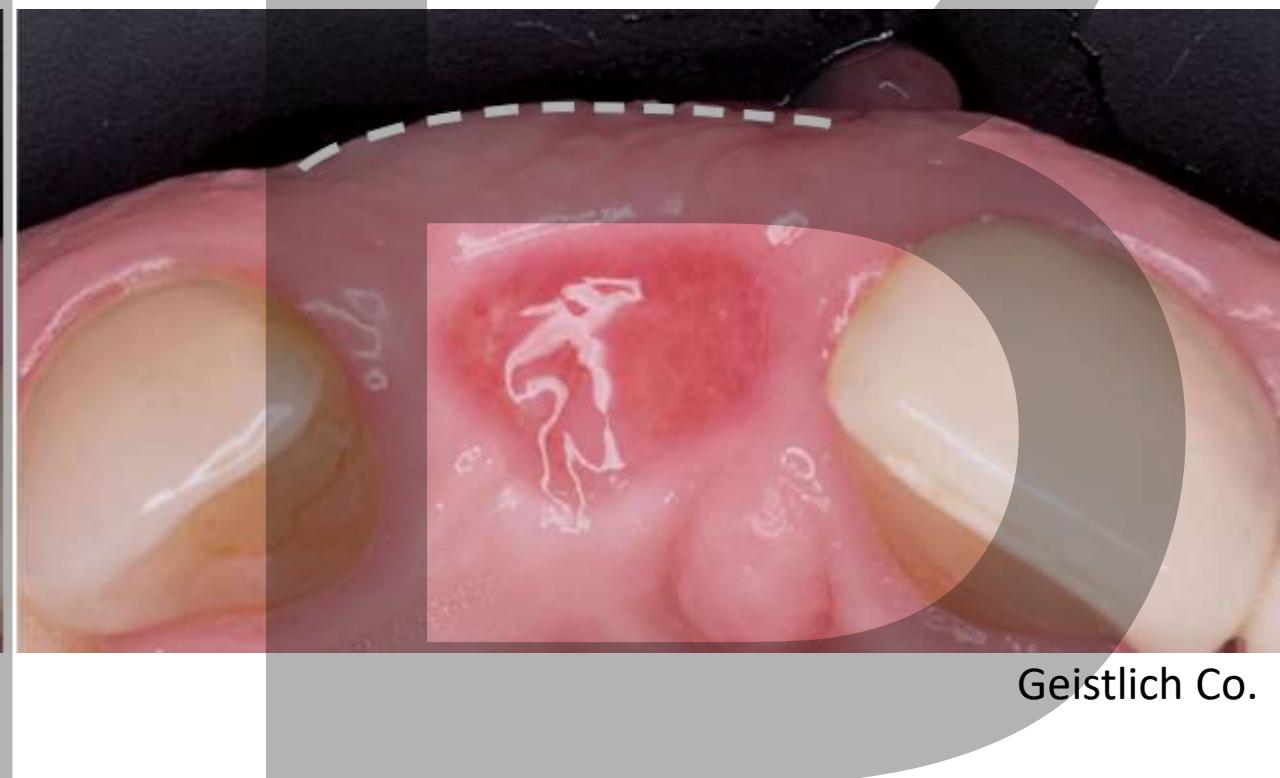
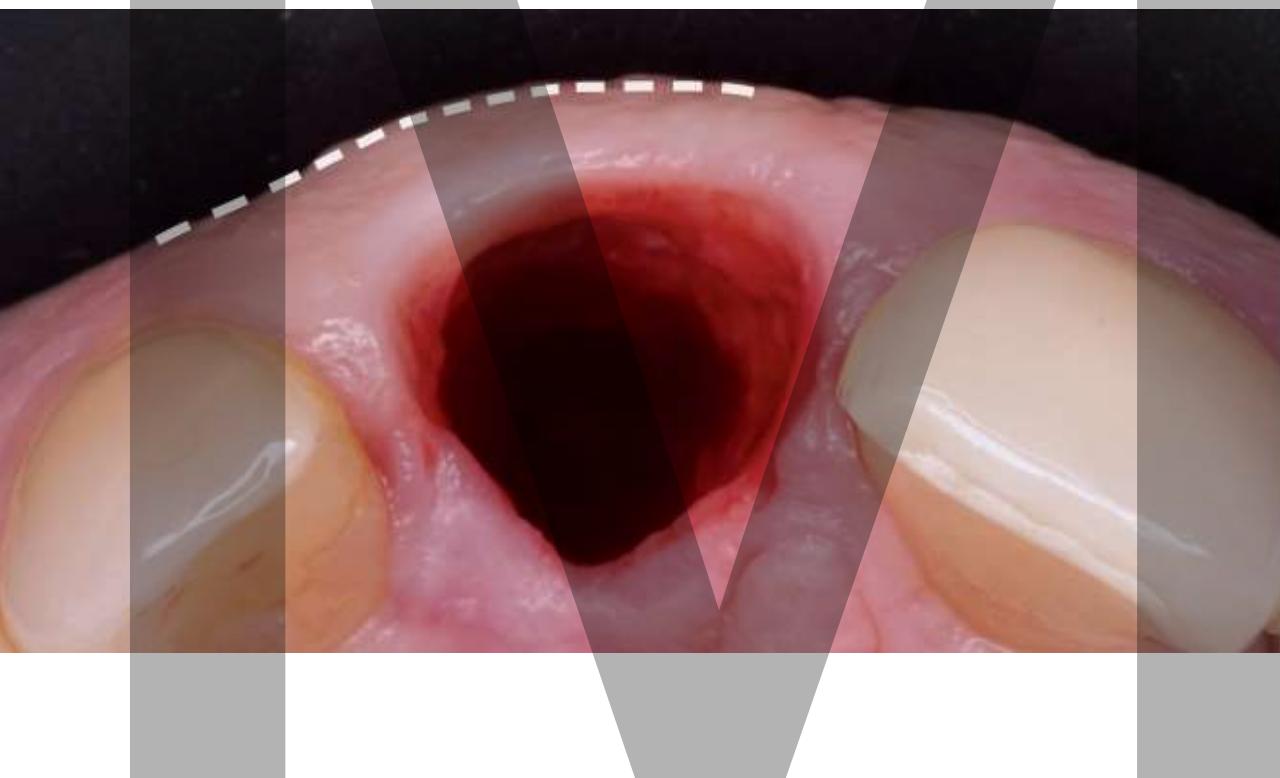


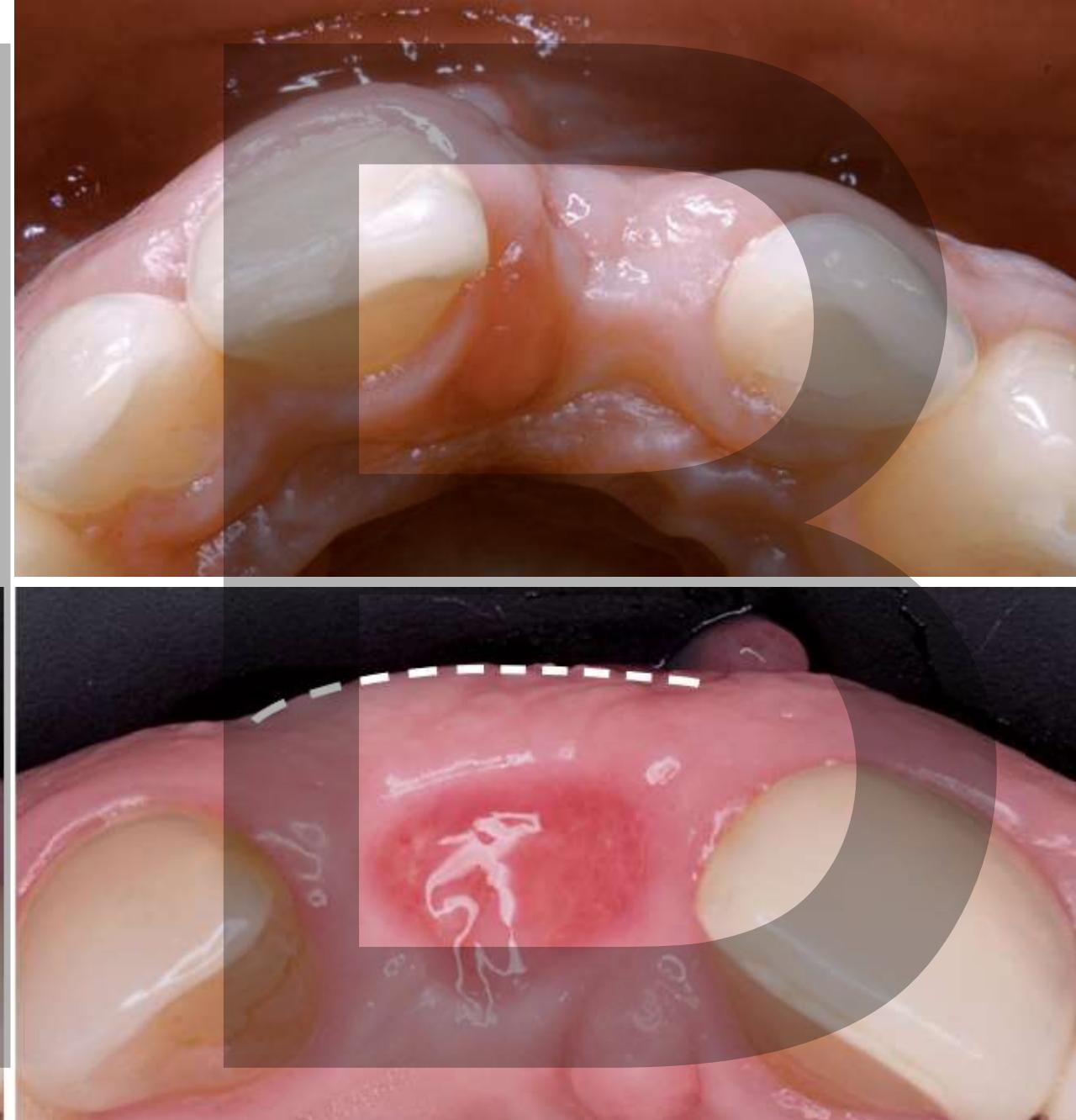
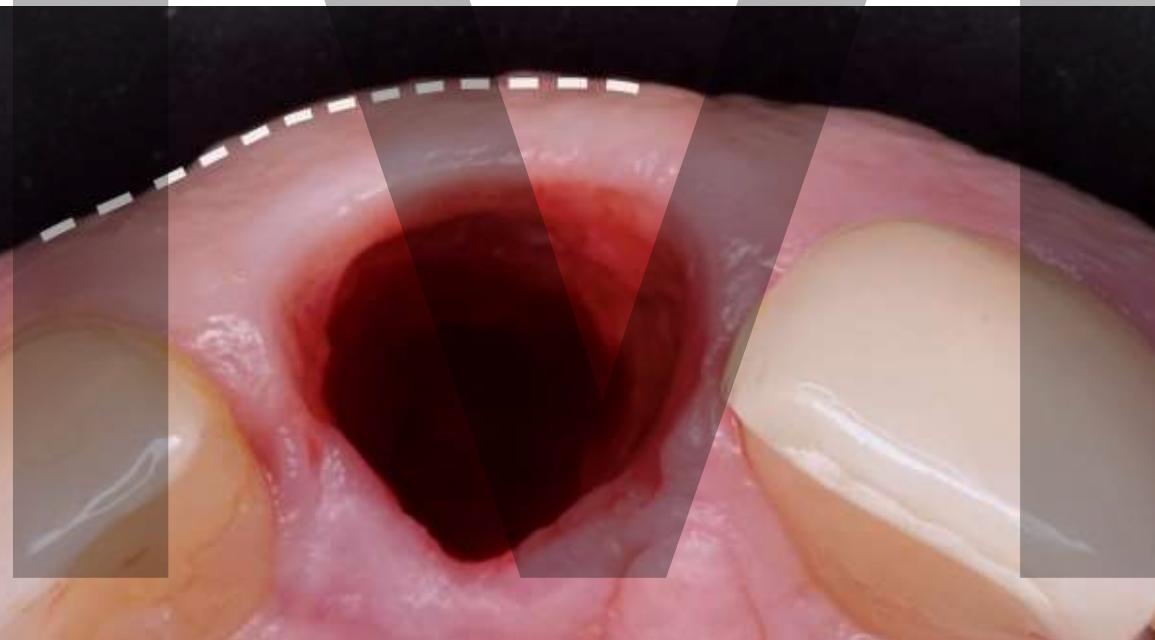
Anatomy of the teeth, suspensory apparatus and related structures – clinical correlations

Martin Bartoš, MD, DMD, PhD
Institute of Dental Medicine and Institute of Anatomy
First Faculty of Medicine Charles University

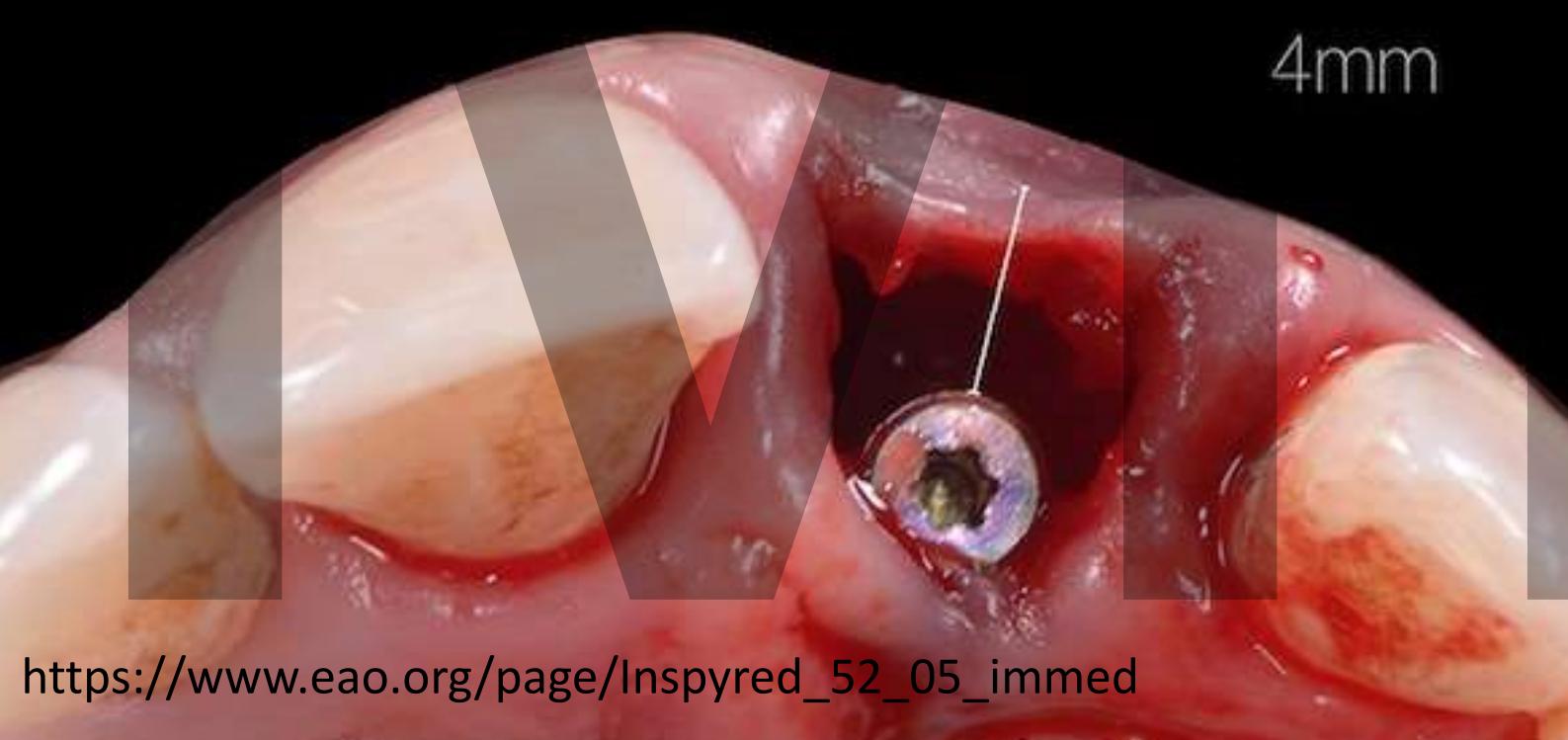
Anatomy and tissue biology



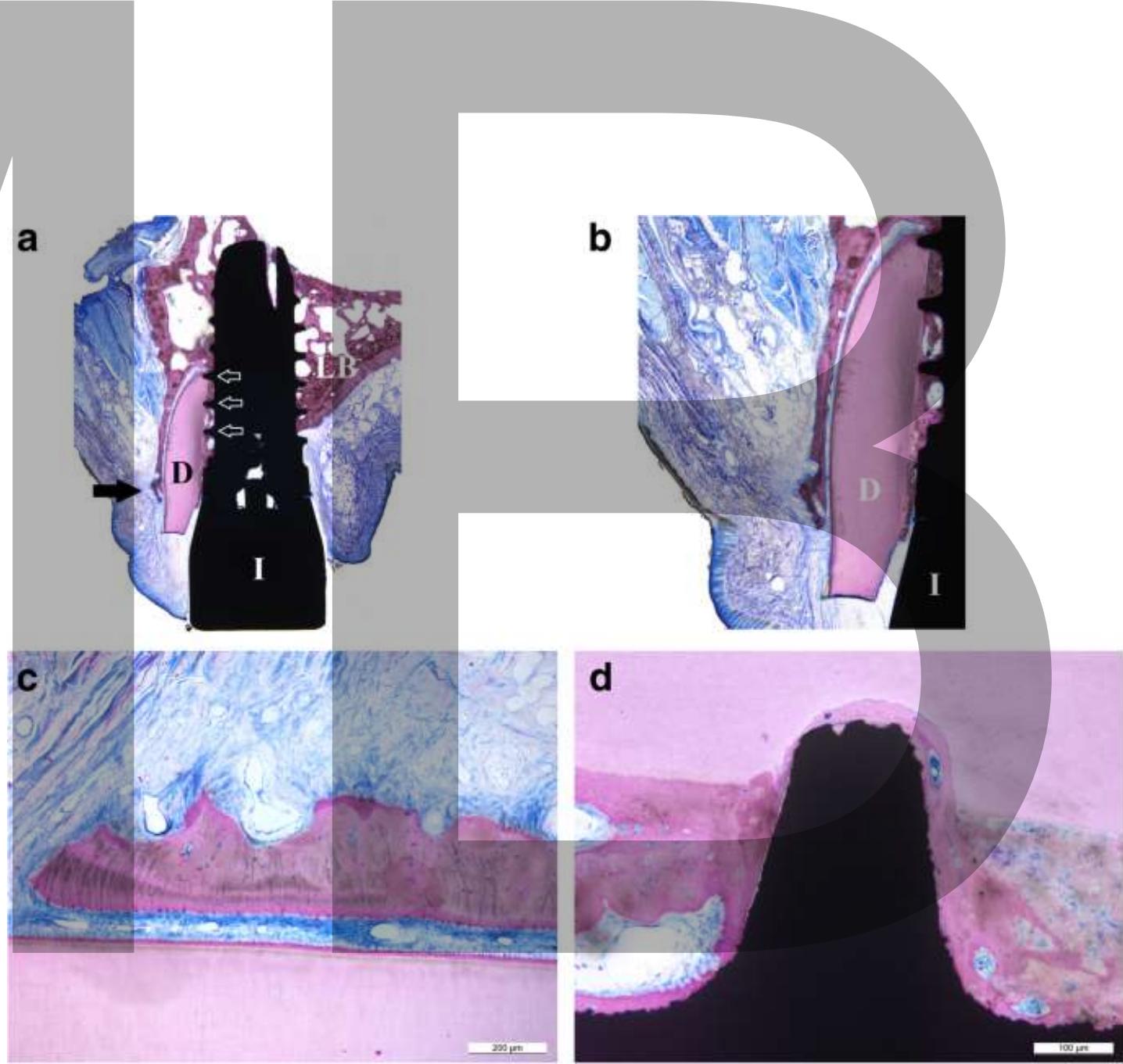
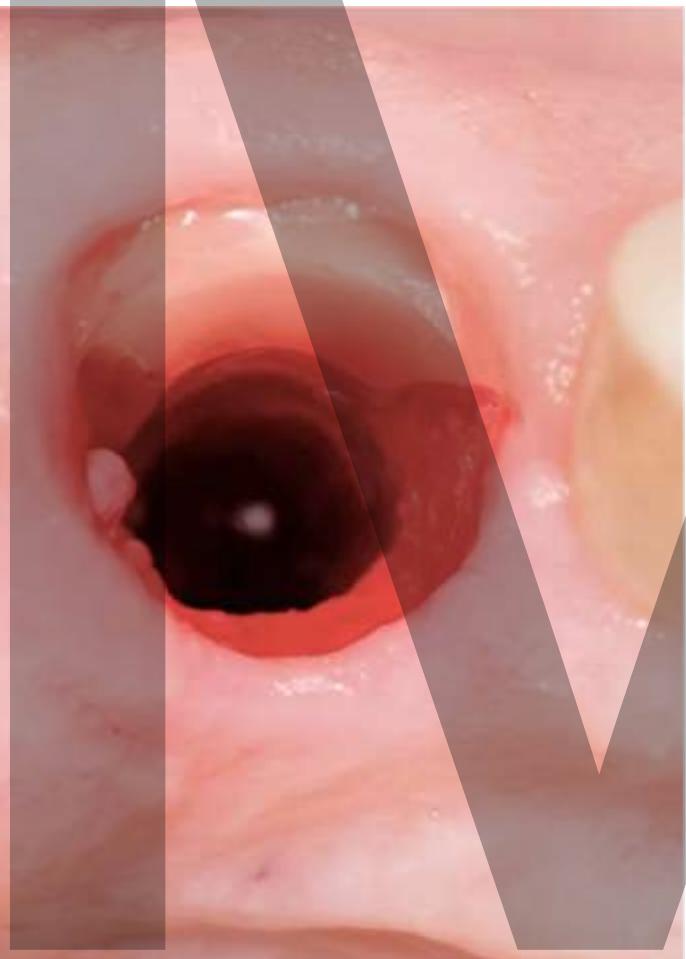
Atraumatic extraction Socket preservation



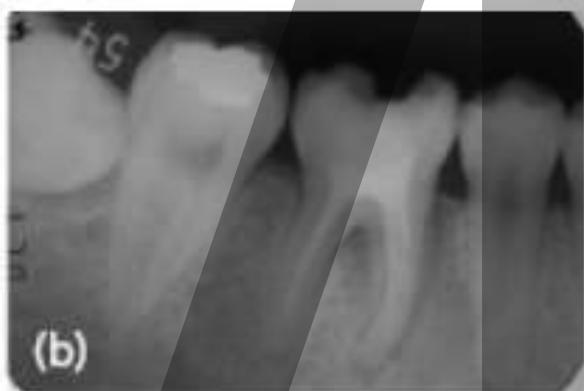
Immediate implant placement



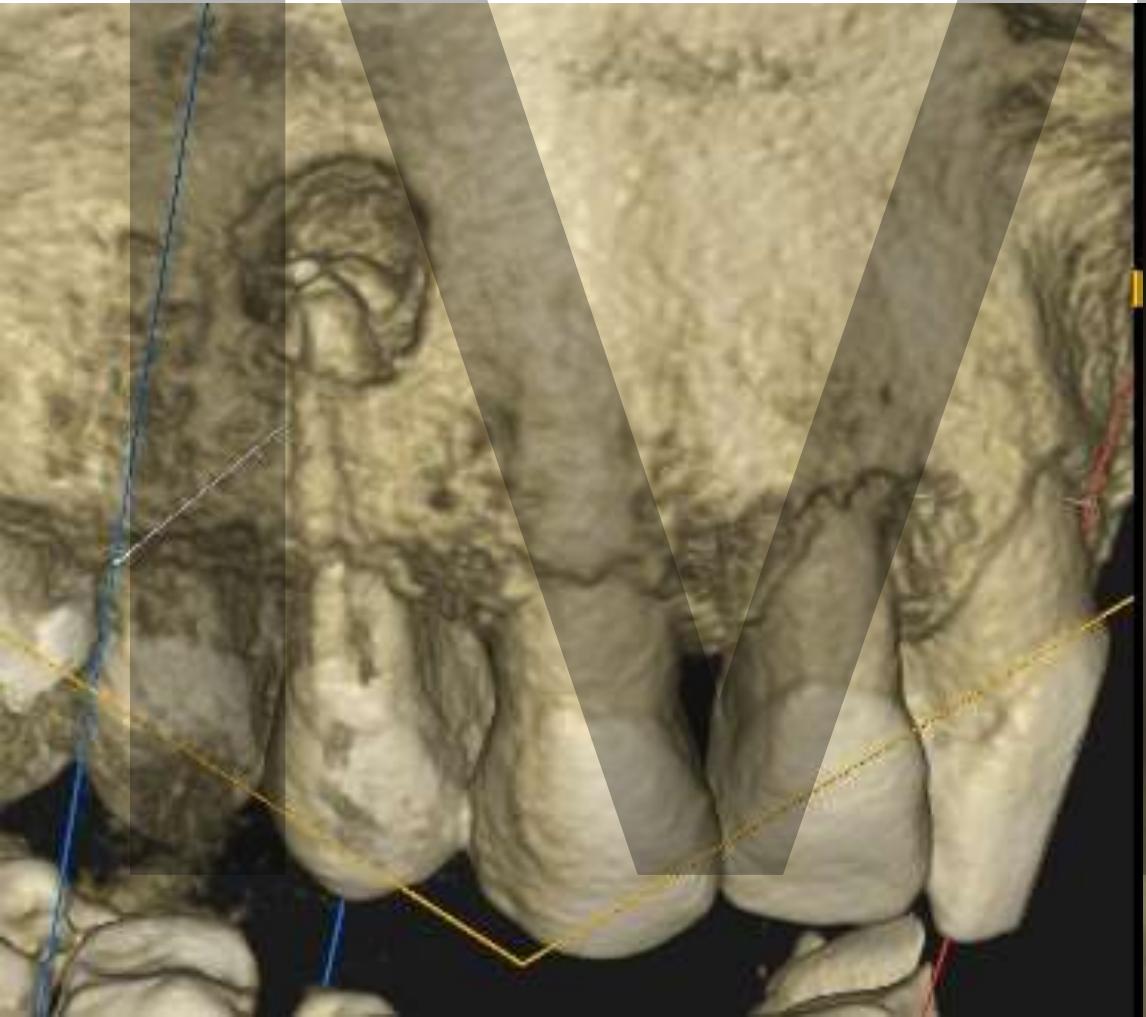
Socket shield technique



Autotransplantation



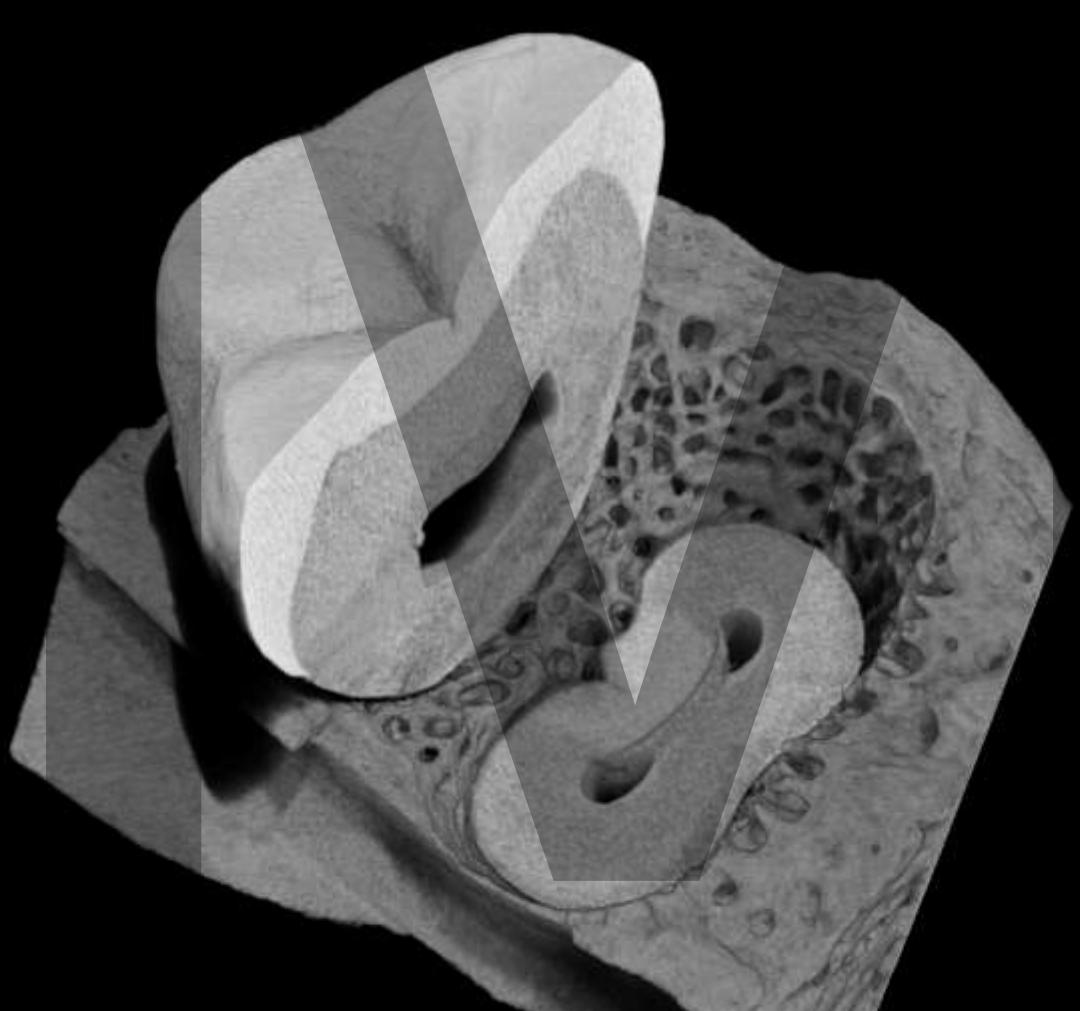
Root apex surgery



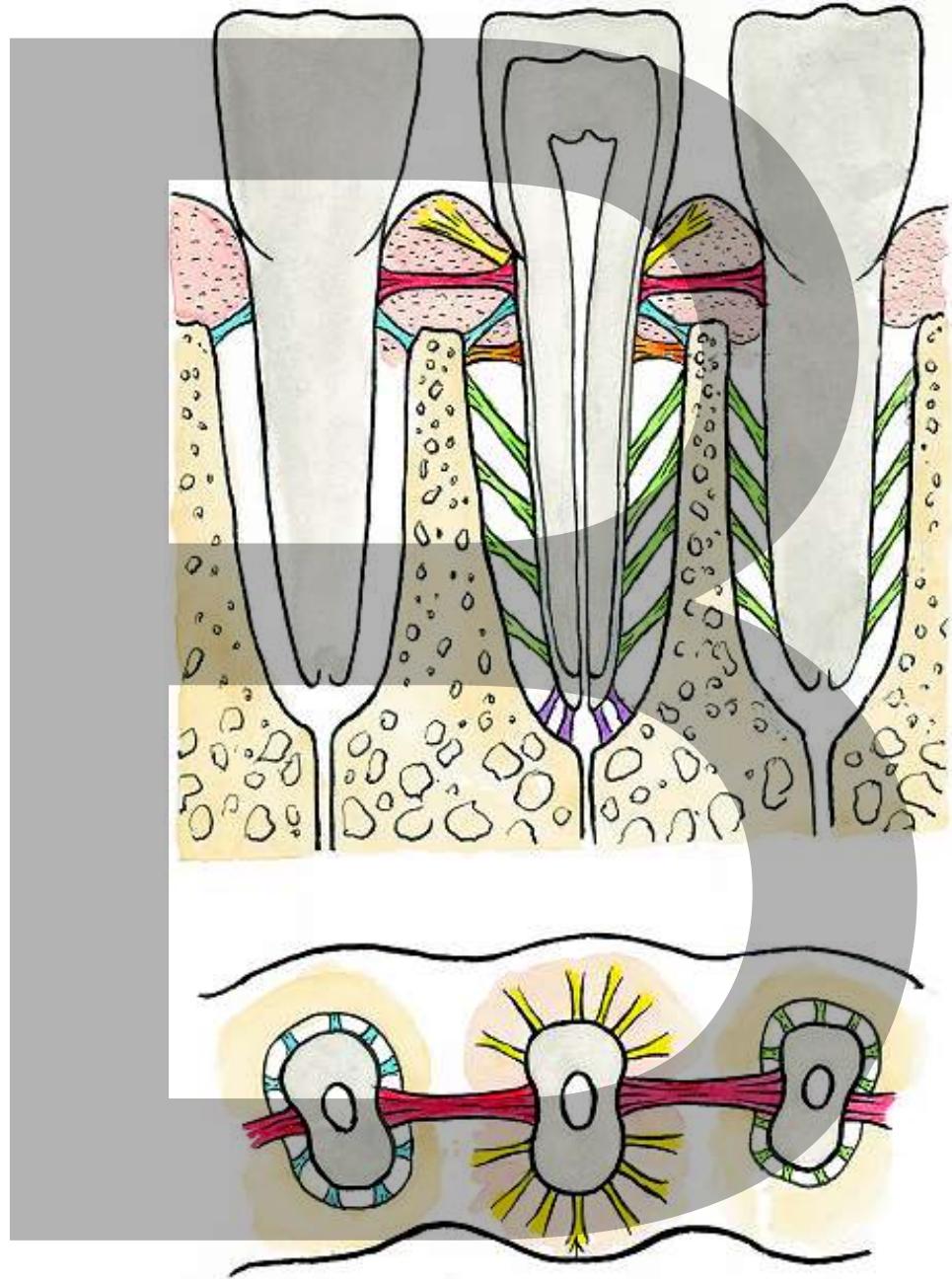
N
A

B
B

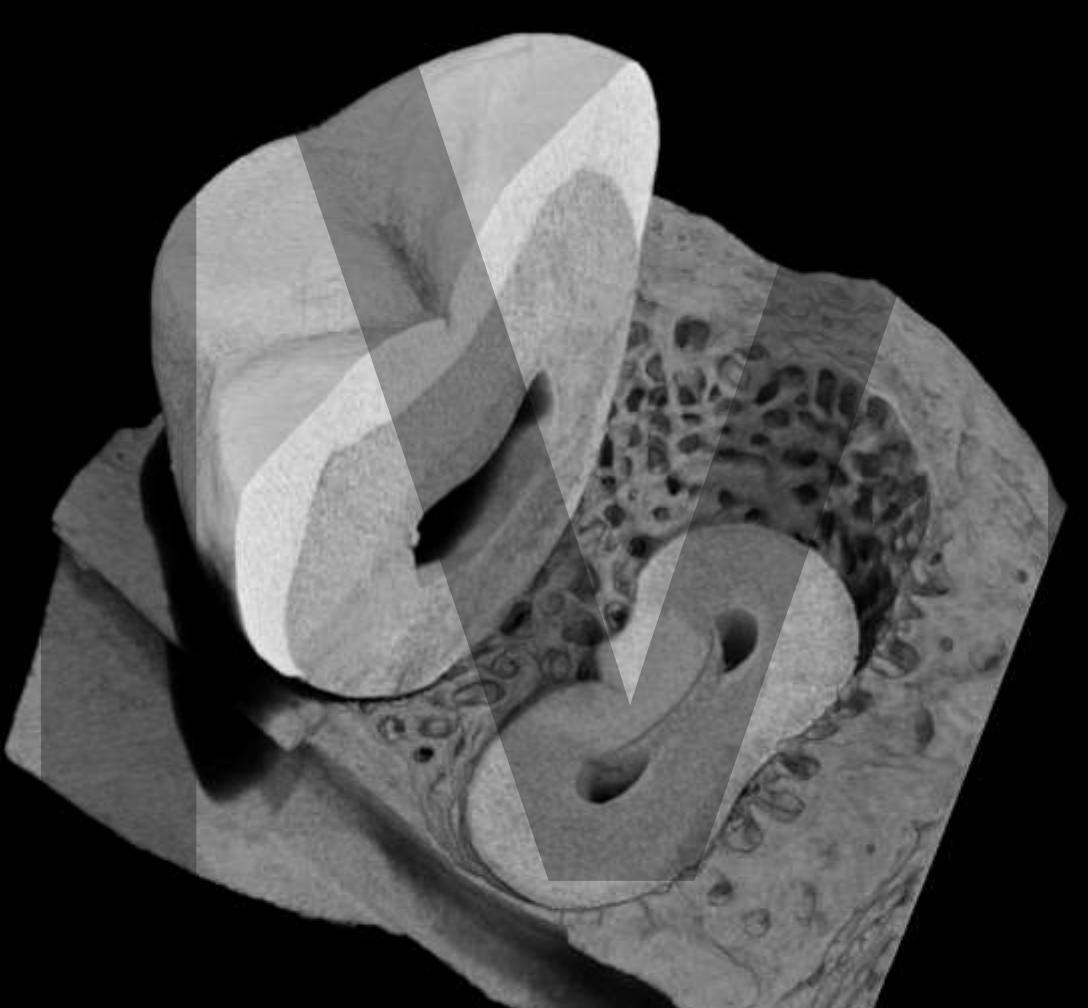
Tooth anatomy and suspensory apparatus

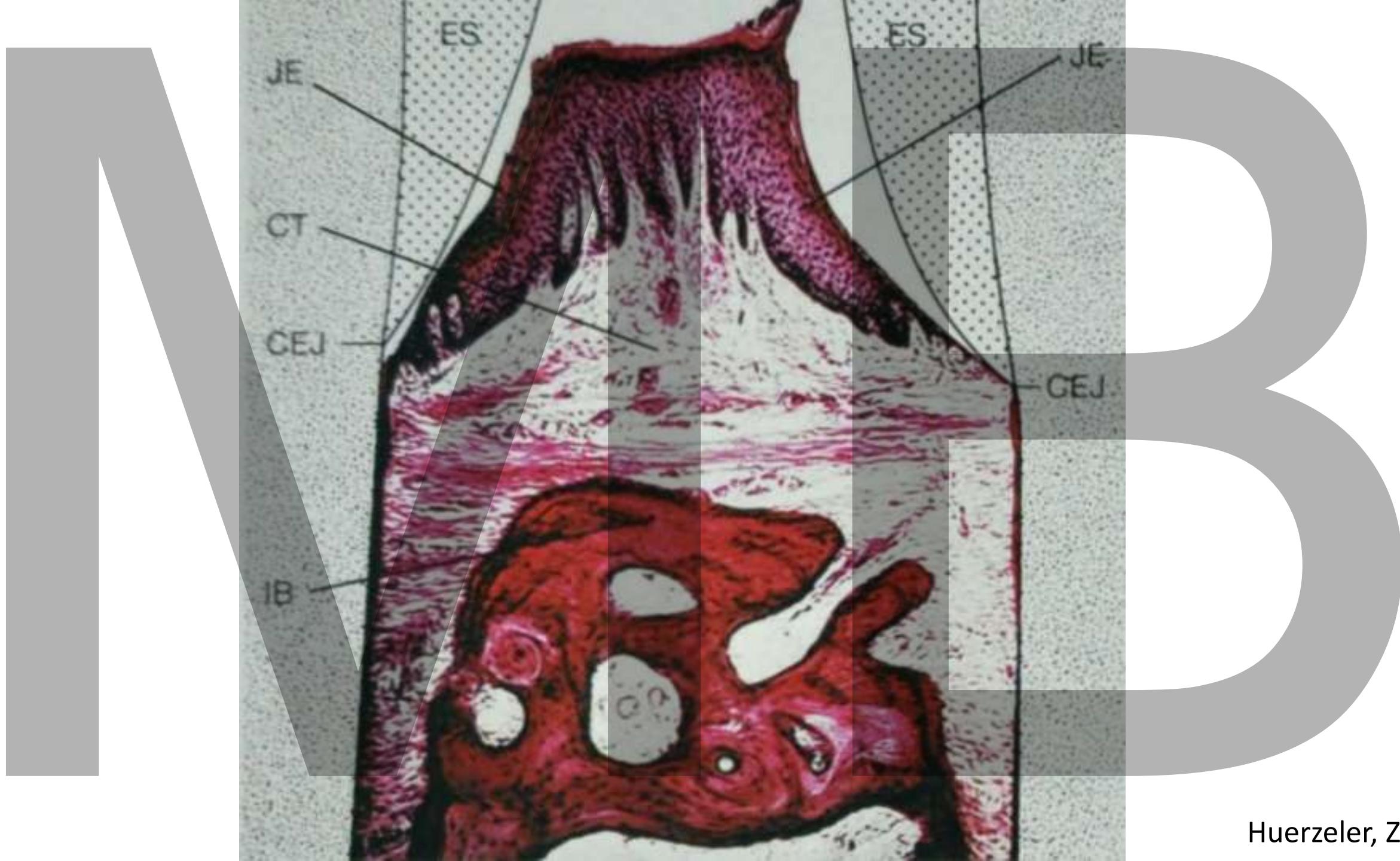


Gingiva
Alveolar bone
Periodontal ligaments
Cementum



Inner layer of compact bone

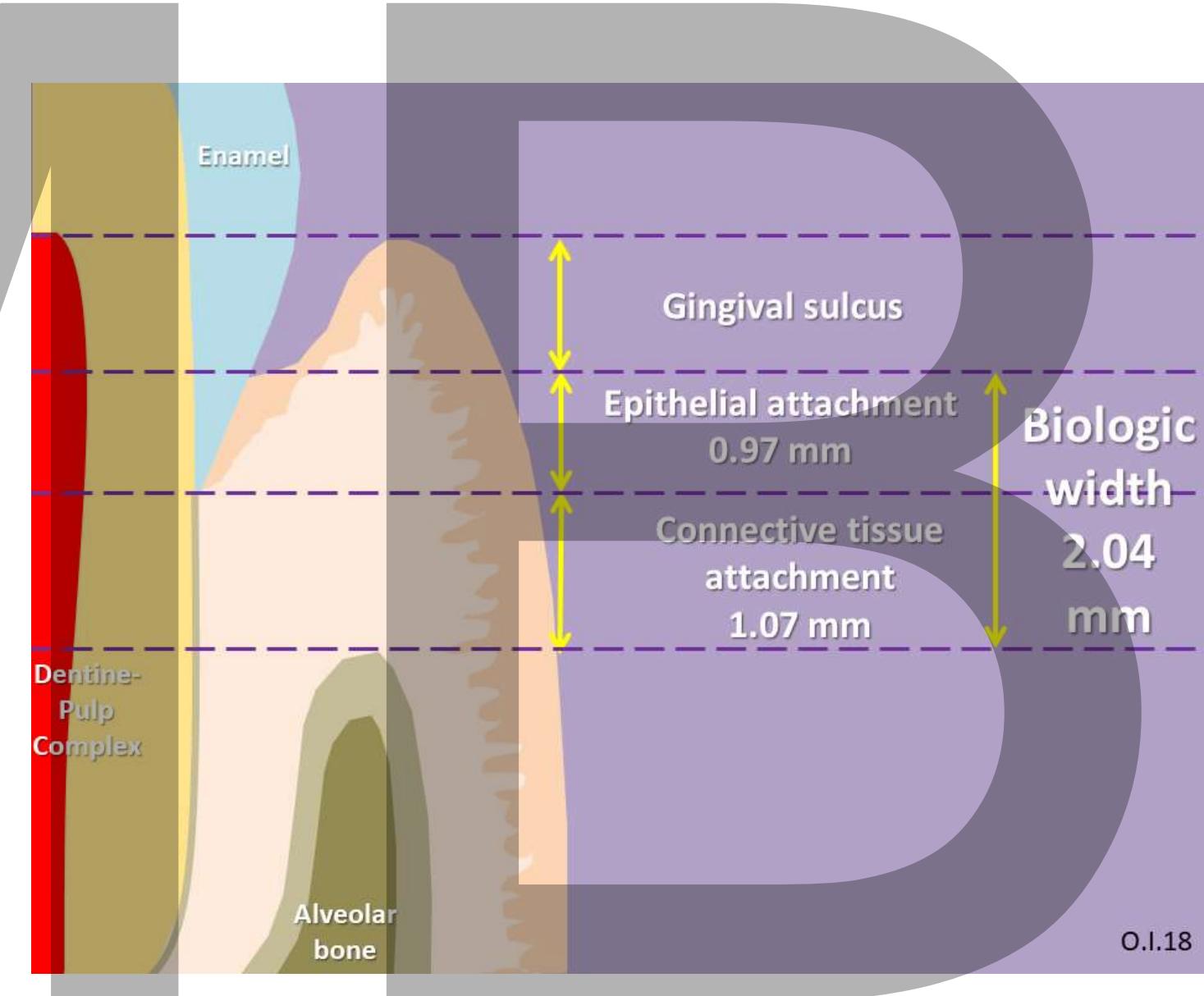




Biological width

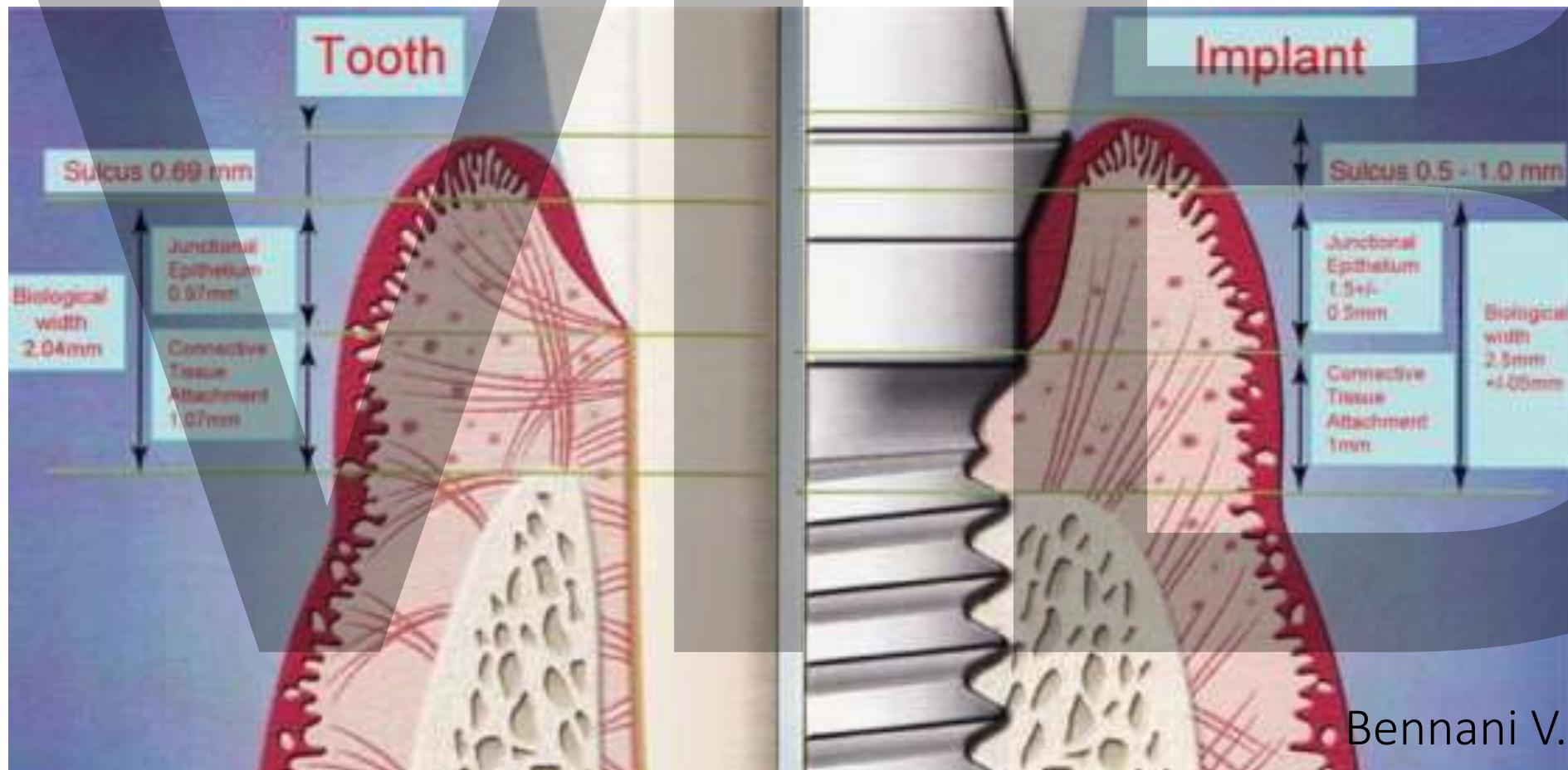
(supracrestal tissue attachment)

the dimension of the soft tissue, which is attached to the portion of the tooth coronal to the crest of the alveolar bone

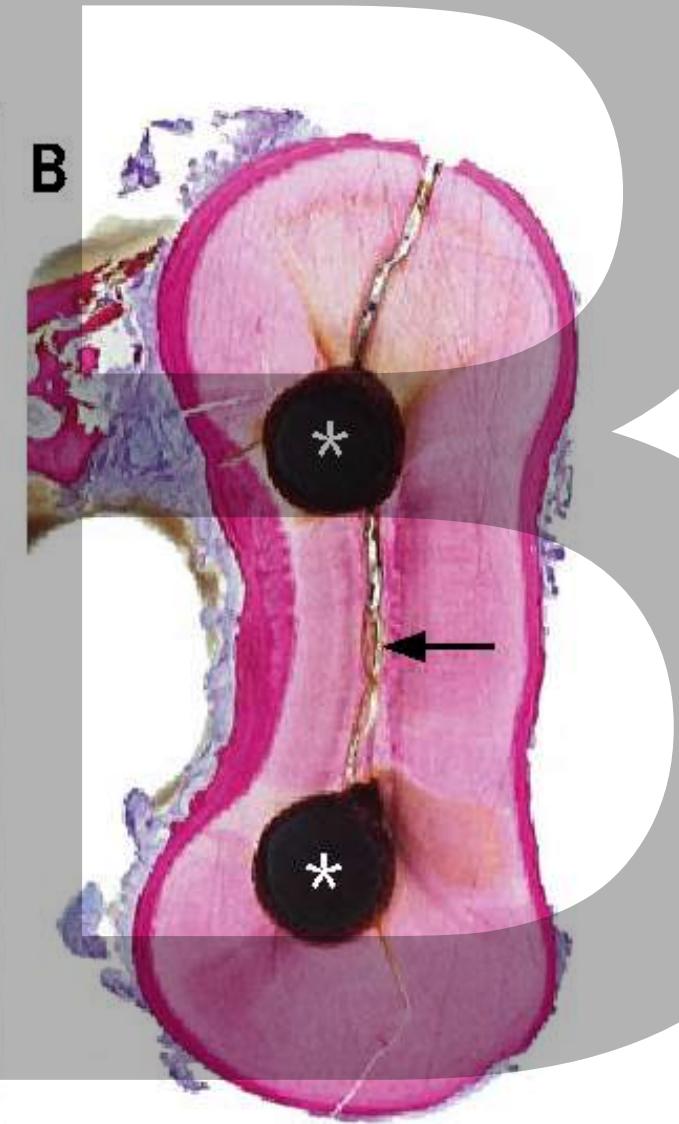


Biological width: tooth vs implant

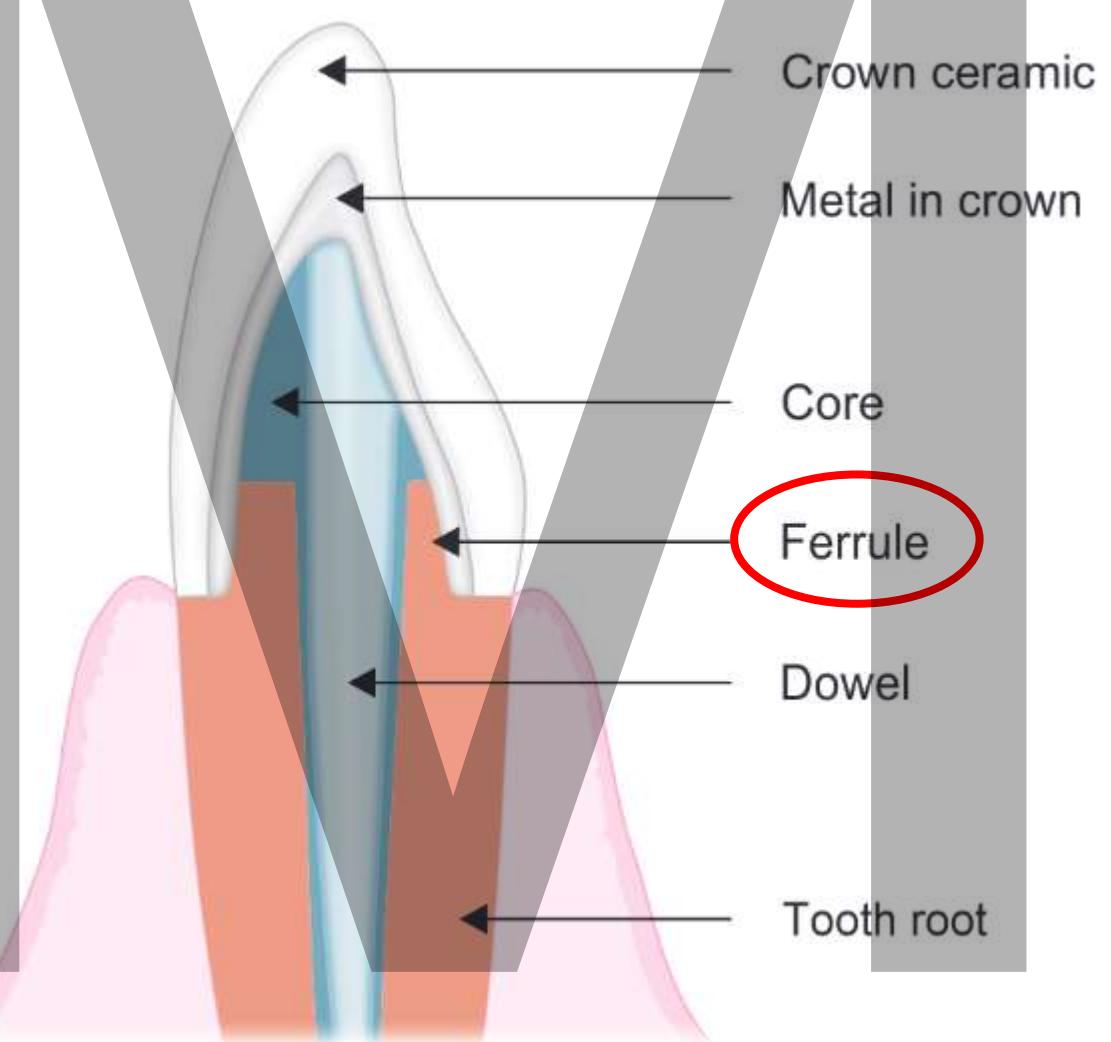
- Differences in reaction to its violation



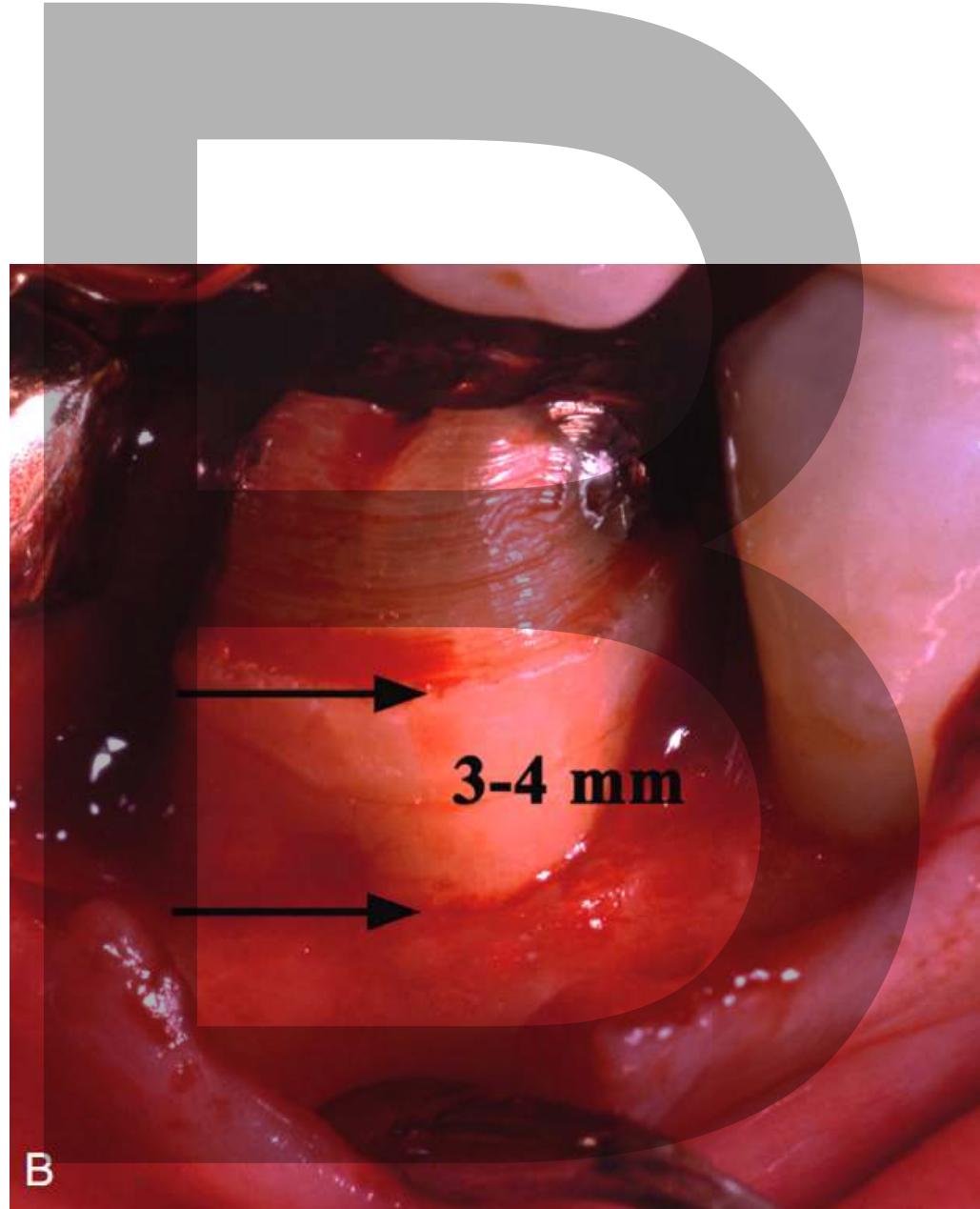
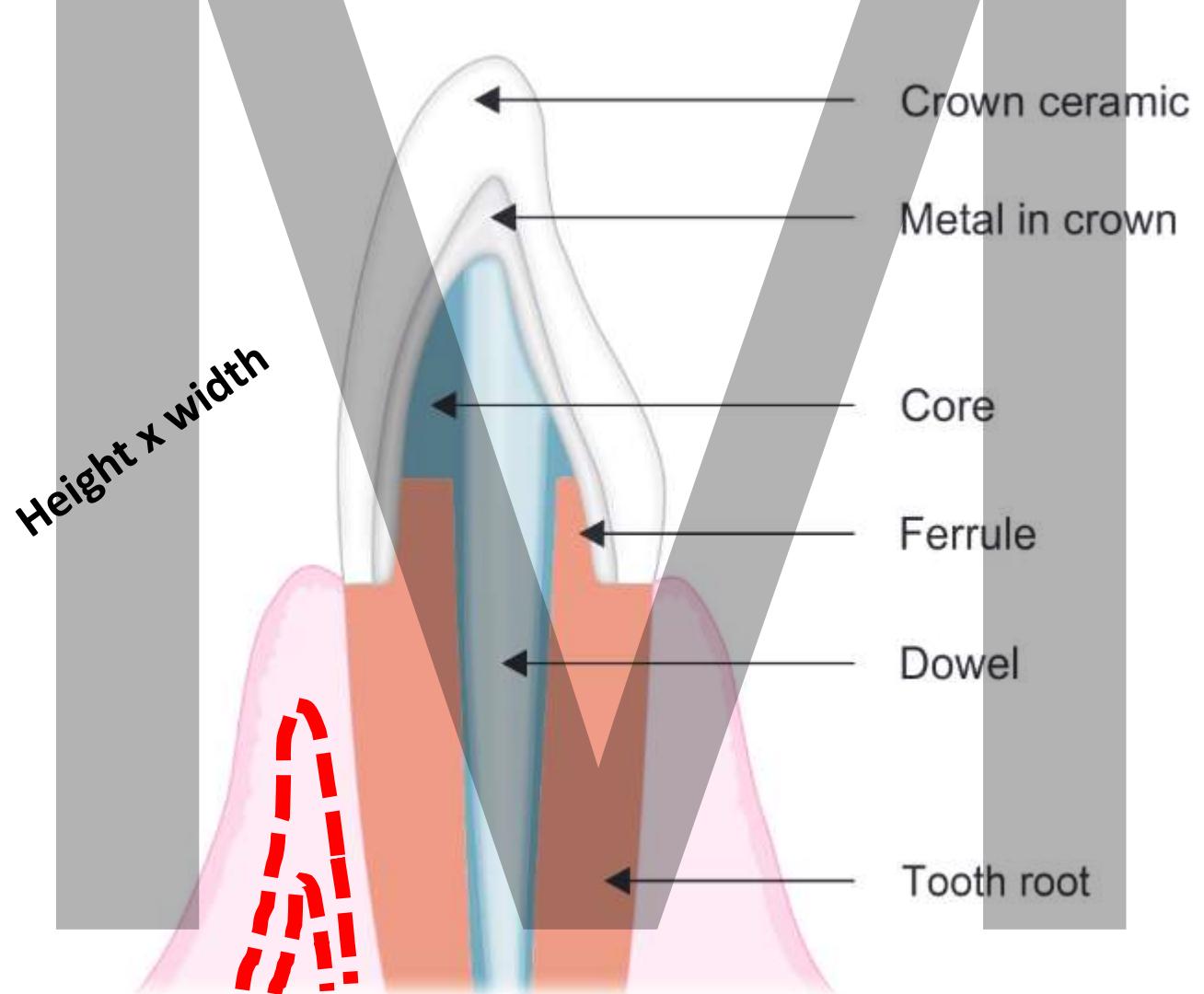
Vertical root fracture...



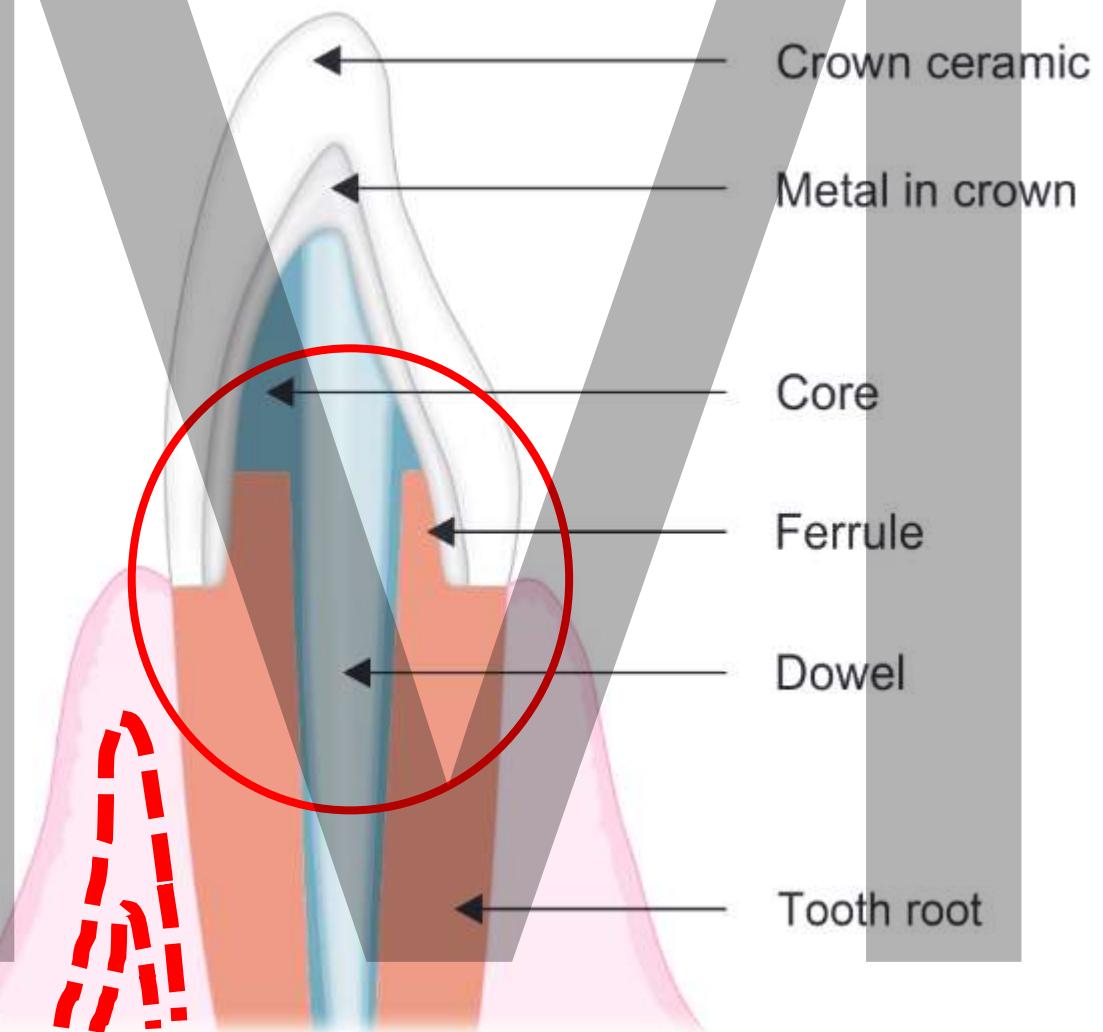
Biological width and ferrule



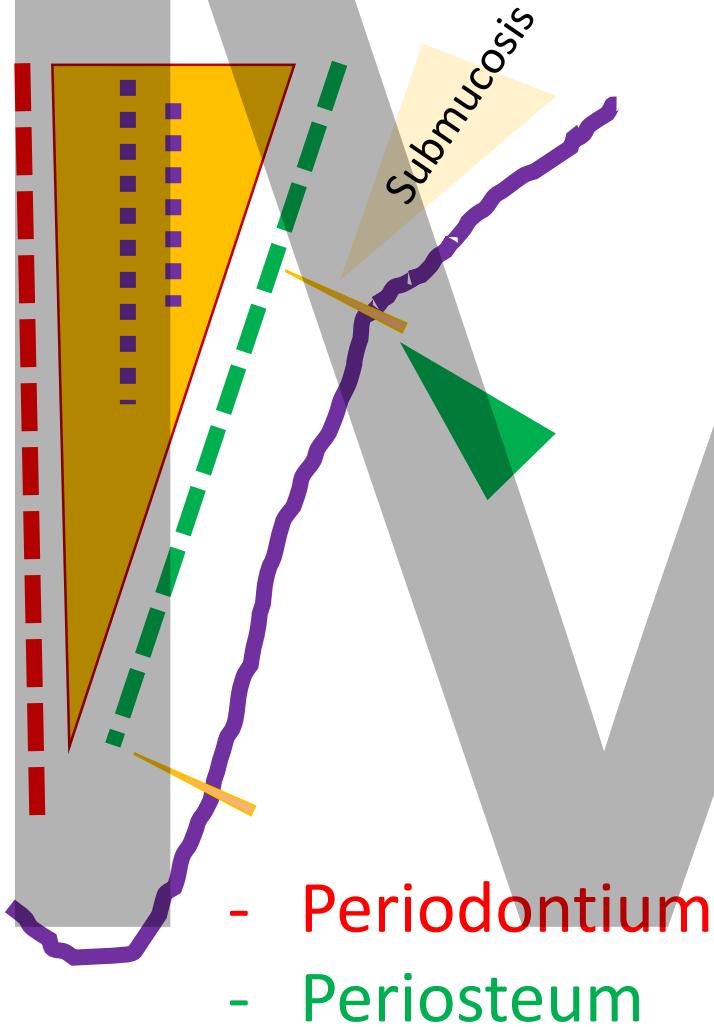
Biological width and ferrule



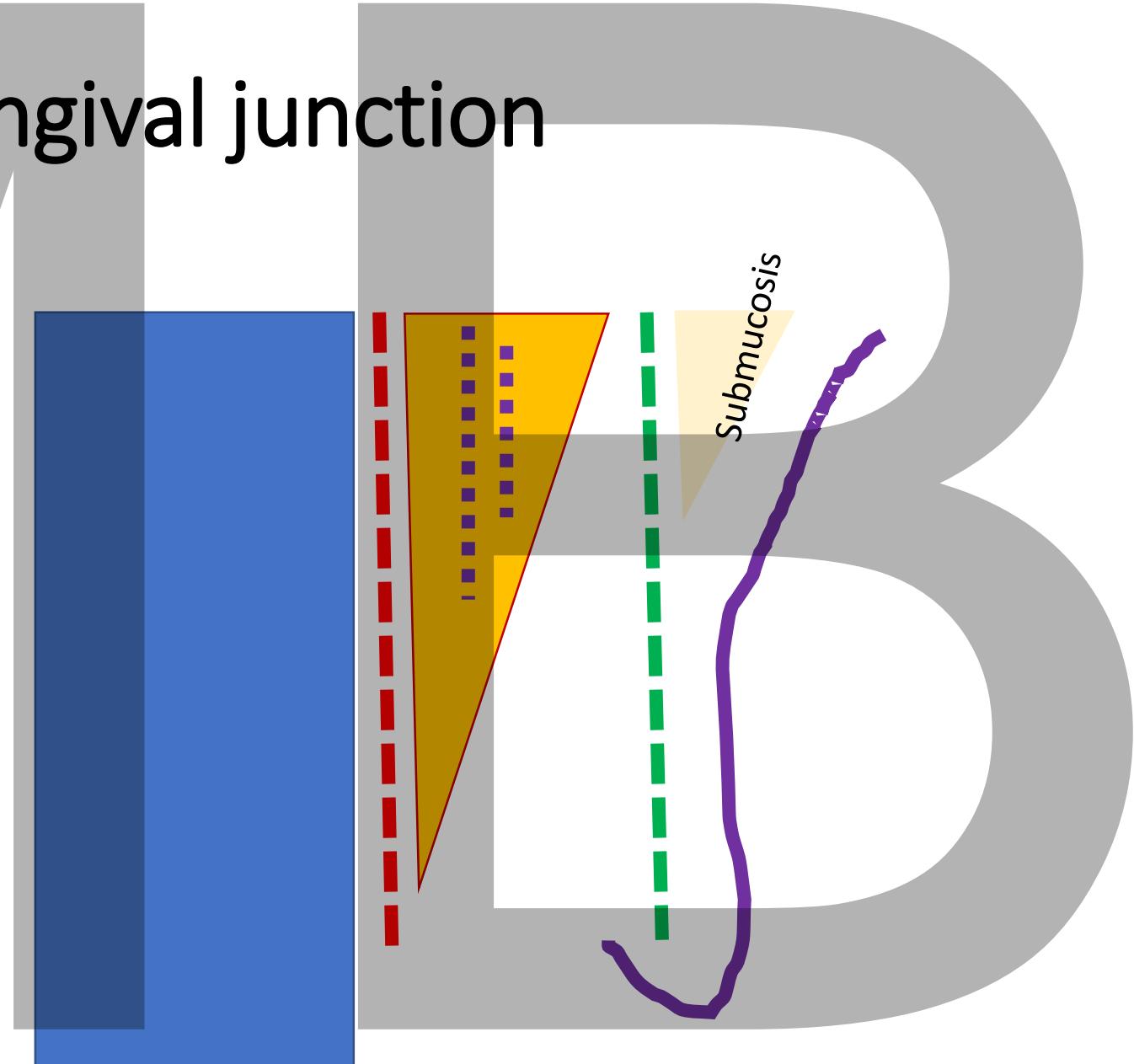
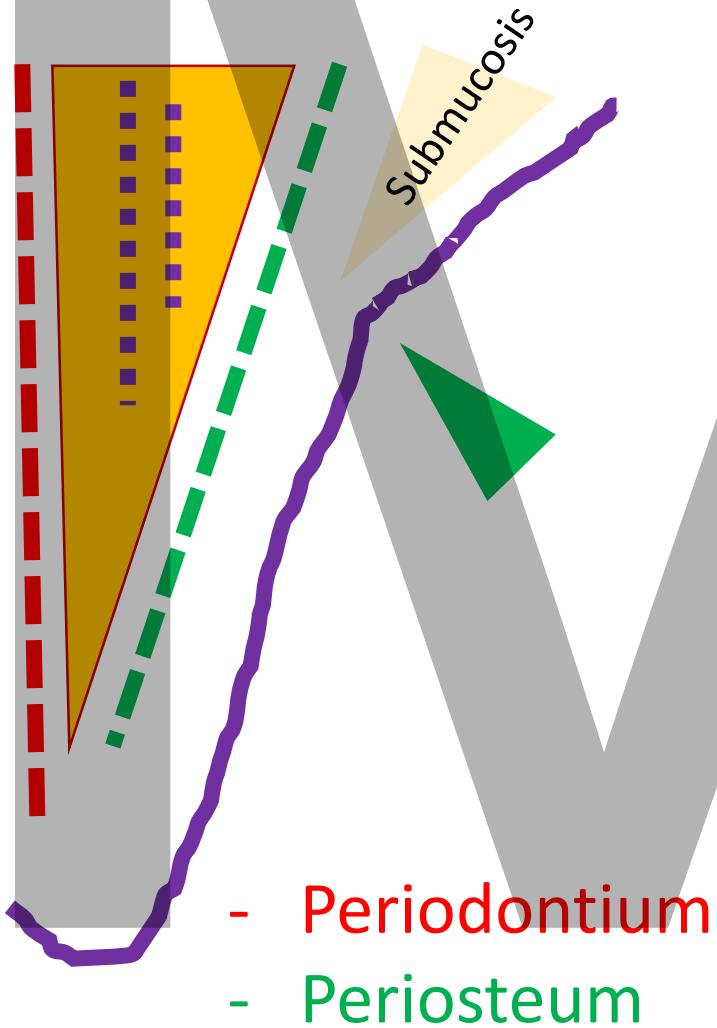
Biological width, ferrule and pericervical dentin



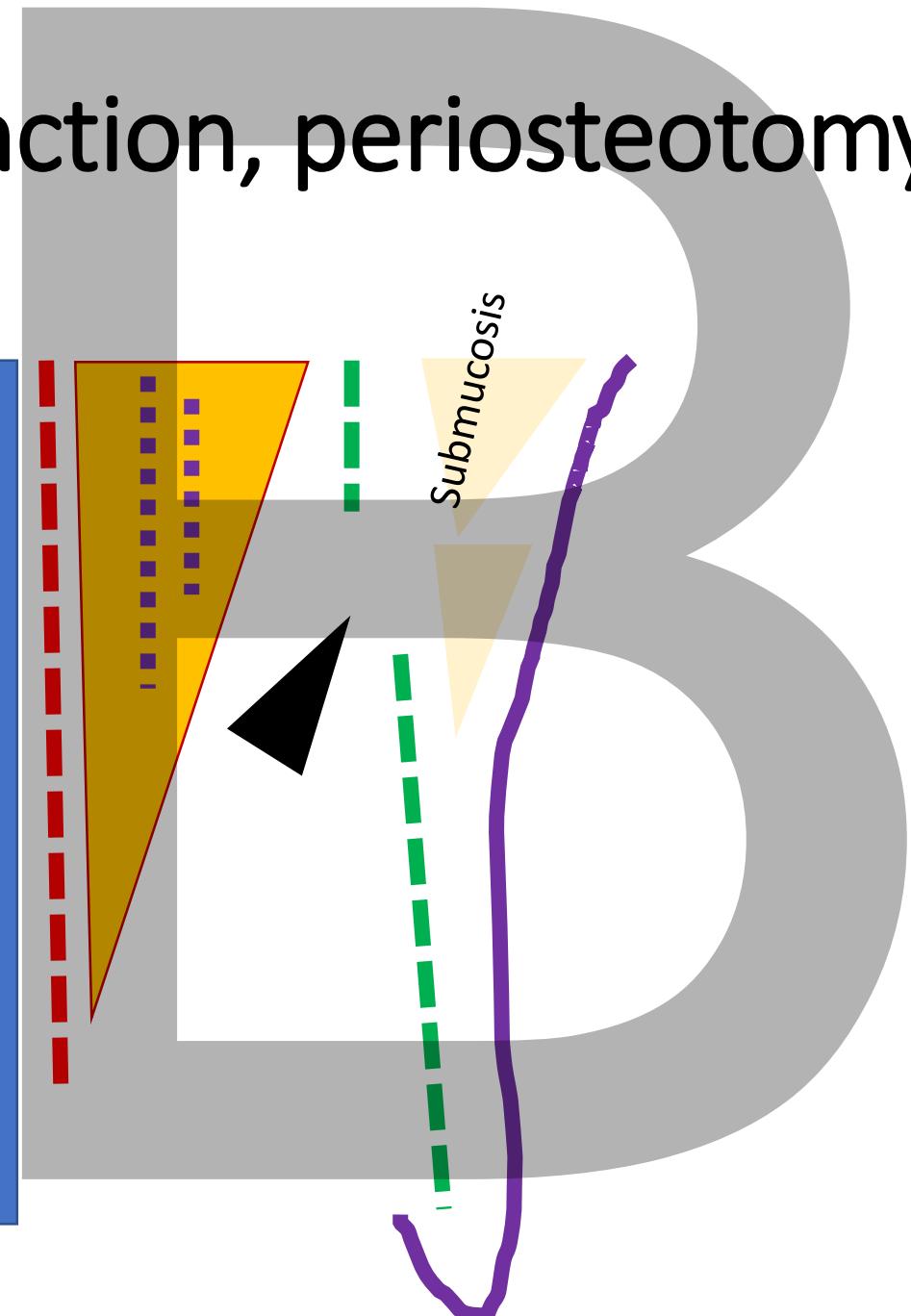
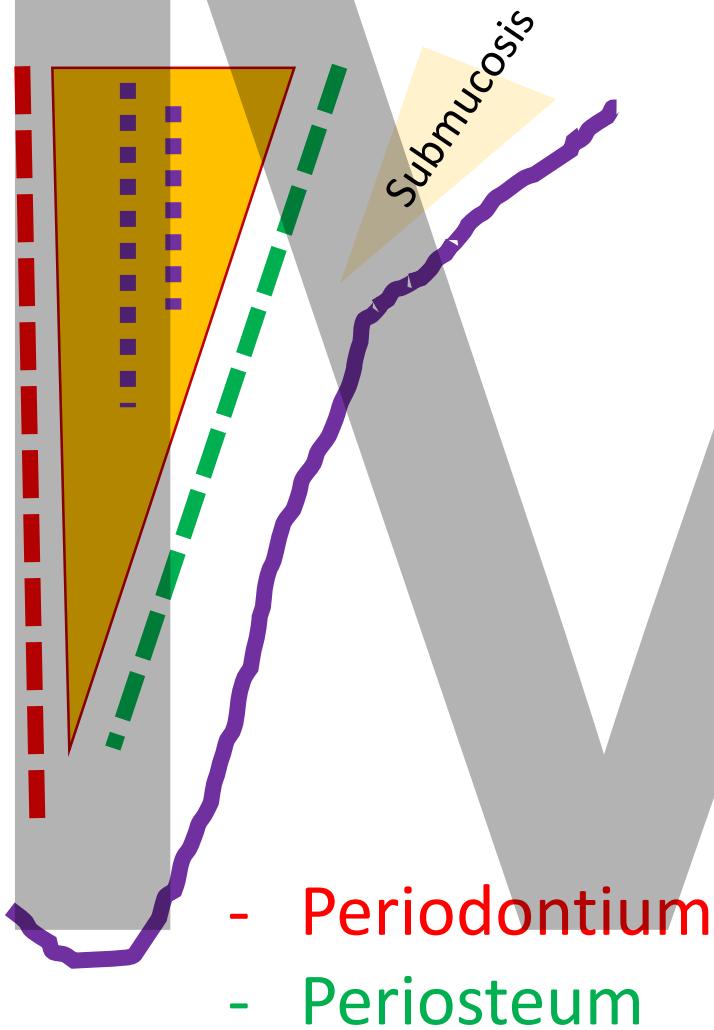
Gingiva and mucogingival junction



Gingiva and mucogingival junction

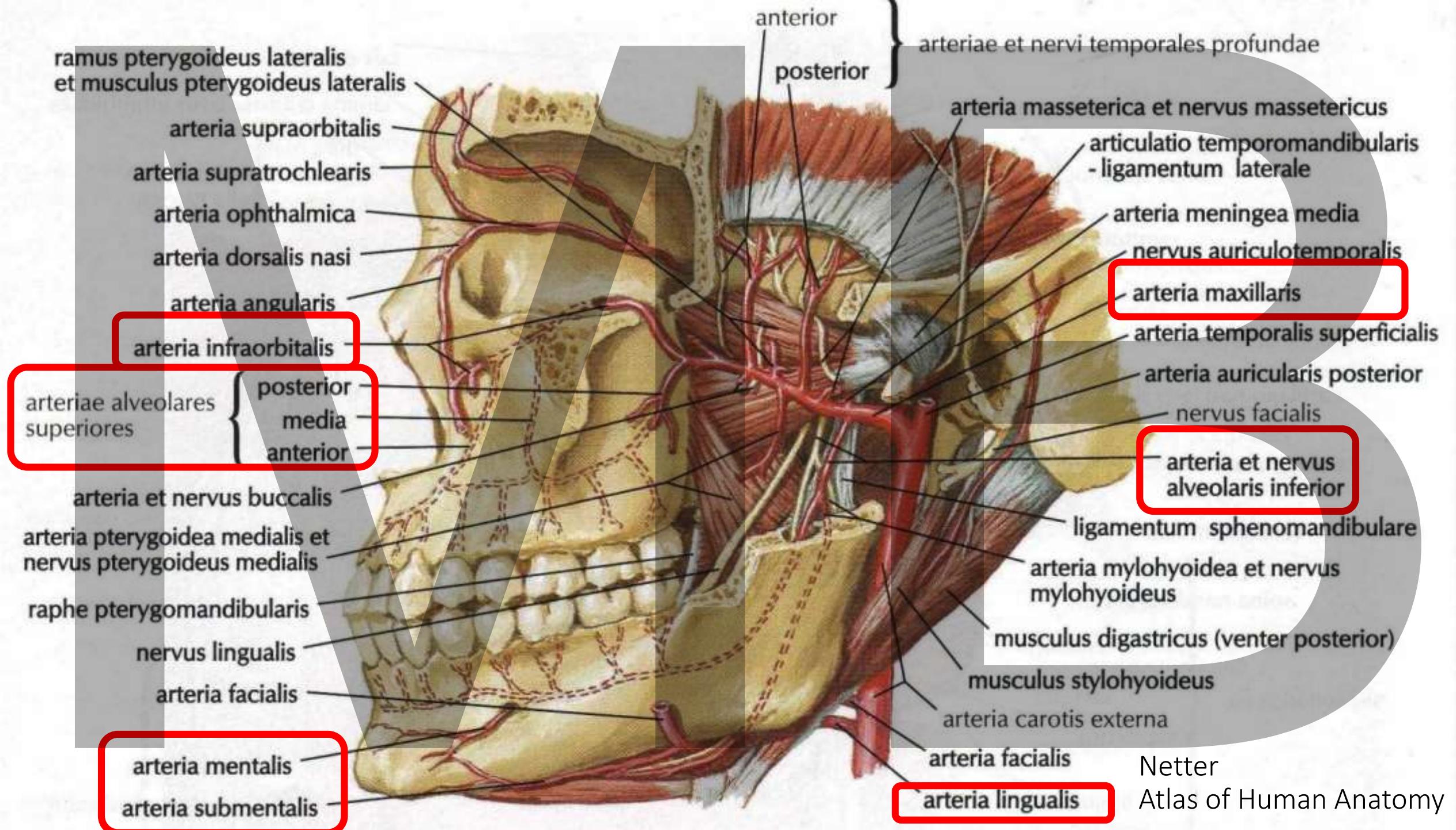


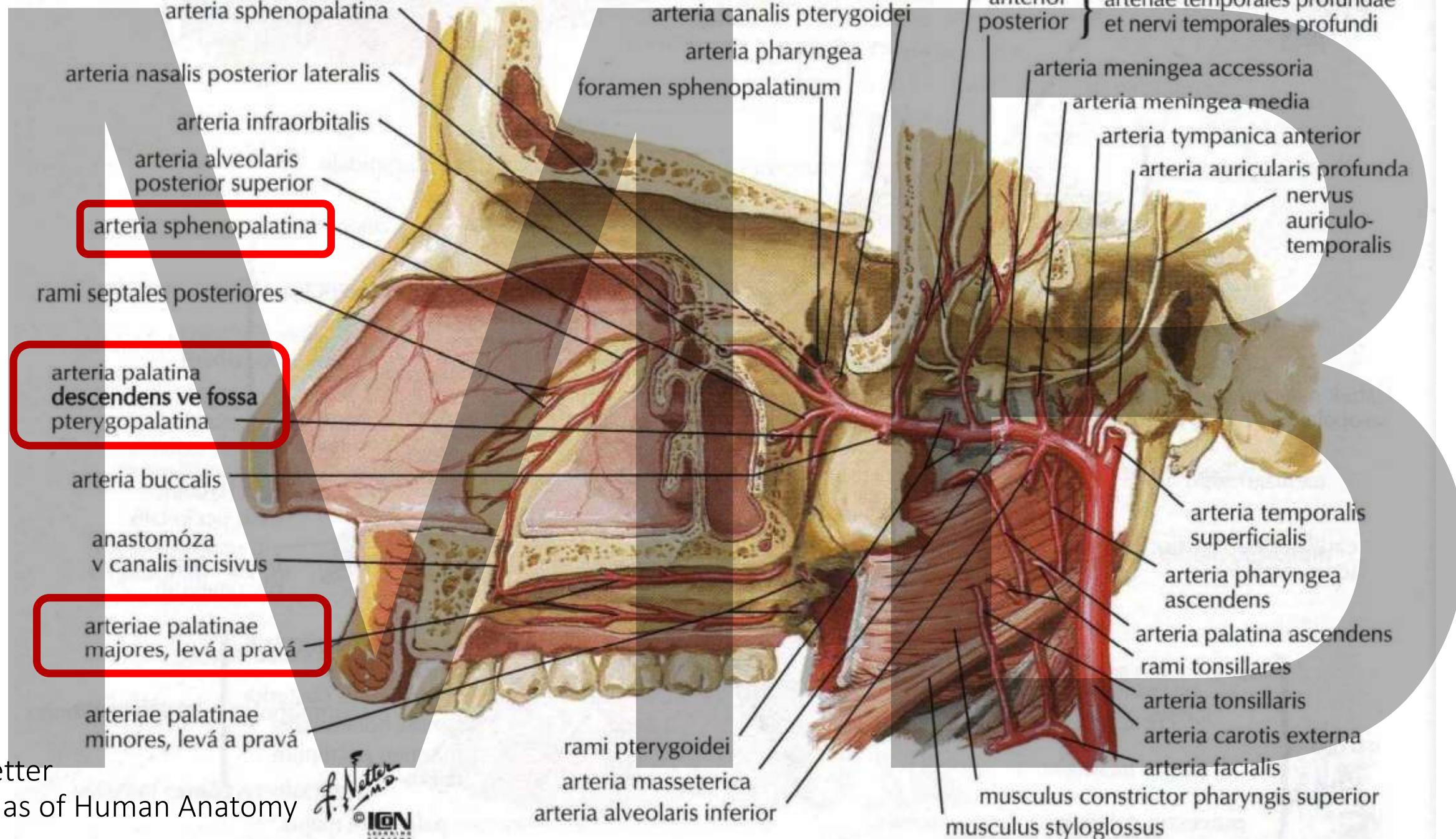
Gingiva and mucogingival junction, periosteotomy

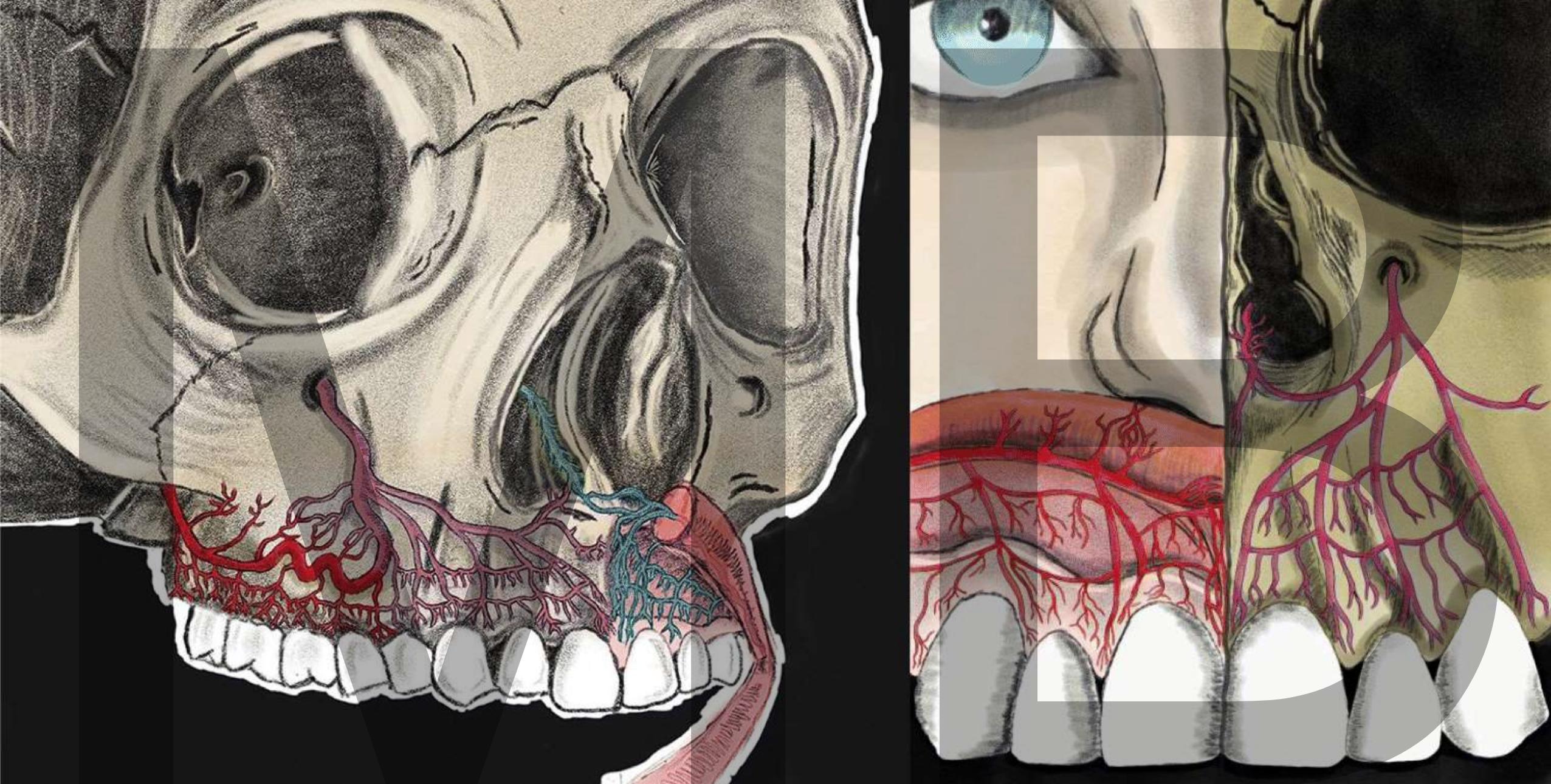


Vascular supply

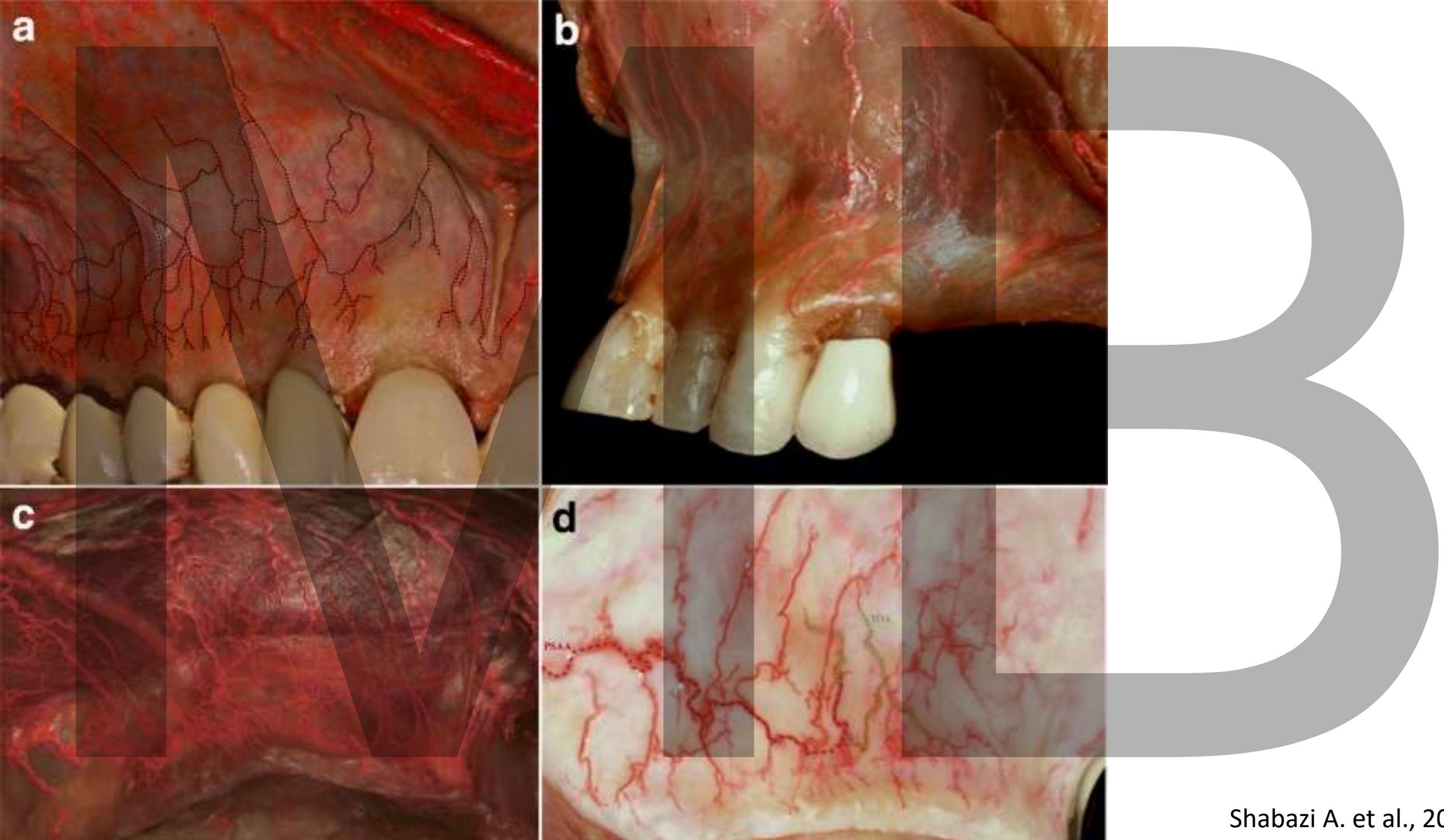
B

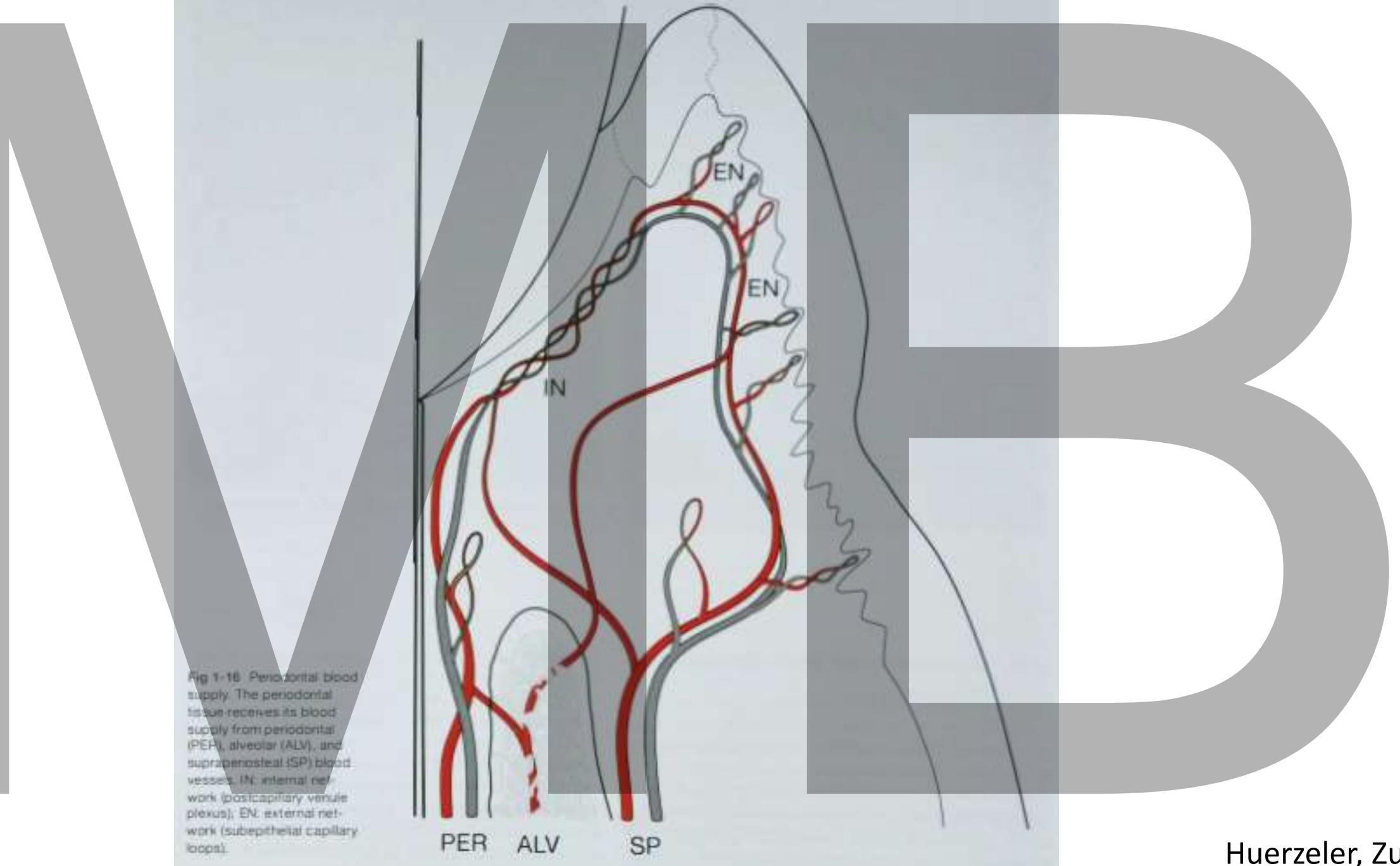






Shabazi A., 2021, Vascular survey of the maxillary vestibule and gingiva—clinical impact on incision and flap design in periodontal and implant surgeries





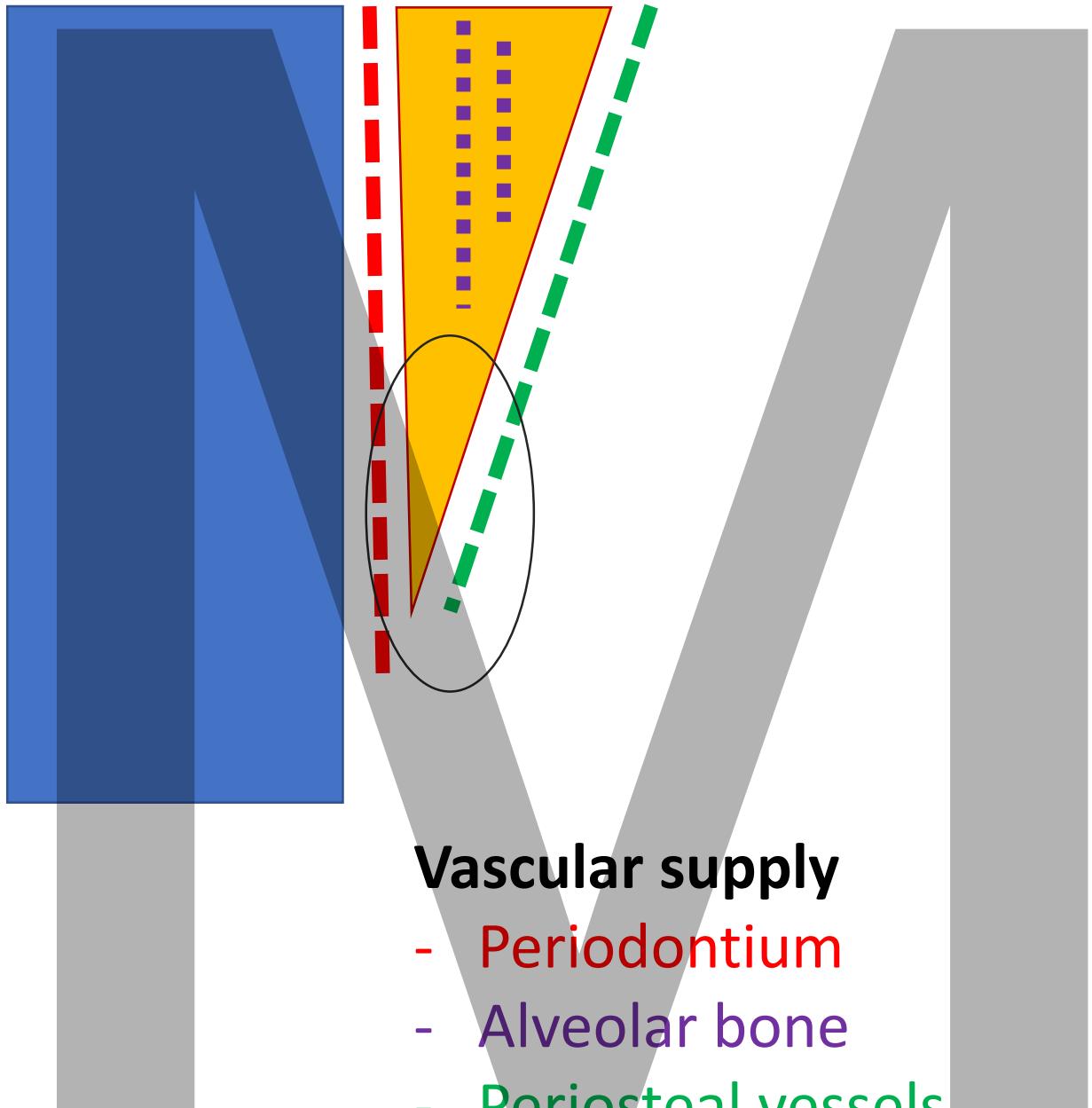


Huerzeler, Zühr

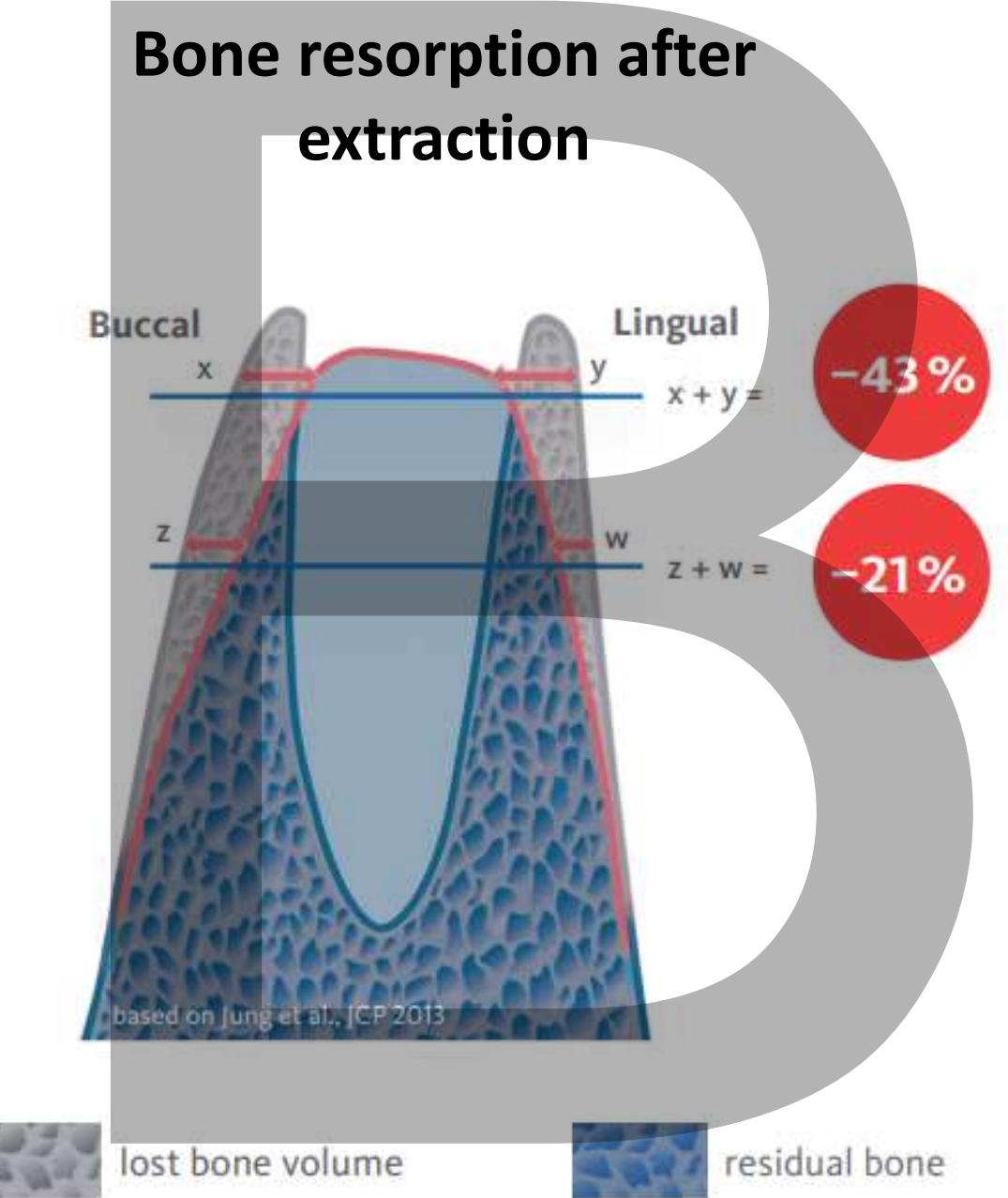
Extraction socket - healing

- Volume changes
- Importance of anatomy
- Type of procedure
(trauma, flap elevation...)
- Maximal bone volume required!
 - implantation
 - fixed / removable prosthesis

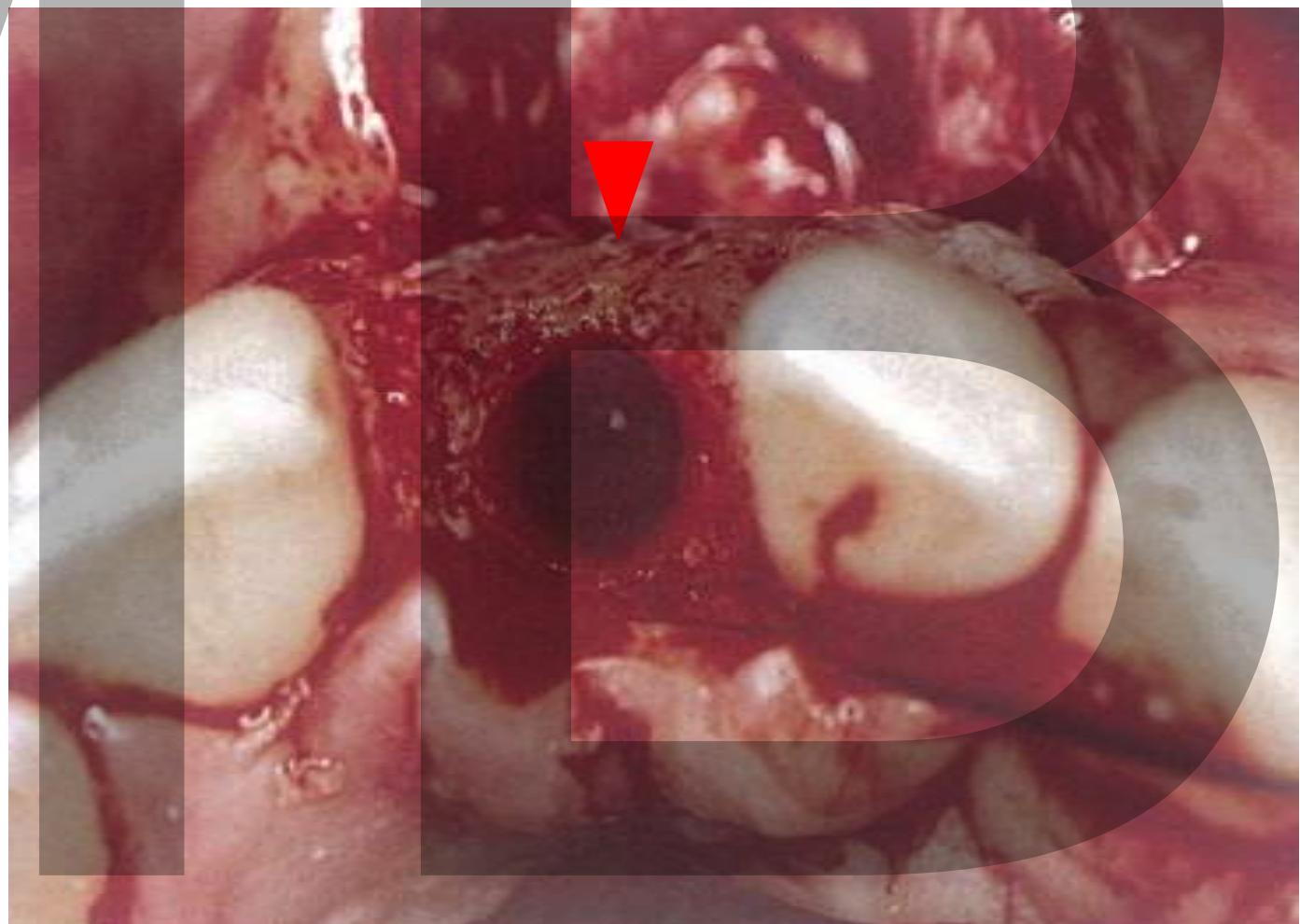
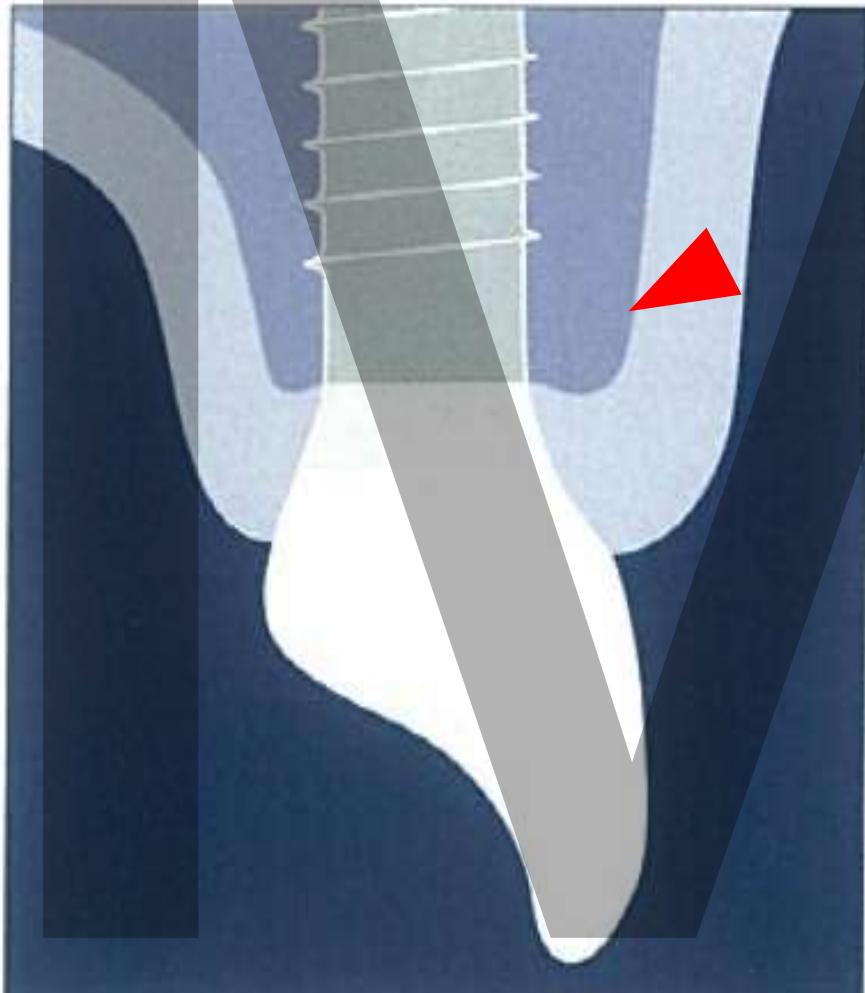




Bone resorption after extraction

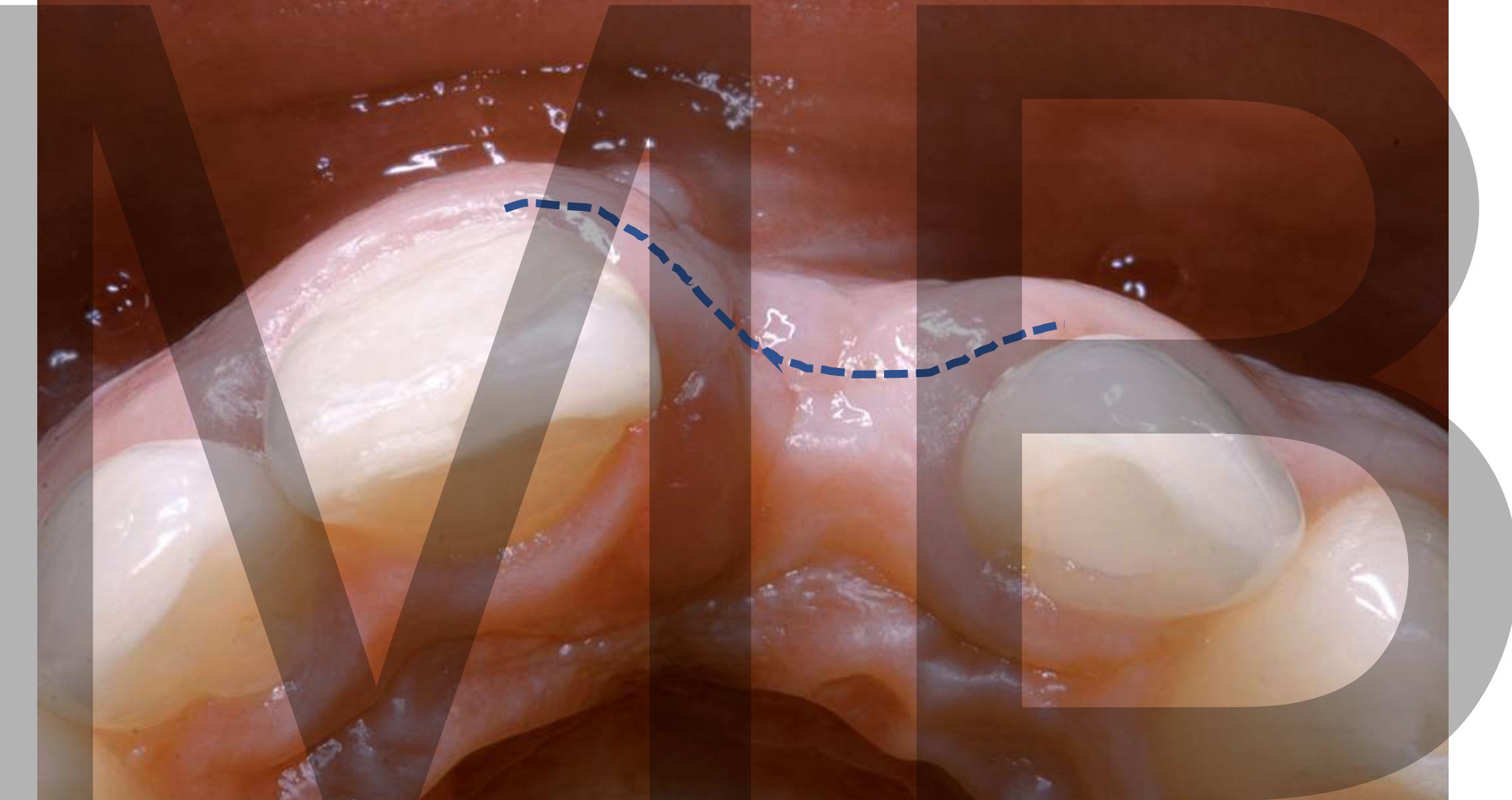


Dental implant: 1,5 – 2 mm of bone around the implant





Geistlich Co.



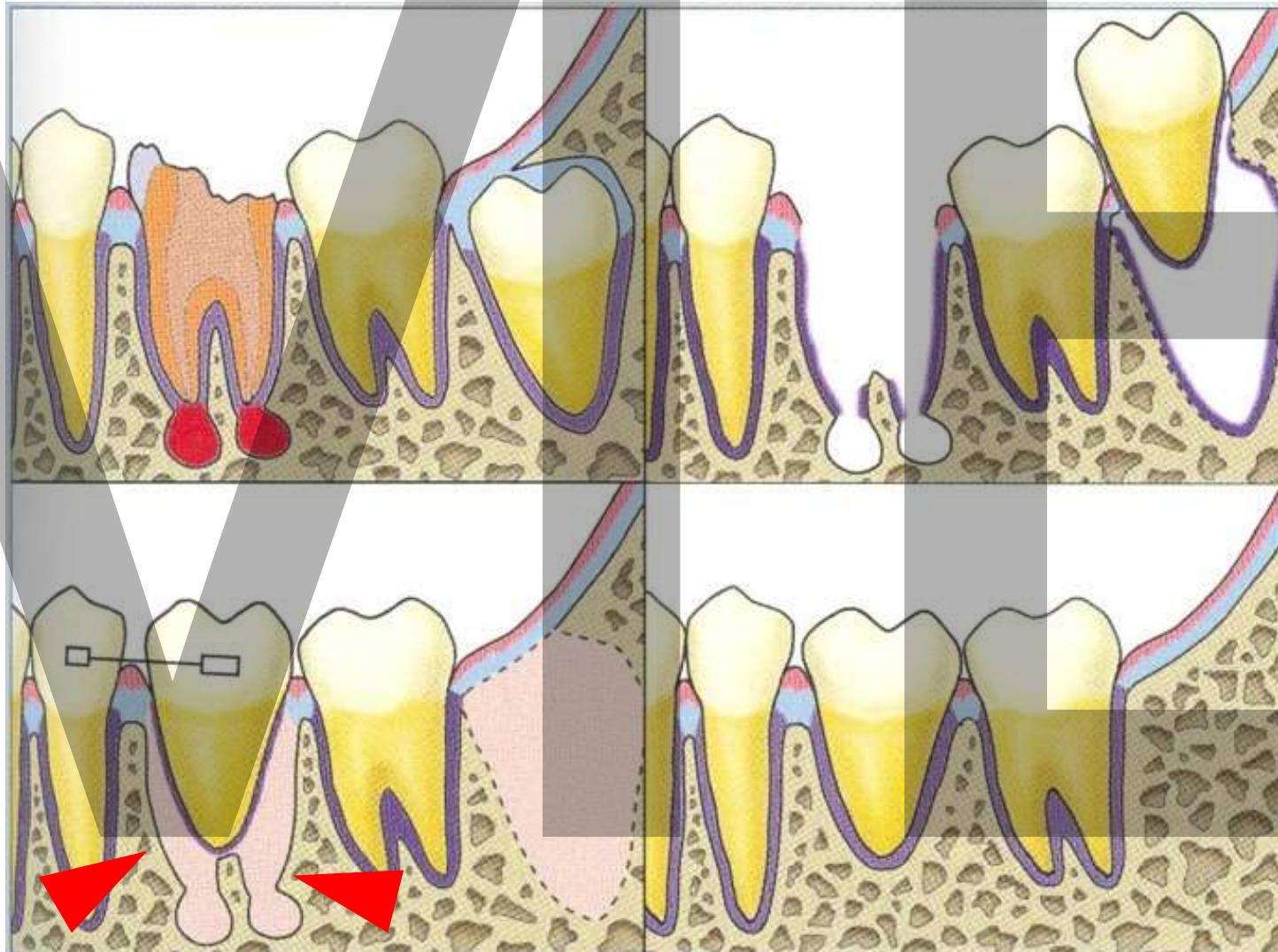
Geistlich Co.

Atraumatic extraction and root separation...

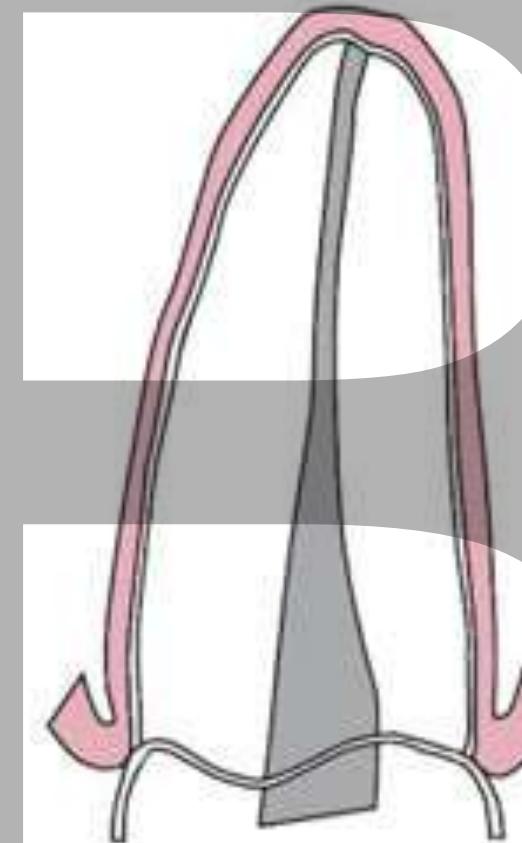


Cementum

- Barrier against resorption (cementoid)
- Orthodontics, autotransplantation, surgical extrusion

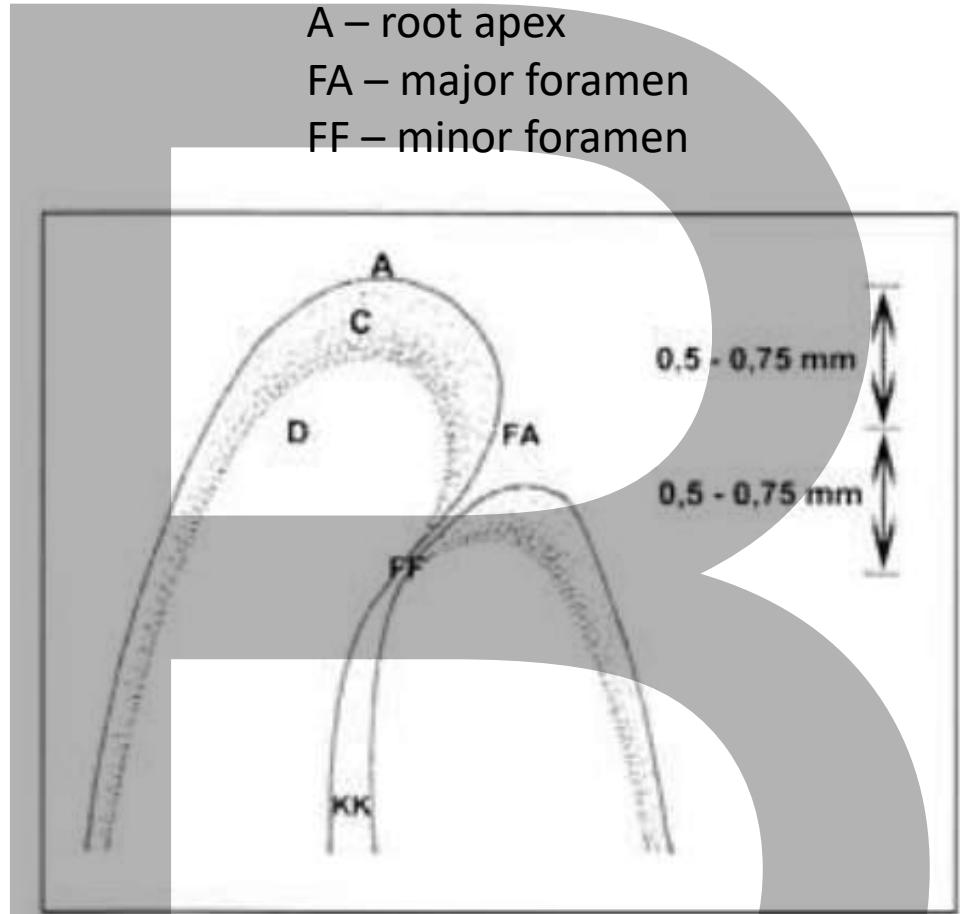


N
A
M
B
Do you believe in this?



Root apex anatomy

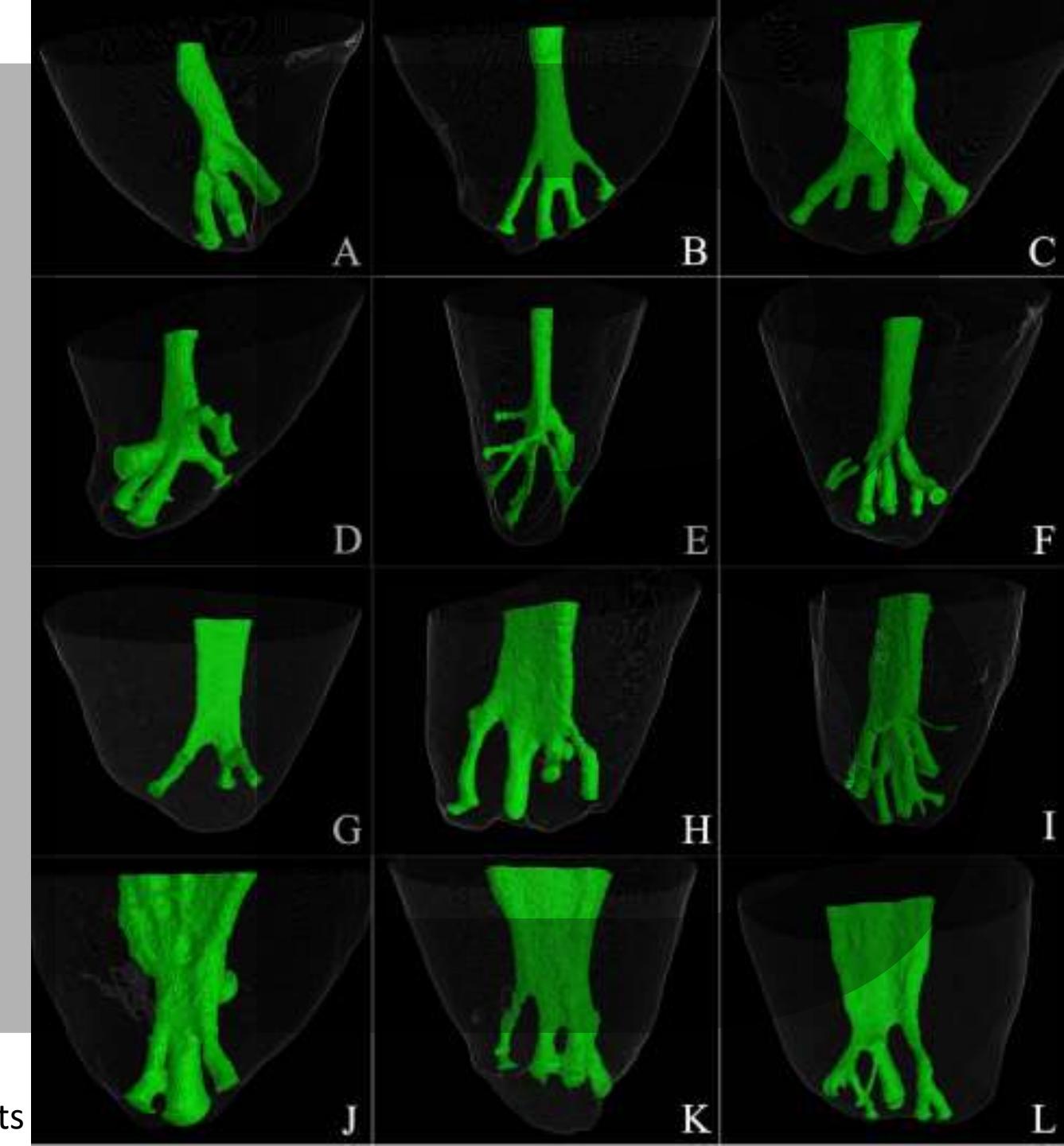
- Critical for success of RCT
- Very often anatomically complicated
- Risk of complications

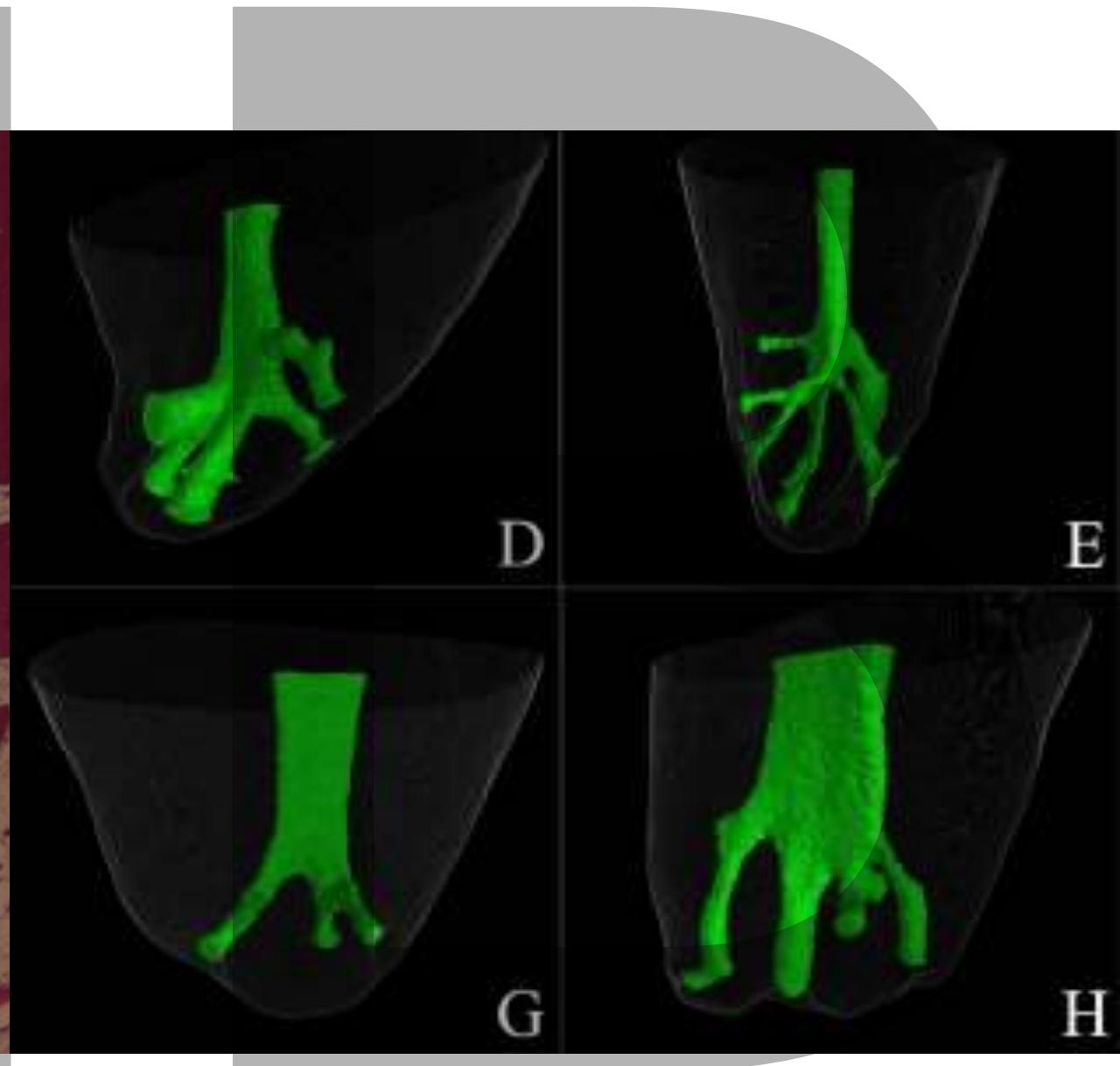
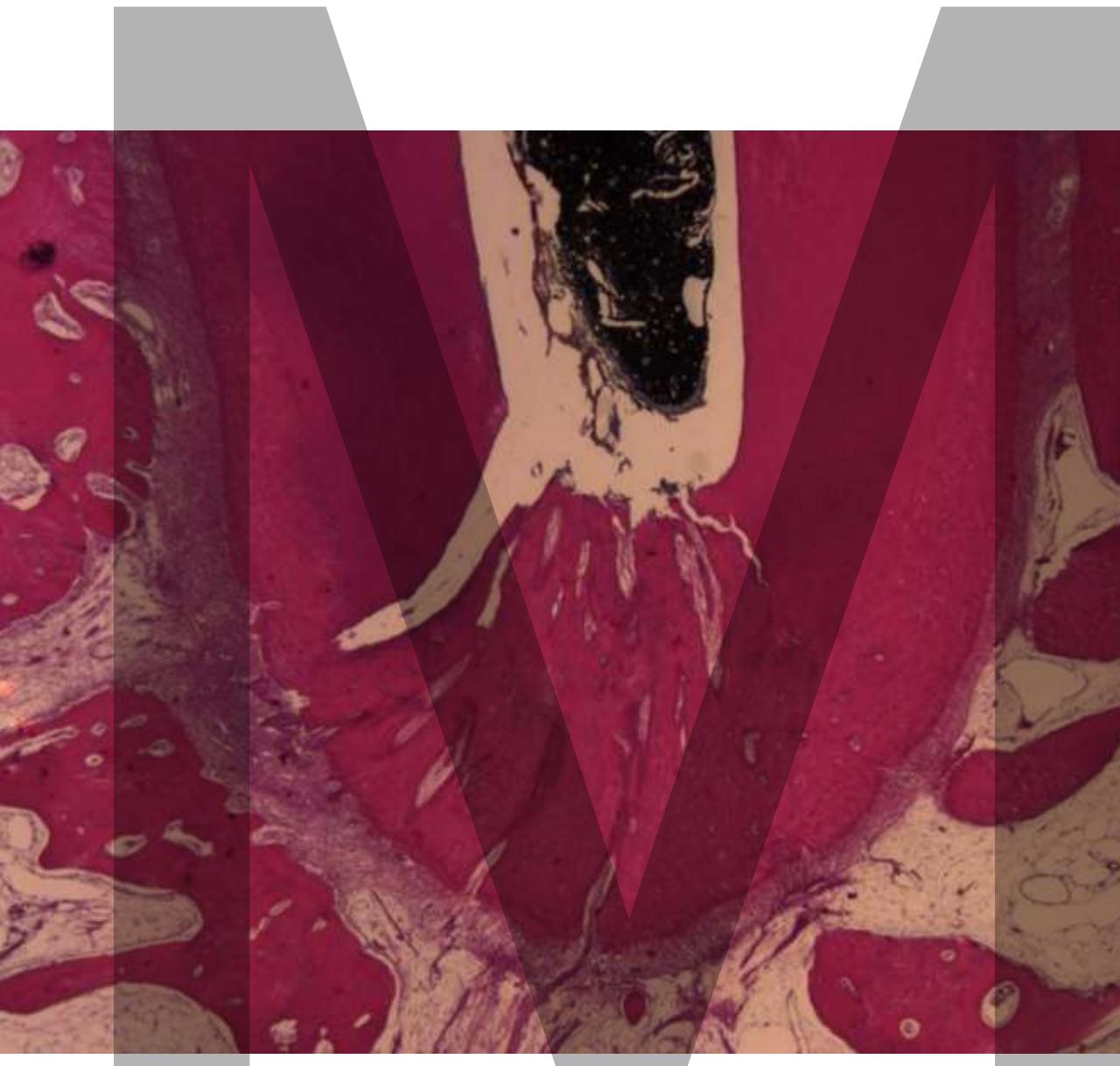


Obr. 5.5 Apikální struktury: C – cement, D – dentin, KK – kořenový kanálek, FF – foramen fysiologicum, FA – foramen anatomicum, A – anatomický apex, vzdálenost mezi apexem a foramen anatomicum, vzdálenost mezi foramen anatomicum a foramen fysiologicum.

Root apex anatomy

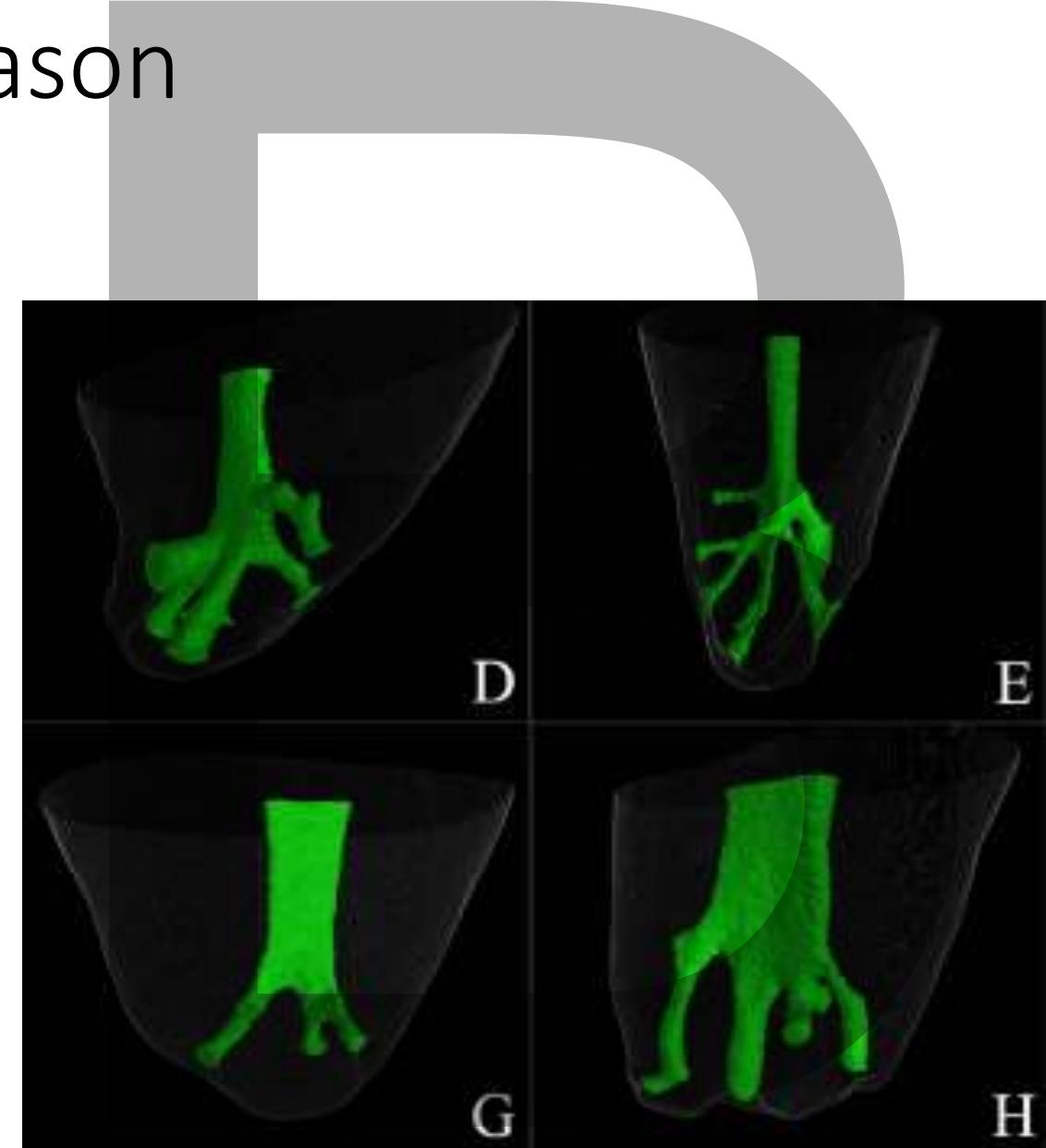
**3D PREPARATION
IRRIGATION
3D OBTURATION**





Anatomy as a potential reason for treatment failure

- 2-3 mm apex
- Root end resection (3 mm)
- Preparation
- Obturation with CS material



Root apex surgery (apicoectomy)



very often not indicated...



Refferal:
„37 - root end surgery.
Thank you!“



Illustration image:
American Association of Endodontists
G. Blasquez, A Concise Guide to Pathology
within Endodontics

A black and white scanning electron micrograph showing a cross-section of dental tissue. A large, irregularly shaped cavity is visible on the left side. On the right, there is a circular inset providing a higher magnification view of the tissue structure.

martin.bartos@lf1.cuni.cz

Martin Bartoš, MD, DMD, PhD
Institute of Dental Medicine and Institute of Anatomy
First Faculty of Medicine Charles University