



Three-Year Clinical and Radiographic Implant Follow-up in Sinus-Lifted Maxilla With Lateral Window Technique



ERDEM Necip Fazıl, DDS, PhD*, ÇİFTÇİ Alanur, DDS, PhD, ACAR Ahmet Hüseyin, DDS, PhD*****

*Assistant Professor, Department of Oral and Maxillofacial Surgery, School of Dentistry, Marmara University, Istanbul, Turkey. **Post Doctorate Researcher, Department of Oral and Maxillofacial Surgery, School of Dentistry, Marmara University, Istanbul, Turkey. ***Post Doctorate Researcher, Department of Oral and Maxillofacial Surgery, School of Dentistry, Bezmialem Vakif University, Istanbul, Turkey..

INTRODUCTION

Dental implant placement to the posterior edentulous maxilla could be challenging due to pneumatization of the maxillary sinus and low quality bone. If the residual alveolar bone height is <6mm, maxillary sinus lifting procedure can be mandatory.^{1,6} The residual bone height is often used to determine whether implants can be placed simultaneously with sinus floor elevation or with staged approach.³⁻⁵ In case if the bone height is <3mm, staged approach is a better option with a higher implant success rate (92 % to 100%).⁶⁻¹⁰

The aim of this study is to evaluate retrospectively 3 year outcome of implants, placed to posterior maxilla, augmented with staged approach and with the residual alveolar bone height ≤3mm before augmentation.

MATERIAL & METHOD

A total of 28 sinus floors were augmented with xenograft (*Bio-Oss*) and 58 screw-type titanium implants (38 Straumann bone level with SLA surface and 20 Camlog screw line) were inserted. The outcome measures were implant success based on implant stability and the absence of peri-implantitis, and marginal and apical bone resorption on periapical radiograph and prosthesis survival.

DISCUSSION

The implant success rate with 98.28% found in this study correlates with the literature.

RESULT

*57 of 58 implants with their prostheses remained functional with a success rate of 98.28%.

*None of the implants showed any sign of mobility or peri-implantitis.

*Both apical and cervical bone resorption around the implants were highest by the end of the first year.

CONCLUSION

The success rate of the was high in a 3-year term. Bio-Oss is an acceptable substitute autogenous bone and can be used as an augmentation material during the maxillary sinus lift procedure.

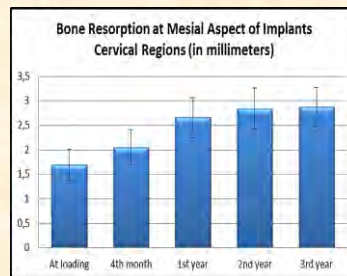


Fig 1. Bone resorption at mesial aspect of implants cervical region.

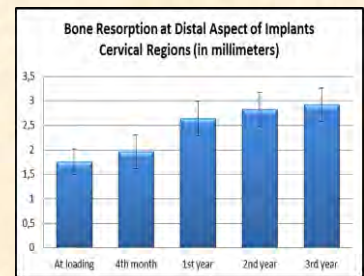


Fig 2. Bone resorption at distal aspect of implants cervical region.

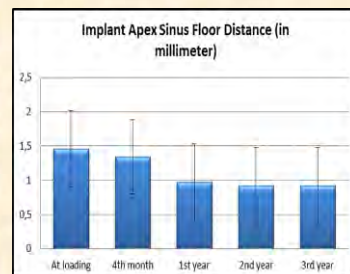


Fig 3. Implant apex sinus floor distance.

1. Esposito M, Cannizaro G, Scaudi E, et al. Posterior atrophic jaws rehabilitated with prostheses supported by 6 mm long, 4 mm wide implants or by longer implants in augmented bone. Preliminary results from a pilot randomized controlled trial. *Eur J Oral Implants Res.* 2012; 5:19-33.
2. Manso MC, Wassal FA. 10-year longitudinal study of 160 implants simultaneously installed in severely atrophic posterior maxillas grafted with autogenous bone and a synthetic bioactive resorbable graft. *Implant Dent.* 2010;19:351-356.
3. Pat US, Sharma NK, Singh RK, et al. Direct vs. indirect sinus lift procedure: A comparison. *Natl J Maxillofac Surg.* 2012; 3:31-37.
4. Vicente JC, Vallejo GH, Abascal PB, et al. Maxillary sinus augmentation with autologous bone harvested from the lateral maxillary wall combined with bovine-derived hydroxyapatite: Clinical and histologic observations. *Clin Oral Implants Res.* 2010;21:430-438.
5. Thor A, Sennery L, Hirsch JM, et al. Bone formation at the maxillary sinus floor following simultaneous elevation of the mucosal lining and implant installation without graft material: An evaluation of 20 patients treated with 44 AstraTack implants. *J Oral Maxillofac Surg.* 2007;65 (suppl 1):64-72.
6. Guerrero JS. Lateral window sinus augmentation: Complications and outcomes of 101 consecutive procedures. *Implant Dent.* 2015;24:354-361.
7. Lin IC, Gonzalez AM, Chang KI, et al. A 5-year follow-up of 80 implants in 44 patients placed immediately after the lateral trap-door window procedure to accomplish maxillary sinus elevation without bone grafting. *Int J Oral Maxillofac Implants.* 2011;26: 1079-1086.
8. Kher U, Mazar Z, Stantiss P, et al. Implants placed simultaneously with lateral window sinus augmentation using a putty allograft bone substitute for increased primary implant stability: A retrospective study. *Implant Dent.* 2014;23:496-501.
9. Ferrigno N, Laureti M, Fanali S. Dental implants placement in conjunction with osteotome sinus floor elevation: A 12-year life-table analysis from a prospective study on 588 ITI implants. *Clin Oral Implants Res.* 2006;17:194-205.
10. Daalmeans P, Hermans M, Gadet F. Autologous bone graft to augmentation the maxillary sinus in conjunction with immediate endosseous implants: A retrospective study up to 5 years. *Int J Periodontics Restorative Dent.* 1997; 17:27-39.