

25th Global Dentists and Pediatric Dentistry Annual Meeting

April 25-26, 2019 | Rome, Italy

Management of patients with atrophic posterior maxillary area for implant placement: A conservative approach

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Statement of the Problem: After extraction of posterior maxillary teeth, the base of the maxillary sinus tends to expand inferiorly by a process called pneumatization decreasing the alveolar bone height. Clinical reports suggest that dental implants placed in the maxilla (especially in the posterior area) have lower survival rates than those in the mandible. Several treatment options have been utilized in the posterior maxilla to overcome the problem of inadequate bone quantity, such as on lay augmentation of the alveolar crest, Le Forte (I) osteotomy with an interpositional bone graft, lateral approach sinus augmentation or osteotome sinus augmentation. The osteotome sinus floor elevation procedure (OSFE), introduced by summers is less invasive, less time consuming and reduces postoperative discomfort to the patient. The purpose of this study is to evaluate osteotome sinus floor elevation with simultaneous implant placement for management of atrophic posterior maxillary area.

Methodology: Dental implants were placed simultaneously with osteotome sinus floor elevation in the posterior maxillary area.

Findings: Endosinus bone gain around the tip of the implant. In this study the osteotome sinus floor elevation with simultaneous implant placement was decreased over all with time for abutment placement and prosthetic functional loading.



Recent Publications

1. Mohammed Omran, et al. Evaluation of platelet-rich fibrin in osteotome sinus floor elevation with simultaneous implant placement. E.D.J. 59(4).

Biography

Mohammed Omran Hamed Mehesen has his expertise in evaluation and management of atrophic posterior maxillary area for implant placement. His conservative approach based on osteotome mediated sinus floor elevation (with or without grafting) with simultaneous implant placement.

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