A 69 years old African American man was referred for #8 fractured implant to New York University College of Dentistry Ashman Department of Periodontology and Implant Dentistry. Clinical and radiographic evaluations were performed (Figure 1a-c and 2). Under local anesthesia (2% lidocaine, 1:100,000 epinephrine) the fractured implant was removed with a trephine bur (Figure 3). The patient rejected a flipper or a clear vacuum formed retainer due to financial issue on missing #8 site at that moment. An analysis of esthetics of the upper incisors was performed. Three options were considered including 1) A new implant supported crown, 2) A fixed bridge #7–#9, 3) A removable denture. These three options were presented to the patient. The patient desired a new implant and fixed restoration. Following three months of healing, the horizontal ridge was intact with 2mm vertical defect. A crestal incision was performed and a full thickness flap was elevated. Straumann implant osteotomy protocol was followed. A new implant (Straumann 4.1×12 mm Roxolid SLActive) was placed without surgical guide (Figure 4a-c). The cover screw was placed and the flap was sutured with 4-0 chromic gut (Henry Shein, Melville, NY). A clear vacuum formed retainer was delivered with resin filled on #8 for an esthetic reason. Five weeks after following implant surgery (Figure 5), options of augmenting the soft tissue or using pink porcelain were presented to the patient. The patient chose soft tissue augmentation. The patient agreed with the diagnosis and treatment plan. A soft tissue subepithelial graft obtained from maxillary tuberosity was inserted with a tunneling procedure which increased vertical dimension (Figure 7a-c and 8). Deepithelialized connective tissue was prepared for tunneling graft. After soft tissue healing, the increased vertical dimension of soft tissue was gained (Figure 9 and 10). Five weeks after soft tissue grafting, second stage surgery was done by positioning the flap apically to further improve the dimensions of the mid buccal tissue and provisional crown on upper right central incisor implant (#8) was placed. Soft tissue healing and contouring with provisional crown was done after two months following the soft tissue grafting (Figure 11).

After placement of a provisional crown, the patient was given several options for the final crown according to the ideal ways. The suggested options were 1) Single all ceramic crown, 2) Single PFM crown and 3) Two (two centrals), Four (lateral to lateral) or Six (canine to canine) anterior crowns according 4) one implant supported crown...
Figure 1: A: Extra-oral Smile View. B: Intra Oral View. C: Fractured Implant Screw with PFM crown.

Figure 2: Periapical Radiograph on #8.

Figure 3: After removing Fractured Implant with trephine.

Figure 4: A: Occlusal view of new implant placement. B: After suture. C: Periapical radiograph after implant placement.

Figure 5: Five weeks after implant placement.

Figure 6: Esthetic problem analysis for the necessity of soft tissue graft.

(#8) and five laminate veneers (#6,#7,#9,#10,#11) to smile designs. However, after listening to all treatment options, patient chose #8 single restoration and suggested metal crown with labial composite window. The patient already has his suggested implant crown on his upper left first premolar (site #12) (Figure 12). This kind of treatment in dentistry has been used in pediatric dentistry for esthetic sp crown or in esthetic pontic of fixed bridge on posterior teeth. Finally, the metal crown with labial composite window was installed on #8 site
Figure 7: A: Incision for tunneling technique. B: Grafting deepithelialized connective tissue. C: Suture after tunneling technique.

Figure 8: The maxillary tuberosity is the donor site of soft tissue graft.

Figure 9: Deepithelialized connective tissue for graft.

Figure 10: After soft tissue healing, vertical dimension of soft tissue is increased.

Figure 11: Provisional crown on upper right central incisor (#8). Two months after soft tissue graft.

Figure 12: Patient already has the metal implant crown with labial composite window on upper left 1st premolar (#12).

Figure 13: Gold metal implant crown with labial composite window on upper right central incisor (#8).

The notion of aesthetics in dental treatment may be similar or very different from clinician and patient point of view [6]. According to the study of Burgueño-Barris, even esthetics is very different within the group of dentists [7]. In general, the average person is less sensitive to aesthetic differences in dental treatment than dentists [8]. Despite this aesthetic difference between the dentists and the patients, most patients choose teeth that mimic the shade and shape of the surrounding teeth when deciding the type of the anterior prosthesis [9]. However, some patients make different decisions than ordinary patients for other reasons, such as their religious, cultural, educational background, and economic background [10].

**Discussion**

The notion of aesthetics in dental treatment may be similar or
In this case, the patient may not choose the treatment from the opinions presented by the experts but from his esthetic criteria by means of the popularization of information about the aesthetic part of dental care and the factors related to age, race, sex, and economic situation. Also, many dental professionals should keep in mind that the patients can make subjective choices of aesthetics in their own treatment.

References