90 Clinical study on bone repair capacity of graft materials fabricated from auto-tooth

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As techniques rapidly grow, numerous graft materials also developed, therefore bone defect considered to be irrepairable became possible to be managed by using these materials which were applied to these new techniques. Auto-tooth bone graft materials are manufactured with the tooth which is traditionally discarded after extraction. This bio-recycling system is helpful for bone repair with rapid osteoinduction, osteoconduction, and patient’s emotional satisfaction.

Auto-tooth bone graft material is composed with 55% of inorganic and 45% of organic substances. Inorganic HA has characteristics of combining and dissociating of calcium and phosphate which is same as bone. Organic substances include BMP and proteins which has osteoinduction capacity as well as type I collagen which is same as alveolar bone itself where it should be mix with.

Auto-tooth bone graft materials divided into block and powder type. Block type have ability of blood wettability, osteoconduction, osteoinduction, creeping substitution and space maintaining. Powder type have various size and ability of blood wettability, osteoconduction, osteoinduction, creeping substitution and space maintaining.

Auto-tooth bone graft material used to avoid gradual resorption and was replaced by new bone of excellent quality through osteoinduction and osteoconduction. Auto-tooth bone graft material is useful in that it supports excellent bone regeneration capacity and reduces not only foreign body reaction but also any other genetic diseases and disease transmission.

This study introduces new bio-recycling system and bone healing capacity of Auto-tooth bone graft material based on radiological, histological, and clinical results.

Conflict of interest: None.


91 Reconstructive surgery of the atrophic maxilla with calvarial bone grafting: follow-up of 10 years

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Patients with severe atrophic maxillae are a challenging for oral rehabilitation using dental implants. There are some surgical options in those cases, like zygomatic implants and use of extra-buccal donor sites for bone grafting for posterior implants placement, such as iliac bone, tibia and calvarial bone. Our purpose is to present a follow up clinical study of 10 years accompanying 30 patients (24 female, 06 male), who submitted to reconstructive surgery of the atrophic maxilla with calvarial bone grafting to posterior dental implants installation. In the female group, 45 dental implants were installed in maxilla after the bone grafting healing period and in the male group, 37 dental implants were installed, with a total of 82 implants. Of those 82 implants, 04 were losted in the male group, 37 dental implants were installed in maxilla after the bone grafting healing period and in the male group, 37 dental implants were installed, with a total of 82 implants. Of those 82 implants, 04 were losted in the male group, and 01 was losted in the male one. The surgical technique with a different approach to remove calvarial bone, and complications of this procedure are also presented.

Conflict of interest: None declared.


92 Rehabilitation of severe resorbed maxilla only using multiple zygomatic implants

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Introduction: A series of procedures have been described, for treating atrophic edentulous maxilla, which provide adequate bone volume for the placement of dental implants. However, such treatment options include additional procedures for obtaining bone from extraoral sites, need for hospitalization, high costs and long treatment periods. All these have led to the rejection of said procedures by many patients, due to the high morbidity they entailed. The zygomatic implants have been used as posterior anchors for implant-supported prostheses in patients with severe resorbed maxilla. The original concept included the placement of a single implant in the zygoma, bilaterally, combined with at least four conventional implants in the anterior sector of the maxilla. However some cases of extremely resorbed maxillae prevent the use of anterior conventional implants, compromising the clinical results due to unfavourable prosthetic biomechanics.

Purpose: Evaluate clinical results of severe resorbed maxillae using only zygomatic implants as prostheses anchors.

Patients and methods: Retrospective review of 3 patients with severe atrophic maxillae restored only with zygomatic implants. Clinical records, photographs and radiographs were studied.

Results: Rehabilitation of three patients was achieved using four zygomatic implants, two in each side, in one patient and six zygomatic implants, three in each side in the other two. Immediately loaded prostheses were installed. Implant osteointegration, prostheses stability, functional and aesthetic outcomes were evaluated. The average follow up was of 28 months.

Conclusion: Rehabilitation using only zygomatic implants in severe resorbed maxillae allows an adequate aesthetic and functional rehabilitation.

Conflict of interest: None declared.


93 The thickness of facial alveolar bone overlying healthy maxillary anterior teeth

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Aims: A thin facial bone (<2 mm) overlying maxillary anterior teeth is prone to resorptive processes after extraction and
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