance, so he modified it with porcelain specifically developed for titanium (Vita Titanium Porcelain, Vident).

Emergence profile can be developed as needed for the soft tissue profile, as well as adding a pink color to blend in with the gingival tissue (Figs. 10, 11).

That can help in the esthetics if there is any tissue recession in future years, as well as maintaining the gingival color. A porcelain to metal crown was fabricated with a porcelain butt margin.

In this case, on the day of delivery/try-in, the screw had loosened, resulting in some tissue irritation and bleeding, preventing delivery that day (Fig. 12). Photographs were taken for slight color modifications. The temporary crown was replaced to allow tissue healing for final cementation.
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After two weeks, the final crown was delivered (Fig. 13). A small amount of composite (Durafill, 3M) was placed on the adjacent teeth to reduce the black triangle and aid in symmetry.

The modified abutment was placed into the healthy site and torqued to place. The screw hole in the abutment was filled with BelyX luting cement (3M) and light cured. The crown was cemented with RelyX luting cement (3M) and final photographs taken.

The use of titanium porcelain on the abutment allowed the ceramist to control emergence profile, bring the margin to a cleanable level, color the subgingival material for the best esthetics, all at a cost less than a milled zirconia abutment, because the abutment came with the implant.

Thanks to Mr. Kent Decker, CDT, for his artistry and help in developing this technique.

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