



The patient rejected an attempt at orthodontic treatment. We decided to extract the tooth surgically and replace it with an implant-borne crown. (Figures 3 & 4) The defect geometry (Figure 5) allowed a single-session procedure (grafting and implant placement) with the ring technique. After measurement of the defect with a trephine drill (Figure 6), the donor site on the chin was opened and prepared (Figure 7) with a trephine drill with a diameter 1 mm larger than the measurement. (Figure 8) The change of diameter was recommended because the size of the graft is defined by the internal diameter of the trephine drill. The external diameter of the trephine drill determines the

size of the recipient site.

This keeps the gap between the graft and the site as small as possible. The implant site was prepared while the graft is still anchored in the bone, but only to the reduced depth allowed by the graft. (Figure 9) It is important to penetrate the cancellous bone of the donor region. The graft was prepared to the final depth with the trephine drill to accept the bone ring.

After preparation of the ring, the cancellous bone was detached from the lingual cortical bone. (Figure 10) This method means that as much cancellous bone as possible is included in the ring. The graft was then lifted slightly