Kirurški postupci podizanja dna sinusa (sinus lifting) s ugradnjom usatka u području gornje čeljusti

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Implantoprotetska rehabilitacija u gornjoj čeljusti u velikom je broju slučajeva otežana jer nastaje opsežna resorbcija kosti kao posljedica pneumatizacije maksilarnoga sinusa nakon gubitka zubi. Operativna tehnika podizanja dna sinusa sastoji u tome da se podigne sinusno dno prema kranijalno i nadogradi koštani defekt kako bi se stvorila dovoljna visina i širina alveolarnoga grebena za ugradnju usatka.

Materijal kojim se nadograđuje koštani defekt jest kombinacija autologne kosti s heterolognom kosti, u ovom je slučaju neproteinizirana goveđa kost (Bio-Oss) u granulama. Omjer miješanja autologne i heterologne kosti u odnosu 20:80 pokazuju dobre kliničke rezultate. Izbor tehnike podizanja dna sinusa određuje visina alveolarnoga grebena, odnosno dna sinusa. Ako je visina koštanoga grebena <4 mm, biramo bočni pristup u sinus kroz trepanacijski otvor, s podizanjem bočne koštane lamele u sinus i nadogradnjom koštanoga defekta, te odgođenom implantacijom nakon 6-9 mjeseci.

Visina koštanoga grebena >4 mm određuje bočni pristup u sinus s nadogradnjom koštanoga defekta i istodobnom implantacijom. U oba postupka bočnoga pristupa sinusnoj šupljini koštani se defekt pokriva bioresorptivnom kolagen membranom (Bio-Gide).

U slučaju visine koštanoga grebena > 6-7 mm, primjenjuje se tzv. ostetom tehnika podizanja dna sinusa kroz ležište usatka i istodobnom implantacijom. Ta je metoda unutarnja, za razliku od ostalih koje su vanjske.

Kirurškim metodama podizanja dna sinusa postiže se povećani čeljusni greben u gornjoj čeljusti. Dovoljno dugački i široki usadci ugrađeni u takvu kost sposobni su izdržati jake žvačne sile toga područja i vratiti pacijentu funkcionalnost te fonetski i estetski nedostatak uzrokovan gubitkom stražnjh zuba gornje čeljusti.

Surgical Procedures for Lifting the Floor of the Sinus (Sinus Lifting) by the Insertion of an Implant in the Area of the Upper Jaw

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In a great number of cases implantoprosthetic rehabilitation in the upper jaw is difficult, as extensive resorption of bone occurs as a consequence of pneumatisation of the maxillary sinus following the loss of teeth. The surgical technique of lifting the sinus floor consists of the elevation of the sinus floor cranially and reinforcement of the bone defect in order to create sufficient height and width of the alveolar ridge for implant insertion.

Material used for reinforcement of the bone defect is a combination of autologous bone with heterologous bone, in this case non-proteinised beef bone (Bio-Oss) in granules. The ratio of mixing autologous and heterologous bones 20 : 80 shows good clinical results. The choice of technique for sinus floor lifting is determined by the height of the alveolar ridge, i.e. sinus floor, If the height of the bone ridge is < 4 mm, we apply lateral approach into the sinus through the trepanation opening, with lifting of lateral bone lamella in the sinus and reinforcement of the bone defect and delayed implantation after 6-9 months.

The height of the bone ridge > 4 mm determines the lateral approach into the sinus with reinforcement of the bone defect and simultaneous implantation. In both cases of lateral approach to the sinal cavity the bone defect is covered by bio-resorptive collagen membrane (Bio-Gide).

In the case of bone ridge height > 6-7 mm, so-called osteotomy technique is applied with lifting of the floor of the sinus through the implant support and simultaneous implantation. This method is internal, as opposed to the others, which are external.

Surgical methods for lifting the floor of the sinus achieve an enlarged jaw ridge in the upper jaw. Sufficiently long and wide implants inserted in such bone are capable of withstanding the powerful masticato-