Cases Of Jaw Reconstruction That Was Performed Using The Camlog Implant System

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Jawbone defects frequently occur in the lesion area following surgery for tumors and cysts, often making implantation therapy difficult. We herein report on cases we experienced in which implant surgery was conducted following bone grafting and/or GBR after tumor resection and cyst extraction.

1. retinoblastoma

Patient: A 31-year-old female
Initial visit: April 2006
Secondary surgery: October 2006
History of present illness: The patient consulted our institute after observing swelling in the same area (Tumor resection was conducted in December 2009. Following extraction, Atelocollagen membrane was used. Implant fenestration was conducted in December 2009. The superstructure was attached in March 2011.

2. massive osteolysis

Patient: A 35-year-old female
Initial visit: January 2005
Secondary surgery: September 2005
Histopathology: The bone was found to have resorbed due to the tumor. Tumor resection was conducted under general anesthesia in December 2006. It was diagnosed as odontogenic fibroma, in which a relapse is prone to occur, bone grafting must be conducted following resection of the lower jawbone. In this case as well, iliac bone was used to extend the bone by 1 mm per day for a total of 10 mm, and callus distraction was conducted under general anesthesia in June 2008.

3. ameloblastoma

Patient: A 31-year-old female
Initial visit: September 2002
Secondary surgery: January 2003
Histopathology: The apparatus for distraction osteogenesis was removed in October 2010, and callus distraction was conducted under general anesthesia in June 2010.

4. radicular cyst

Patient: A 46-year-old male
Initial visit: November 2009
Secondary surgery: April 2010
Histopathology: The apparatus was removed following extraction of the implant, the course is good with no tumor relapse.

5. odontogenic fibroma

Patient: A 35-year-old male
Initial visit: October 2006
Secondary surgery: December 2006
Histopathology: The superstructure was attached after the apparatus for distraction osteogenesis was removed, the patient's course is good with no tumor relapse.

Conclusion

If the osseous defect of the jawbone is large following tumor resection and cyst removal, a satisfactory implantation treatment outcome with a good function and aesthetics with long-term stability may be obtained; therefore, the creation of the bone becomes necessary.

In this study, by conducting bone transplantation and callus distraction on large osseous defects of the jawbone following surgery and subsequently using the camlog implant system, good results were obtained in all cases with a high degree of patient satisfaction.

Regarding tumor resection by implant support, by using a long implant (11 mm) and a thin, small disk-type magnetic attachment having strong absorbing power, creating an epithesis along the facial line of expression that aesthetically excised was possible. High patient satisfaction was obtained while reducing the weight of the silicone.

Retinoblastoma

Retinoblastoma is a rare cancer that progresses rapidly because of its genetic basis. As the frequency of retinoblastoma is higher in children, it is important to conduct a biopsy of the tumor and follow up with the patient closely.

Massive osteolysis

Massive osteolysis is a very rare disease that progresses rapidly because of its genetic basis. As the frequency of massive osteolysis is higher in children, it is important to conduct a biopsy of the tumor and follow up with the patient closely.

Ameloblastoma

Ameloblastoma is a rare odontogenic tumor that progresses rapidly because of its genetic basis. As the frequency of ameloblastoma is higher in children, it is important to conduct a biopsy of the tumor and follow up with the patient closely.

Radicular cyst

Radicular cysts are a very common dental lesion caused by the irritation of the tooth pulp. As the frequency of radicular cysts is higher in children, it is important to conduct a biopsy of the tumor and follow up with the patient closely.

Odontogenic fibroma

Odontogenic fibromas are a rare odontogenic tumor that progresses rapidly because of its genetic basis. As the frequency of odontogenic fibromas is higher in children, it is important to conduct a biopsy of the tumor and follow up with the patient closely.

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