

Comparative Evaluation of Bone Regeneration Following Surgical Closure of Oro-Antral Perforation With and Without Bone Augmentation Using Cone Beam Computed Tomography - CBCT. Case Report.



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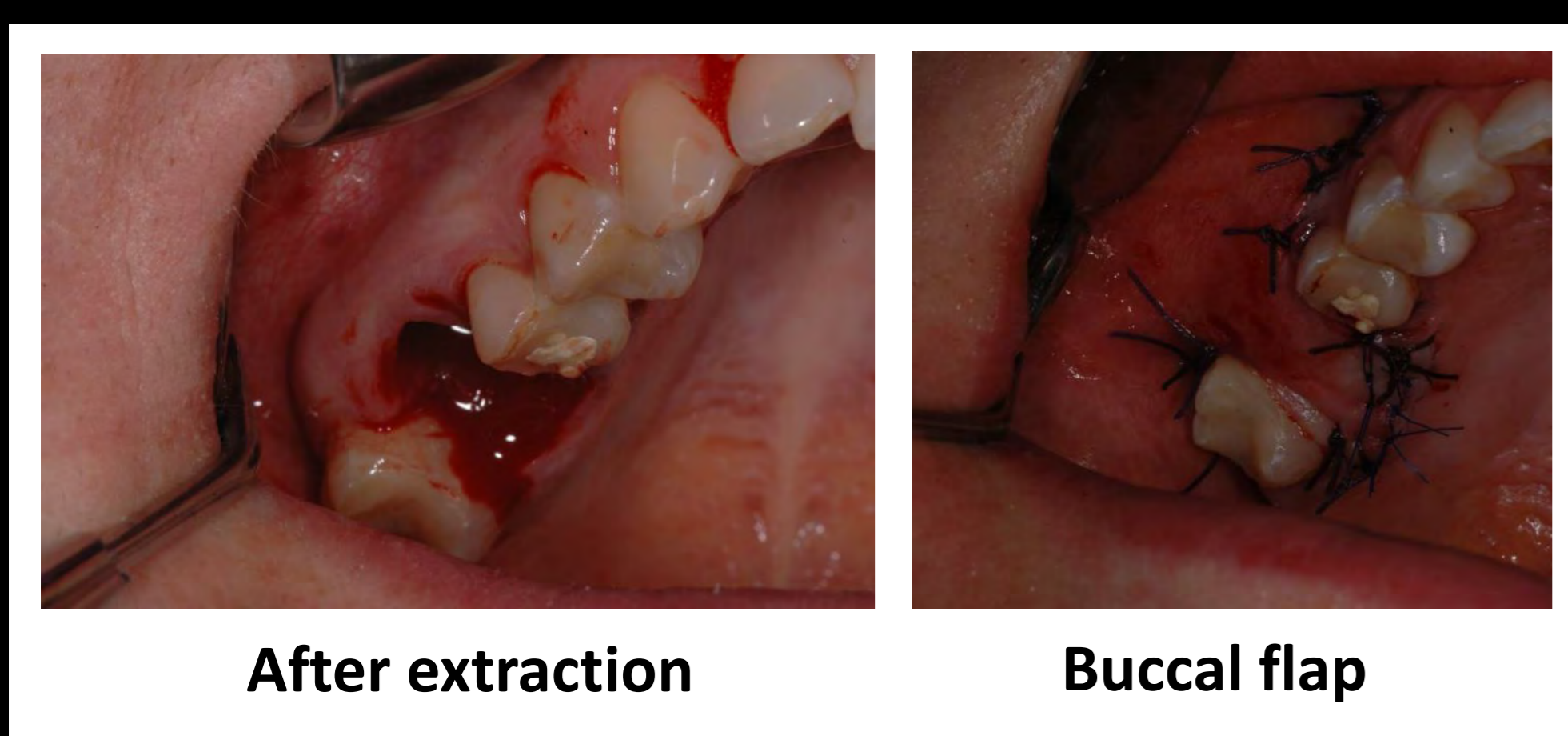
Aim:

The most common etiology of creating the communication between maxillary sinus and oral cavity is upper premolars or molars extraction. Nowadays most patients expect reconstruction of missing tooth using dental implants. A main factor for successful implant therapy is the presence of an adequate quantity and quality of bone. Therefore the crucial factor to assess treatment success after oro-antral perforation (OAP) closure should be the volume of regenerated bone in maxillary alveolar process. The aim of this study was to assess the efficacy of the surgical treatment using bone augmentation of the OAP following maxillary posterior teeth extraction.

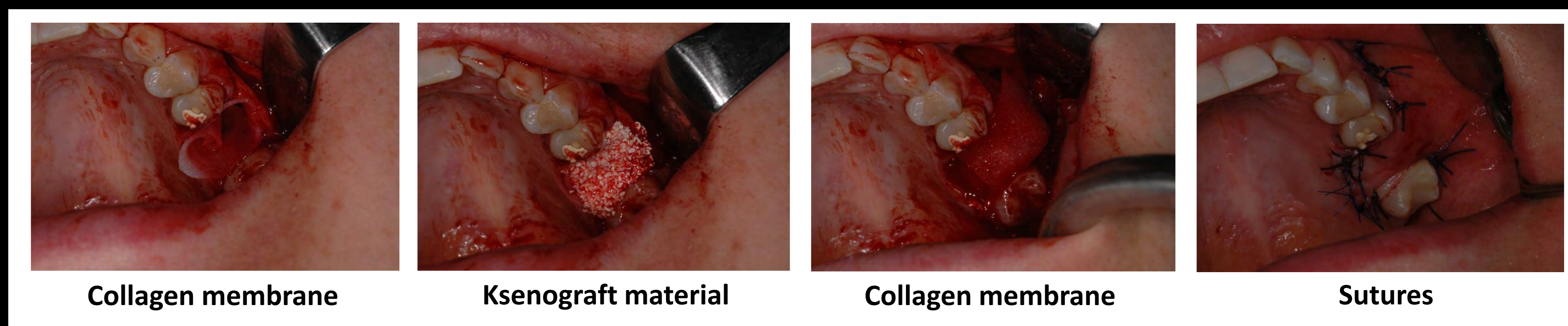
Material and methods:

The study was performed in 1 patient, woman who was in good health, at age 28. As the OAP was diagnosed after 16 tooth extraction, it was sutured closed by buccal flap method. Three months later 26 tooth was extracted and the OAP was also diagnosed. It was augmented using ksenograft material (Geistlich Bio – Oss), collagen membrane (Geistlich Bio – Gide) and sutured closed by the same method. The measure of postoperative defect and bone regeneration progress were conducted basing on CBCT (Kodak 9000 Extra Oral Imaging System, Kodak Dental Imaging Software 6.12.9.0) performed 3 days and 6 months after every surgery.

1. Surgical closure of oro-antral perforation without bone augmentation

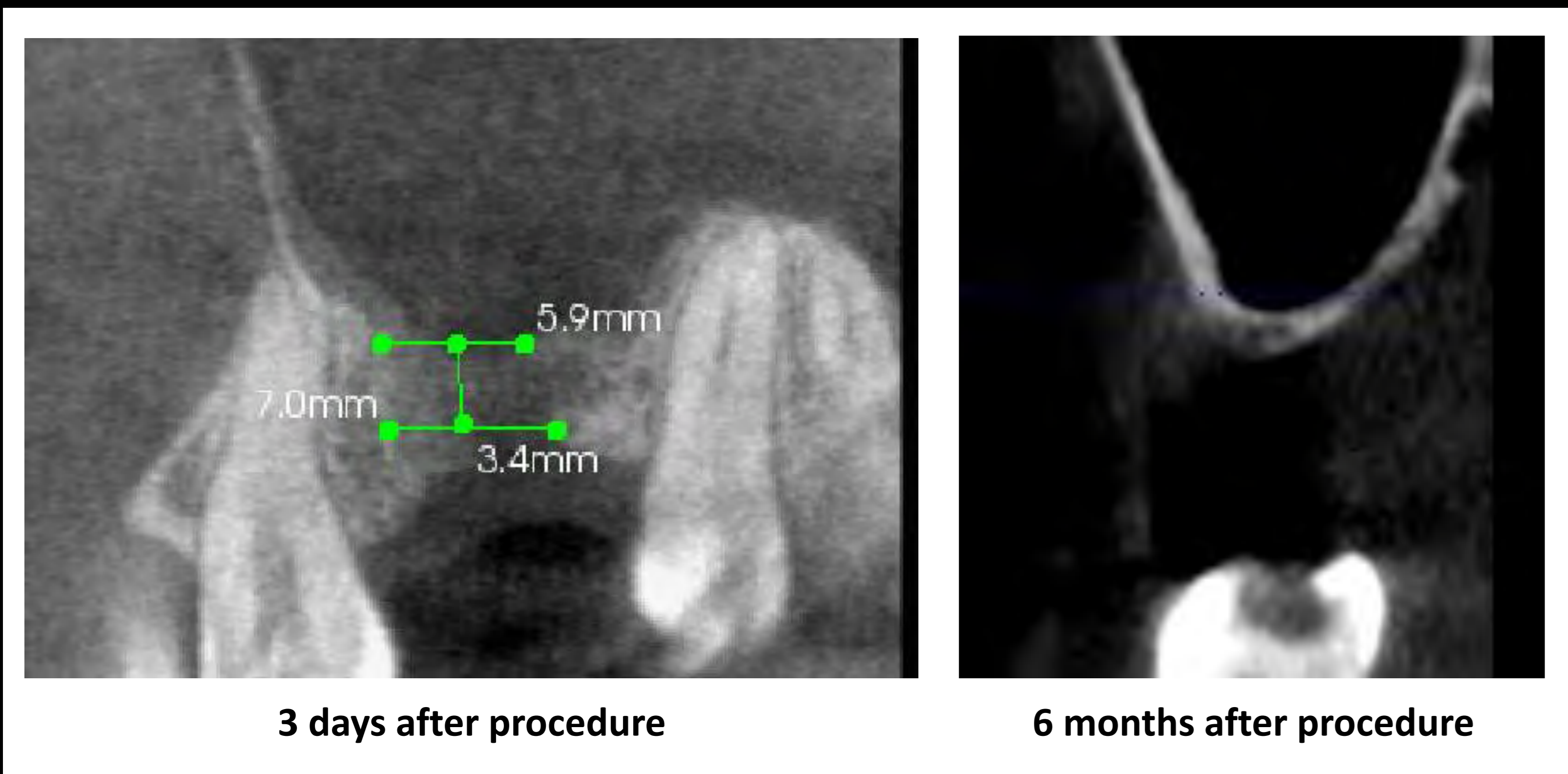


2. Surgical closure of oro-antral perforation with bone augmentation



Results:

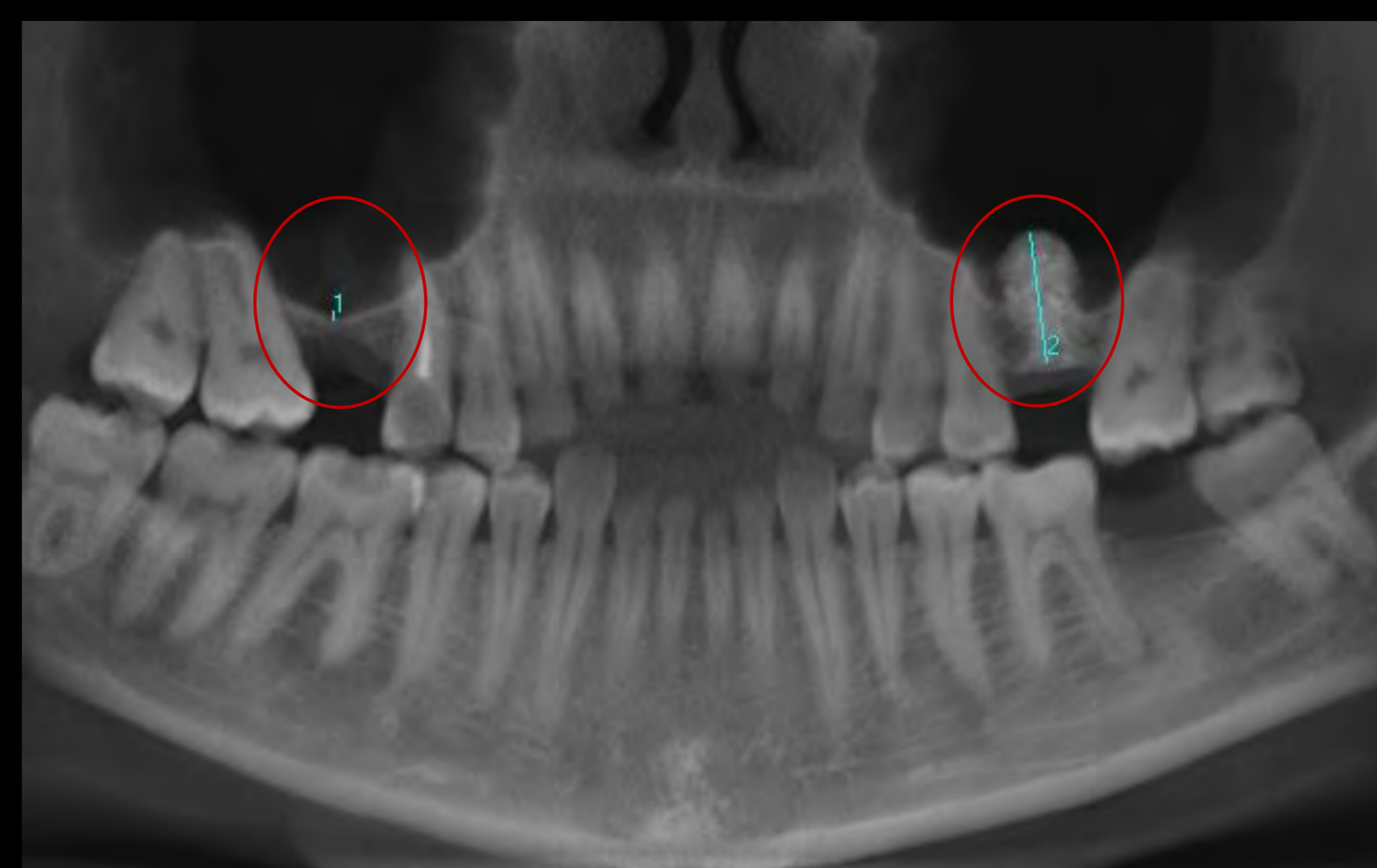
1. Surgical closure of oro-antral perforation without bone augmentation



2. Surgical closure of oro-antral perforation with bone augmentation



Patient had a successful OAP closure and no sinusitis in both sides. Bone thickness after 6 months was 1 mm (1) where 16 tooth was extracted and the bone was not augmented and 11,72 mm (2) on the side, where 26 tooth was extracted and the bone was augmented.



Conclusions:

The buccal flap method does not ensure bone regeneration after OAP, but it is effective for closure. The thickness of the regenerated bone after augmentation was satisfactory for implantology treatment. It shortened the implantology treatment and allowed to avoid external sinus lift procedure.