An Overview on Migration of a Dental Implant into the Maxillary Sinus

Mia Zoey*

Department of Dentistry, Universidad de La Salle, CuauhtØmoc, Mexico

Abstract

This article reports on displaced dental implant that moved into the maxillary sinus. Dental implants placed in the maxilla which was failure due to the low thickness of the maxillary bone and the brevity of the maxillary edge. In addition, deficient implant planning, drilling or installation can undoubtedly prompt difficulties related with the maxillary sinuses. Displacement of dental implants into the maxillary sinus can cause genuine complications.

Key Words: Dental implant, Maxillary sinus, Migration, Dental.

About the study

A 50-year-old Japanese man was referred to our specialization for treatment of a displaced dental implant. At 34 years old years, his right upper second molar was replaced by an implant. After five years, the patient saw mobility of the implant and got back to the dental implant centre. The prosthesis was taken out from the implant, yet the implant was left in position and he went through occlusal reconstruction of the area with an extension bridge. After ten years, he visited another dental office whining of dental caries. An all-encompassing radiograph showed that the affected implant was penetrating the floor of the maxillary sinus [1]. The patient denied removal of the implant. An all-encompassing radiograph required 1 year after the fact uncovered of the implant into the right maxillary sinus, and the patient was then referred to our department.

They eliminated the implant from the right maxillary sinus under local sedation at the patient's solicitation. At the point when the maxillary sinus was opened, the displaced crystal alumina dental implant was viewed as connected to the sinus film, and there were no fiery changes. The patient recovered routinely without any proof of sinus disease [2].

Implants placed in the posterior maxilla, some of the time fails because the bone has thin cortical bone of low thickness. The presence of the maxillary sinus prompts special confusions, including maxillary sinusitis, oroantral fistula, and removal of inserts. There are not many reports of the removal of dental implants into the maxillary sinus. Maxillary sinusitis brought about by a dislodged association screw, which two months after implant position was found to have moved into the maxillary sinus. One more instance of maxillary sinusitis brought about by a dislodged dental implant, fourteen days after implant placement. Both these patients had diseases of the maxillary alveolar bone, and the removal might have been brought about by the destruction of the maxillary sinus floor following an alveolar contamination [3,4].

One happened at the hour of projection association because of non-osseointegration. The difference was noticed two months after implant position in the anterior maxilla, where an autogenously only corticocancellous bone unites had been performed [5].

Conclusion

The author proposed that hidden osteopenia and occlusal powers from the maxillary dental replacement might have contributed to the displacement in the latter case. In our case, the forces acting on the implant are unclear. For our situation, although an encompassing foreign body response might incline to relocation, changes in nasal pneumatic force may likewise influence inserts.

In the event that an implant put in the posterior of the maxilla penetrates the floor of the maxillary sinus, plainly showing an absence of osseointegration, it can undoubtedly move into the sinus without obvious apparent force. In cases for example, this, failed implants should be eliminated right away.

References

1. Quiney RE, Brimble E, Hodge M. Maxillary sinusitis from dental osseointegrated implants. J Laryngol Otol. 1990;104(4):333-334.
2. Mijiritsky E, Mazor Z, Lorean A, Levin L. Implant diameter and length influence on survival: Interim results during the first 2 years of function of implants by a single manufacturer. Implant Dent. 2013;22(4):394-398.
3. Gupta A, Dhanraj M, Sivagami G. Status of surface treatment in endosseous implant: A literary overview. Indian J Dent Res. 2010;21(3):433.
4. Seth S, Kalra P. Effect of dental implant parameters on stress distribution at bone-implant interface. Inter J Sci Res. 2013;2(1):121-124.
5. Lee JH, Frias V, Lee KW, Wright RF. Effect of implant size and shape on implant success rates: A literature review. J Prosthet Dent. 2005;94(4):377-381.

Corresponding author: Mia Zoey, Department of Dentistry, Universidad de La Salle, Cuauhtémoc, Mexico, Email: miazoey653@siu.mx