ABSTRACT

Purpose: The zygomatic implant is mainly indicated for the rehabilitation of extremely atrophied maxillae when bone augmentation should be avoided. One drawback of zygomatic implants, which typically pass through the sinus, is initial or late bone resorption around the implant neck, which can result in oroantral communications followed by possible infection of the sinus. To decrease the risk of sinus infection, a modified technique was developed to preserve the integrity of the sinus membrane and to regenerate bone around zygomatic implants using an extended sinus grafting approach. Materials and Methods: Patients with extremely atrophied maxillae were provided with one to four zygomatic implants in conjunction with sinus grafting, plus conventional auxiliary implants, for immediate support of a provisional full-arch maxillary prosthesis. Definitive prostheses were delivered at 6 months after implant placement. All patients underwent clinical and radiographic examinations at 6 months. Results: Twenty-two zygomatic and 23 conventional auxiliary implants were placed in 10 patients. The overall 6-month implant survival rate was 90.9% for zygomatic implants and 100% for auxiliary implants placed in the anterior area. Only two minor technical complications were seen, and clinical indicators (including probing pocket depth, keratinized tissue, and plaque and bleeding indices) were good in all patients. A substantial gain of radiographic bone around the zygomatic implants was observed. Conclusion: The proposed technique led to successful prosthetic function for all patients. With the described technique, exposed implant threads within the maxillary antrum are eliminated and the potential for biologic complications is minimized. Oral Craniofac Tissue Eng 2011;1:188–197

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