

developed infection and rejection of the granules, and repeated inflammatory problems lasted for two months after the intervention. No other patient showed complications, and the renewal of bone structure was completed in the period from 4 to 6 months after the intervention. The presented examples and their comparison with the results obtained by methods of excochleation and decortication of the jaw, or excochleation and permanent post operational suction, favour the application of resorptive tricalcic phosphate, particularly in the treatment of large traumatic bone cavities. This method ensures faster establishment of the expected bone structure than other applied methods.

Problematika implantacije u distalnoj regiji atrofične gornje čeljusti - implantacijske tehnike i prikazi slučajeva

M. Krmpotić, D. Jelušić, Zagreb, Opatija

Klinička bolnica Dubrava, Av. G. Šuška 6, 10000 Zagreb, mkrmpotic@kbd.hr

Ugradnja usatka u distalnu regiju atrofične gornje čeljusti obično je tehnički zahtjevan kirurški zahvat. Problem najčešće stvara nisko spušten maksilarni sinus. U prezentaciji su prikazane osnove sljedećih kirurških tehnika: 1. zaobilaženje sinusa - ugradnja usatka uza sam medijalni zid sinusa (bez penetracije u sinusnu šupljinu) s blagom distalnom inklinacijom; 2. transkrestalna kondenzacija dna sinusa osteotomima (Summers- tehnika)- kombinirana preparacija svrdlima i osteotomima uz završnu osteotomiju dna sinusa bez perforacije sluznice; 3. otvorena metoda podizanja dna sinusa vestibularnim pristupom - klasičan način pristupom kroz prozor u vestibularnome zidu sinusa, preparacija i potiskivanje sluznice te ugradnja materijala za augmentaciju (istodobno s ugradnjom usatka ili dvofazno).

Svaka metoda popraćena je prezentacijom kliničkih slučajeva.

Poznavanje svih triju metoda omogućuje iskusnom kliničaru riješiti sve situacije u implantološkom liječenju distalnih regija gornje čeljusti.

The Problems Of Transplantation In The Distal Region Of The Atrophic Upper Jaw - Implantation Techniques And Case Presentations

Krmpotić M., Jelušić D., Zagreb, Opatija

University Hospital "Dubrava", Av. G. Šuška 6, 10000 Zagreb, mkrmpotic@kbd.hr

The insertion of an implant in the distal region of the atrophic upper jaw is usually a technically demanding surgical intervention. Most commonly the problem is a lowered maxillary sinus. The presentation describes the bases of the following surgical techniques: 1. bypassing the sinus - insertion of the implant alongside the medial wall of the sinus (without penetration into the sinus cavity), with slight distal inclination; 2. transcrestal condensation of the sinus floor by osteotomes (Summers-technique) - combined preparation by drills and osteotomes with final osteotomy of the sinus floor without perforation of the mucous membrane; 3. open method of lifting the sinus floor by the vestibular approach - classical method of approach through the opening in the vestibular wall of the sinus, preparation and pressing of the mucous membrane, and inserting of material for augmentation (simultaneously with the insertion implant, or in two phases). Each method is supplemented with a presentation of clinical cases.

Knowledge of all three methods enables the experienced clinician to solve all situations in implantological treatment of distal regions in the upper jaw.