

## Kliničko i radiološko ispitivanje koštanoga defekta nakon uporabe $\beta$ trikalcij-fosfata - prikaz dvaju slučajaja

Filipović Zore I<sup>1</sup>, Knezović-Zlatarić D<sup>2</sup>, Ivasović Z<sup>1</sup>, Šiljeg J.<sup>1</sup>

<sup>1</sup>Zavod za oralnu kirurgiju, Stomatološki fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

<sup>2</sup>Zavod za stomatološku protetiku, Stomatološki fakultet Sveučilišta u Zagrebu, Zagreb, Hrvatska

Cijeljenje koštanih defekata čeljusti s rekonstrukcijom ili bez nje do danas daje samo razmjerno zadovoljavajuće rezultate. Veliki koštani defekti popunjavaju se različitim vrstama koštanih usadaka (autologni, homologni, ksenogeni i aloplastični). Idealan koštani usadak poticao bi stvaranje nove kosti, stvorio bi čvrstu vezu s podlogom i sam bi nakon ugradnje poprimio značajke kosti.

U radu je prikazano cijeljenje koštanih defekata čeljusti nakon cistektomije u dva pacijenta. Cistični su defekti po veličini bili na granici zadovoljavajućeg cijeljenja preko krvnog ugruška, pa je za rekonstrukciju uporabljen ChronOS<sup>TM</sup>. To je aloplastični usadak koji bi trebao pripomoći cijeljenju koštanoga defekta. ChronOS<sup>TM</sup> prema dosadašnjim referentnim istraživanjima pokazuje vrlo dobru biokompatibilnost, dobra mehanička svojstva, resorptivan je i oseoinduktivan.

Praćenje pacijenata je kliničko i radiološko. Radiološki su pacijenti obrađeni preoperativno, postoperativno i šest mjeseci nakon operacije. Svi ortopantomogrami standardizirani su bakrenim kalibracijskim klinom radi mikrodensitometrijskih mjerenja gustoće kosti.

## Clinical and Radiographic Investigation of Bone Defect Following the Application of $\beta$ Tricalcium Phosphate - Report of Two Cases

Filipović Zore I<sup>1</sup>, Knezović-Zlatarić D<sup>2</sup>, Ivasović Z<sup>1</sup>, Šiljeg J.<sup>1</sup>

<sup>1</sup>Department of Oral Surgery, School of Dental Medicine University of Zagreb, Zagreb, Croatia

<sup>2</sup>Department of Prosthodontics, School of Dental Medicine University of Zagreb, Zagreb, Croatia

The healing of bone defects with or without reconstruction today is relatively satisfactory. Large bone defects of the jaw, so far, have been filled with various types of bone implants (autologous, homologous, xenogenic and alloplastic).

The best implant will be after implantation in bone defects, would stimulate the formation of bone, form and firm connection with the base and have the characteristics of bone.

The investigation included two patients with large bone defects after removal of jaw cysts. To fill the bone defects we used bone substitute Chron OS<sup>TM</sup>.

Chron OS<sup>TM</sup> is synthetic  $\beta$  tricalcium phosphate. It is an alloplastic bone implant. Previous investigations showed that Chron OS<sup>TM</sup> is osteoconductive, resorbable and highly biocompatible with compressive strength similar to the compressive strength of cancellous bone.

Results are presented on the basis of clinical follow-up and X-ray performed preoperatively, postoperatively and after six months.

The patients were screened using panoramic X-rays standardised with copper stepwedge. Using microdensitometric method all the measured values were expressed in the equivalents of actual copper stepwedge thickness.