
Klinička iskustva s okomitim povećanjem kosti

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Da bi se zubni usadak trajno usidrio, nužno je da postoji dovoljno kosti za očekivanu oseointegraciju. Nema li dovoljno kosti, moramo pokušati pojačati strukturu. To nije teško postići u horizontalnom smjeru, no često je nepouzdana kada se obavlja u visinu. Opisane su različite metode, no malo ih ima dobru prognozu. Kliničko je iskustvo pokazalo da je blok-augmentacija s pomoću autologne kosti - barem kada je riječ o gornjoj čeljusti - ili distrakcija vertikalne kosti unutarnjim ili vanjskim distraktorom nadmoćna svim ostalim metodama.

Clinical Experience with Vertical Bone Augmentation

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A permanent anchorage of dental implants needs sufficient bone for the expected osseointegration. If there is not enough bone we have to try to augment the structure. This is not difficult in the horizontal direction but often unreliable in the height. Different methods are described, and only a few with good prognosis. Clinical experience has shown that block- augmentation with autologeous bone- at least for the upper jaw- or vertical bone-distraktion with internal or external distractors in superior to all other methods.

Rehabilitacija potpune bezubosti s fiksnim odnosno mobilnim radovima na usadcima - iskustva i prognoze

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Potpun gubitak zuba uzrokuje dramatične promjene alveolarne kosti. Nedostatak kosti u vertikalnom i sagitalnom smjeru stalan su izazov stomatolozima jer ograničavaju mogućnosti liječenja. Razumljiva je želja pacijenta da se trajno rehabilitira, no mogućnosti su često ograničene zbog lokalne situacije. Kirurški postupci za povećanje koštanog ležišta opsežni su i skupi, a potpuni mostovi često razočaravaju i s estetskog i s funkcijskog stajališta. Mobilni mostovi i proteze bez desni s različitim učvrstnim elementima čine se u mnogim slučajevima prihvatljivijim rješenjem. Klinički slučajevi objašnjavaju problem.

Implant-Borne (Fixed) vs Implant-Supported (Removable) Total Rehabilitation - Experience and Prognosis

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Total toothloss causes a dramatic change in the alveolar bone. Deficits in the vertical and sagittal directions are a permanent challenge to the dentist as, they restrict the possibilities of treatment. The wish of the patient to have a fixed rehabilitation in understandable but often limited due to the local situation. Surgical procedures to improve the bonebed are extensive and costly. Full bridges are often from the esthetical and functional point of view disappointing. Removable bridges or gum-free dentures with very different retention-elements seem to be in many cases the more reliable solution. Clinical cases explain the problems.