Clinical Report

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CANCELLOUS SUBSTITUTE

Clinical Report

Sinus Lift(Socket lift)

Vertical and horizontal Augmentation

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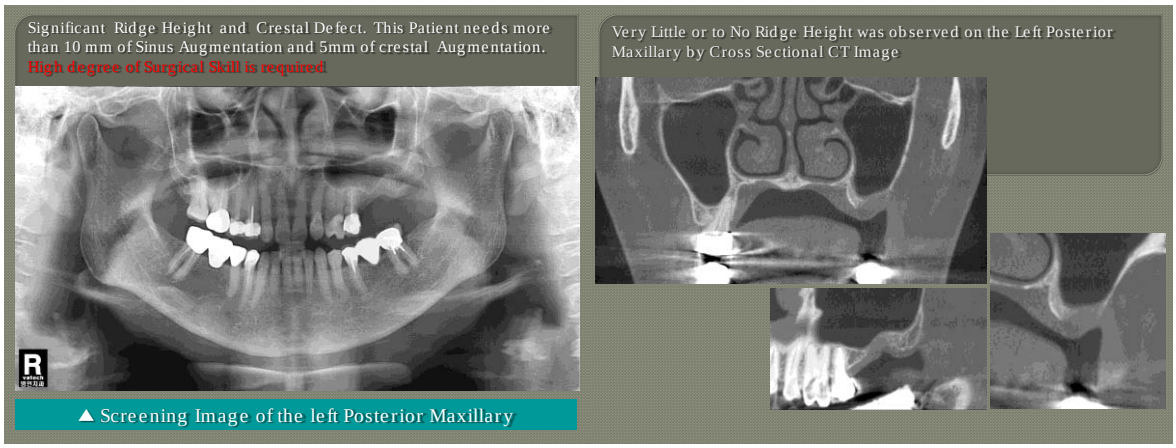
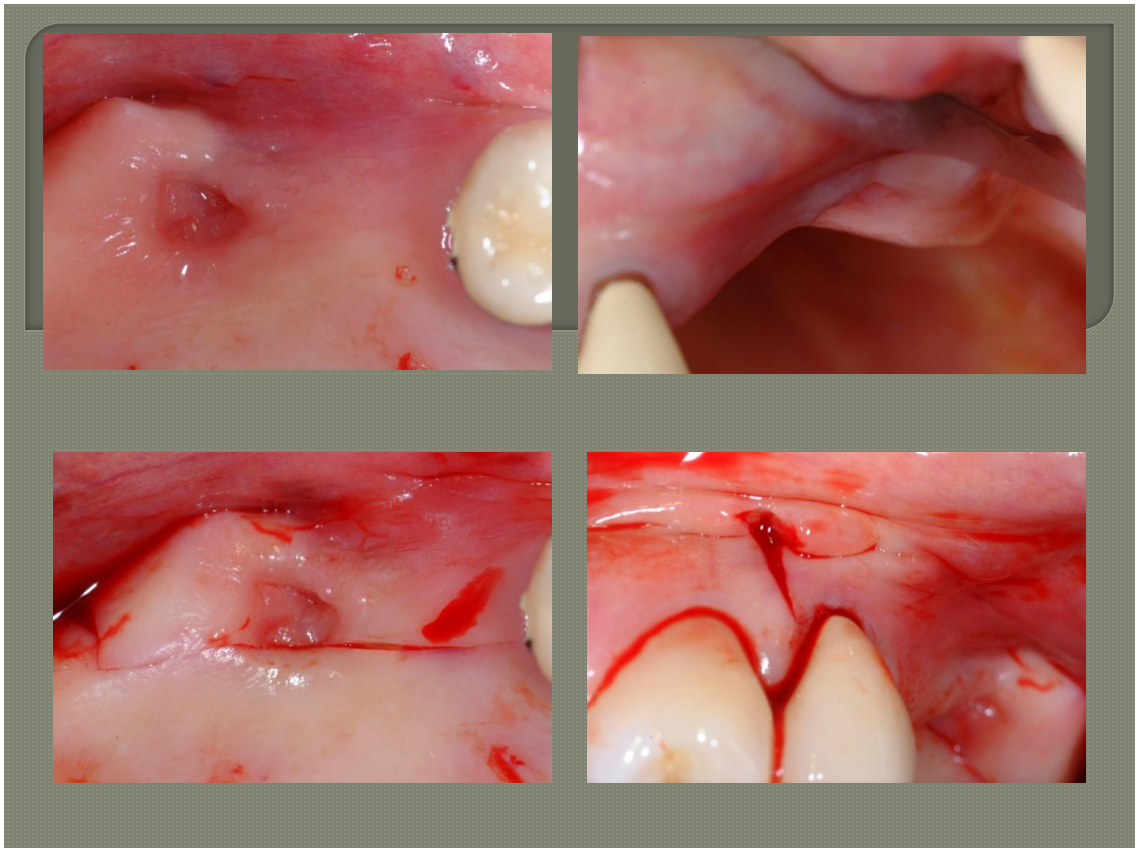
This 61 years old female patient visited dental office to restore maxillary left first and second molar area. Treatment approach chosen for this patient was implant prosthesis. Oral and radiographic examination revealed insufficient alveolar ridge height wiith crestal bony defect.

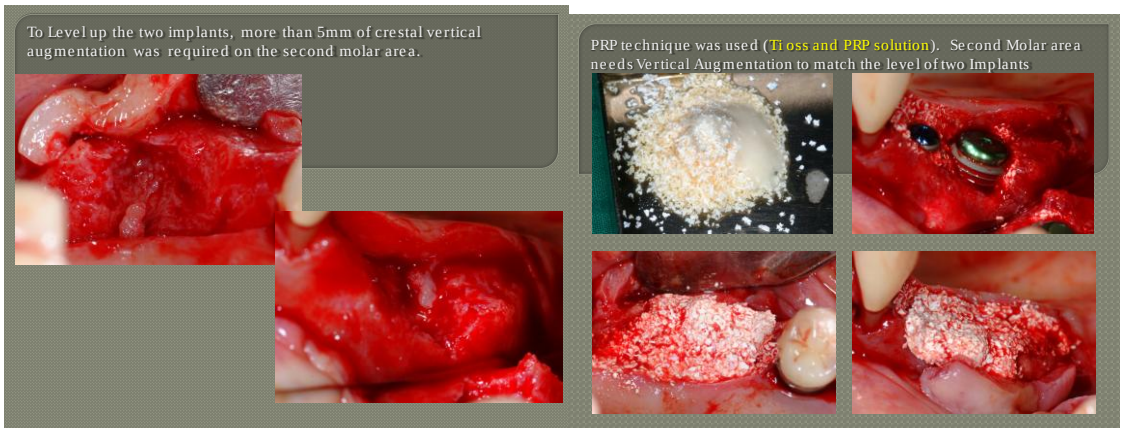


This patient needs Sinus graft(approach through implant prepared site) and crestal vertical augmentation procedure. Ti oss(100% Bovine cancellous bone substitute, Chiyewon co. Korea) and PRP technique were chosen for this purpose.

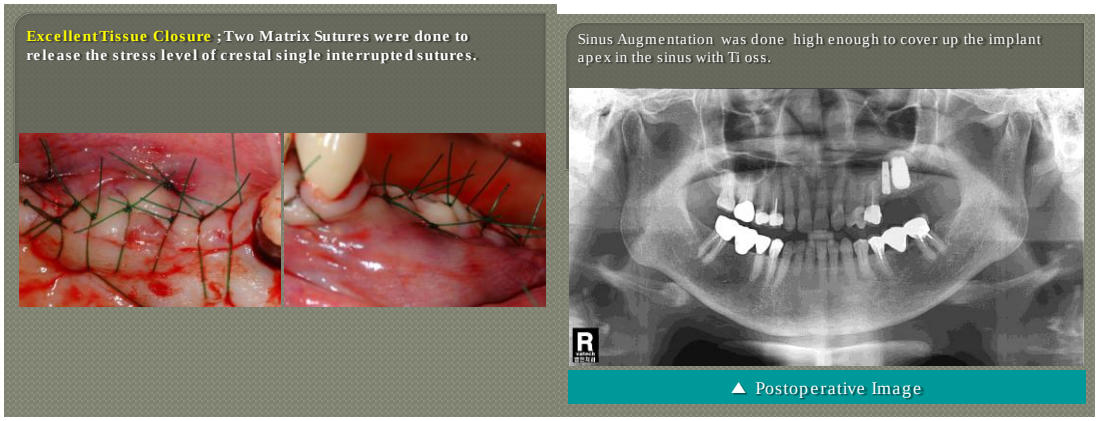


Vertical releasing incision mesial to second premolar and crestal incision distal to second molar

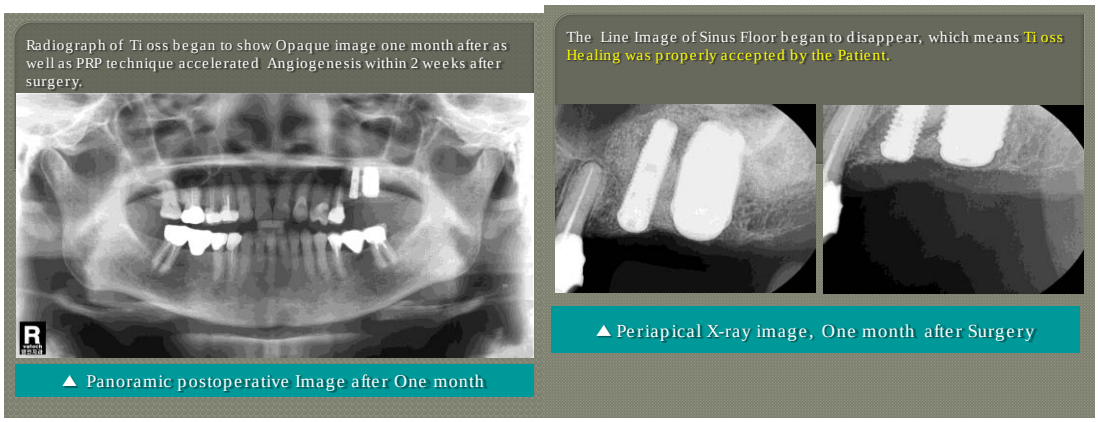
were designed to open the area.



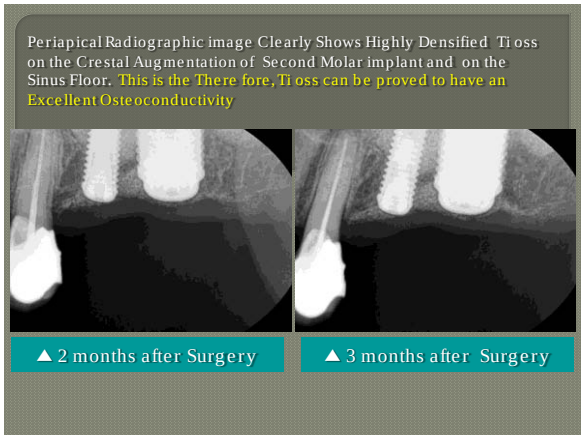
Tissue reflection revealed significant amount of ridge defect(more than 5mm defect) was found on second molar area. PRP and Ti oss mixture was made and was used for vertical build up. Through implant prepared site, Ti oss and PRP mixture was inserted into the sinus cavity after sinus membrane preparation by water pressure technique.



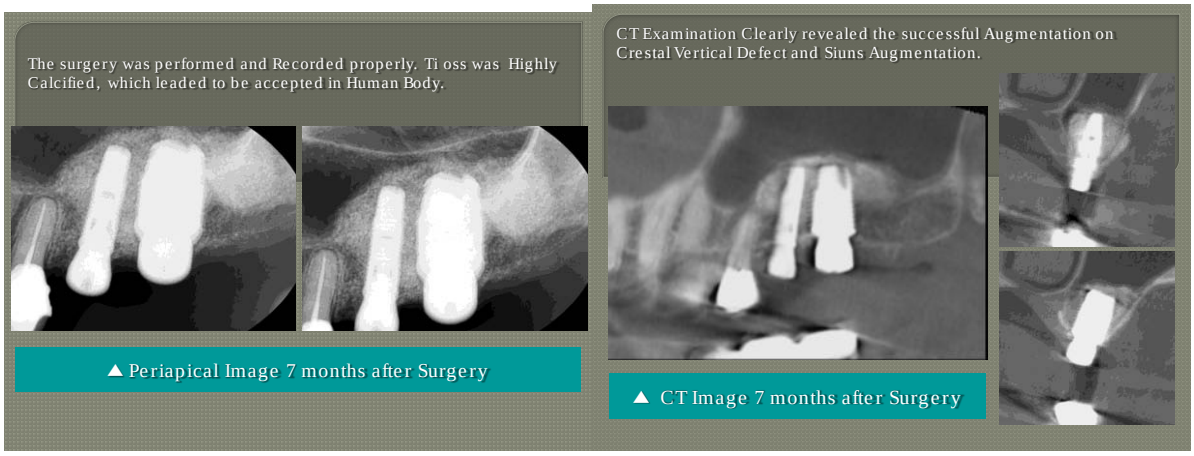
Tissue closure was done with two horizontal matrix suture and interrupted suture. Postoperative panoramic radiograph showed well covered implants with Ti oss and slight opaquish image of Ti oss can be observed in the sins..



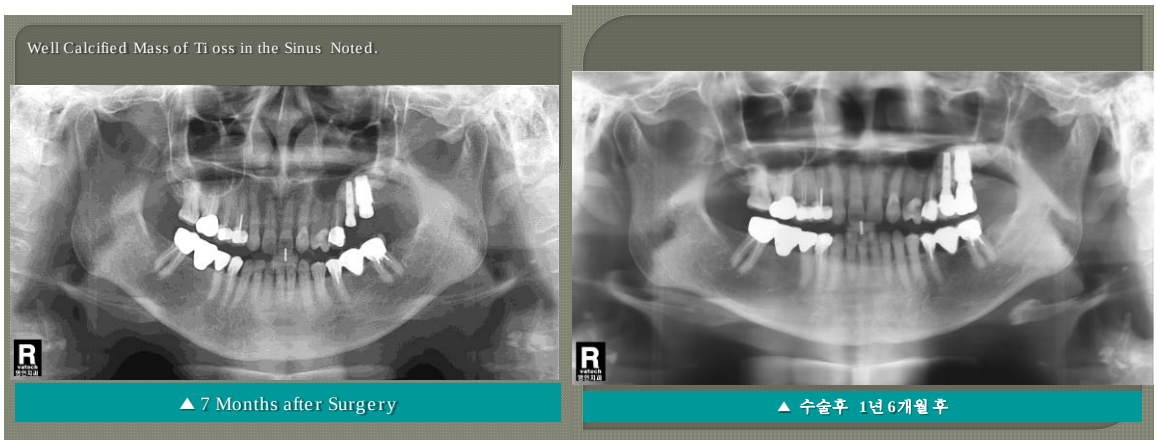
The periapical and panoramic radiograph one month after surgery showed increased density of Ti oss mass and the image of sinus floor began to disappear. This is the proof of graft integration into the sinus cavity. Crestal graft also well stabilized around the implant.



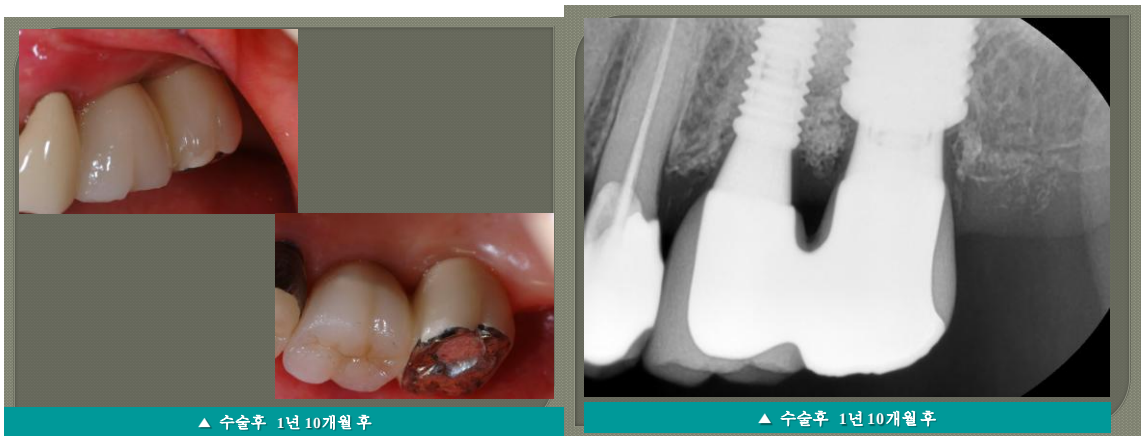
Periapical radiograph after 3 months showed well densified and stabilized Ti oss graft and this is the proof of osteoconductivity of Ti oss.



Second surgery was done after 7 months and healing abutments were connected. All graft was well densified to sustain the functional load. CT images verified three dimensional augmented ridge form and sinus graft.



Panoramic radiograph after 7 months and 1 1/2 years after surgery proved well maintained grafted areas in the sinus and ridge area.

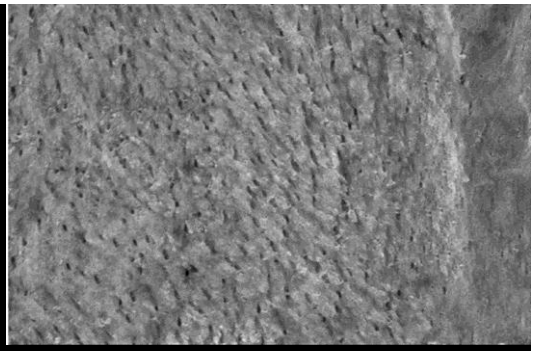


Clinical oral image was excellent and periapical radiograph also proved well maintainted creatal ridge contour after one year 10 months.

Comments;

Radiograph 3 months after surgery is a kind of proof of biocompatibility and safety of Ti oss. Multiporosity, osteoblast preferred surface of Ti oss are contributing factors in this success. Almost 2 years follow up backed up the clinical reliability.

Ti oss 1.2-1.7mm Gold Standard.
100 % Cancellous Angiogenic Stucture



SEM x3000 of Ti oss; Unglassified Osteoconductive

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Introduction of Ti-oss to the world dental society is an honor. We have been researched over 2 years to reach the highest quality, developing new innovative processing techniques. Our goal is to serve dental profession with reliability, safety. ti-oss will strive for the future of tissue engineering and research.

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