Maxillary Breast Floor Lift with Immediate Implant Case Report

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Abstract

With the hustle and bustle of the modern world, more and more alternatives are sought that combine quality, treatment time and cost.

Several times, we implantodontists have faced situations where to perform a dental implant it is necessary to do bone graft through surgery of the maxillary sinus floor, which will certainly lead us to postpone implant installation for at least six months.

One of the possible techniques used to speed up this process and shorten the time to complete the work is the graft surgery with elevation of the maxillary sinus floor concomitant with the installation of the dental implant.

For this work we used bone graft and LPRF [Fibrin Rich Leukocyte Plasma] associated with Bioss [Geistlich natural bovine mineral bone].

Clinical Relevance: In a single surgical act promote the bone graft by lifting the floor of the maxillary sinus and implant installation, so making the patient undergo less surgical interventions, less anesthesia and less medication.

Keywords: Maxillary Breast Floor Lift; Implant

Introduction

Through history, reclaiming spaces from tooth loss has always been a challenge for everyone. With the advent of implant dentistry a new range of possibilities has emerged, allowing in many cases the use of removable prostheses and even fixed prostheses supported on teeth, often healthy, to be replaced by dental implants.

With the development of bone grafting techniques the placement of dental implants in regions with small bone dimensions has become increasingly viable, and with the advent of techniques using LPRF even more.

According to Sheila Atieh Ilias Flores in 2018, the platelet and leukocyte rich fibrin developed by Choukroun., et al. in 2001 in France, known as the second generation platelet concentrate, presents a simplified protocol performed through blood collection in glass or plastic tubes with silica in its composition and centrifugation at 2700 rpm, at approximately 400 grams of force for 12 minutes, dividing the blood into 3 phases: upper layer formed by plasma. Intermediate layer: formed by platelets and leukocytes, and lower layer formed by red blood cells.

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The L-PRF clot, unlike other platelet concentrates, is produced by a slow, natural process of polymerization during centrifugation, generating a rigid fibrin network of three-dimensional organization, similar to the natural clot. Because it has an autologous fibrin matrix, it progressively incorporates and releases large amounts of platelet and leukocyte cytokines, in addition to growth factors, responsible for enhancing the patient’s own cellular regenerative response. For these reasons, its use has been described with a high success rate. In the medical and dental field.

Combining all these concepts, we report here a clinical case, where a maxillary sinus floor survey was performed using the LPRF with Bioss technique and immediate implant placement [1-12].

Case Report

Patient J.C.S 58 years old male, missing teeth 13, 14 and 16 among others. Analyzing the computed tomography, we opted for the floor lift surgery of the maxillary sinus using the technique of LPRF and Bioss with installation of immediate implants in the region of teeth 14 and 16.

Figure 1: Initial panoramic radiography.

Figure 2: Moments before the surgery, the biomedical doctor makes a detailed anamnesis of the patient and blood collection to obtain the LPRF and Steak Bone.

Figur 3: After infiltrative anesthesia, surgery is started with linear incision at the alveolar crest height with proximal relaxants. Detachment of all tissue until exposure of the bone board.

Figur 4: After exposure of the vestibular board, it begins to wear until the complete exposure of the membrane, which carefully begins to be detached.

Figur 5: After the complete displacement of the membrane in the desired region, the perforation for implant placement begins. Importantly, the perforation exceeds the limit of the floor of the maxillary sinus. With the membrane removed, the bottom of the well is lined with LPRF prior to implant placement.

Figure 6: With the membrane that lines the floor of the maxillary sinus apart, the entire bottom of the cavity is covered with LPRF and Steak Bone and the implant is installed invading the distant region.

Figure 7: Once the implant is installed, with an initial locking torque of approximately 45 Newtons, the entire space is completed with Steak Bone and the entire region covered with LPRF membrane prior to final suturing.
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Discussion

With a well-performed history and propaedeutics, dental implant placement concomitantly with maxillary sinus floor lift surgery becomes an extremely viable alternative for both aesthetic and functional rehabilitation in partial edentulous patients and why not in total edentulous patients.

Conclusion

Using common sense, scientific knowledge, careful practice and good interdisciplinary relationship everyone wins, professionals, patients and dentistry.

Bibliography


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