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The safer and easier alveolar bone and gingival regeneration by rhBMP-2

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Socket preservation and ridge augmentation of rhBMP-2 has been introduced during last decade. GBR technique has been well established in bone regeneration. In the no need of barrier membrane, rhBMP-2 graft technique is different with GBR. This has been well proved in animal studies. Instead of the large flap operation for barrier membrane, the tunnel approach and minimal flap could be replaced. Socket graft has usually been covered with the free gingival graft and coronally advanced flap. rhBMP-2 stimulates the proliferation of new blood vessel through VEGF secretion from stem cells. With this function of rhBMP-2, the open wound of socket could be healed with new connective tissue and epitherm. The multiple continuous socket and the multiple wall defected socket were safely healed. Finally, the customized healing abutment and temporary prosthesis could be easy connected for the closure of socket wound without flap operation. The emergence profile of prosthesis could be naturally formed. It has been proved in animal studies that the autogenous bone could be replaced to the synthetic bone with rhBMP-2. It is proved that the tenting effect of implant coated with rhBMP-2 could support the vertical increase of bone height. In atrophic mandibular posterior ridge, implants were placed in level of 3 mm above ridge and rhBMP-2 bone graft was filled up to the top of implant. The grafted bone level was maintained until 6 months after functional loading. Without autogenous bone graft and the healing period of graft, the implant placement and ridge augmentation were simultaneously done. In narrow ridge of mandibular posterior ridge, the attached gingiva is usually diminished. The soft tissue healing effect of rhBMP-2 could increase the width of attached gingiva with combination of healing abutment and tissue expanding sheet instead of free gingival graft.

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