





REGENERATION SCIENCE





Implant placement in fresh extraction sockets and

simultaneous osteotome sinus floor elevation: a case

In the posterior maxilla, implant placement immediately after tooth

extraction is frequently complicated by the presence of the maxillary sinus

and by a lack of adequate bone volume and quality, thus preventing a

precise placement and stabilization of the implants. Therefore, in these situations, normally a maxillary sinus augmentation is performed, followed

The purpose of this study was to evaluate the clinical success of implants placed in fresh extraction sockets with simultaneous maxillary sinus floor

12 patients (7 men and 5 women) aged 38 to 56 years were included in this study, requiring the extraction of a maxillary premolar and scheduled for immediate implant placement. The graft materials used in both sinus floor augmentation and peri-implant bone defects were a mixture of collagen gel and cortico-cancellous porcine bone particles (OsteoBiol® Gel 40, Tecnoss<sup>®</sup>, Giaveno, Italy), covered with bioabsorbable membranes (OsteoBiol<sup>®</sup> Evolution, Tecnoss<sup>®</sup>). The resulting graft material was extremely

easy to handle because the collagen gel acted as a sealing material. All implants were allowed to heal for 6 months prior to prosthetic

rehabilitation. One of the 12 experimental implants failed because of an abscess during early healing. No implants failed after definitive prosthetic rehabilitation. No significant bone loss was detected at the final follow-up visit. 18 months after surgery, mean bone gain evaluated by radiographies

The results of this study demonstrate that the use of the osteotome technique in order to obtain the sinus floor elevation and the implant placement in fresh extraction sockets can be considered a predictable procedure. Thanks to the lateral condensation of bone performed by this technique during the preparation of the implant site, the resulting bone

by implant placement in the reconstructed bone.

elevation using the osteotome technique.

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ABSTRACT

was  $4,2\pm1,4$  mm. **CONCLUSIONS** 

quality seems to be improved.

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