
Podizanje DNA sinusa - klasična otvorena metoda vestibularnim pristupom vs. zatvorena metoda transalveolarnom kondenzacijom

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Problem nisko spušenog alveolarnoga recesusa maksilarnog sinusa najčešći je ograničavajući čimbenik prigodom ugradnje dentalnih usadaka u distalne regije gornje čeljusti. Cilj podizanja dna sinusa jest postignuti dovoljnu vertikalnu dimenziju alveolarne kosti za ugradnju usadka. Postoji nekoliko metoda podizanja sinusa. U ovoj prezentaciji opisana su i na temelju vlastita kliničkog iskustva uspoređena dva najčešća načina podizanja sinusa. Prvi je tzv. *klasična, otvorena metoda* vestibularnim pristupom na maksilarni sinus uz trepanaciju prednje stijenke sinusa, preparaciju sluznice sinusa te augmentacije kosti i istodobnu implantaciju dentalnog usadka. Drugi je tzv. *zatvorena metoda* transalveolarne kondenzacije kosti posebnim instrumentima - koštanim potiskivačima, kroz prethodno pripremljeno ležište implantata, također uz istodobnu implantaciju. U prezentaciji su na kliničkim slučajevima prikazane obje metode. Razmatraju se kirurški aspekti te prednosti i nedostaci obje metoda. Zaključak je prezentacije da su obje metode jednako vrijedne i komplementarne u kliničkoj praksi te da je za uspješno bavljenje naprednom dentalnom implantologijom potrebno poznavati obje tehnike.

Elevation of the Sinus Floor- Classic Opened Method Via Vestibular Approach vs. Closed Method by Transalveolar Bone Condensation

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The problem of low alveolar recessus of maxillary sinus is the most frequent limiting factor when implanting dental implants in distal portions of the maxilla. The aim of the sinus lift procedure is to gain enough alveolar bone in vertical dimension. There are several methods of sinus lift operation. In this presentation two of the most often used methods are described and compared on the basis of own clinical experience. First is the so-called, *classic opened method* via vestibular approach to the frontal wall of the maxilla, followed by the trepanation of bone and preparation of sinus mucosa, augmentation of the sinus floor and immediate implantation of the dental implant. Second is the so-called, *closed method* of transalveolar condensation of sinus floor via implant preparation in the alveolar ridge, using special bone condensers. The implant is positioned in the same procedure. One patient treated by classic opened method and 5 more treated by closed transalveolar method are presented. The surgical procedures are described for both methods. The advantages and disadvantages are debated. The conclusion of this presentation is that both methods are of equal clinical value and complementary in many ways. It is necessary to be well trained in using both methods when dealing with advanced dental implantology.