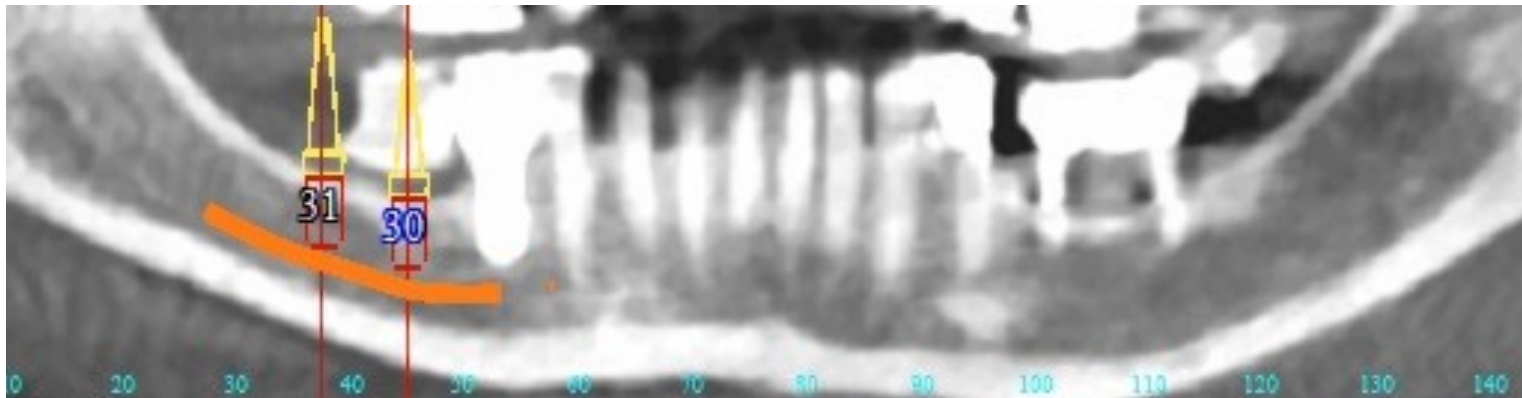




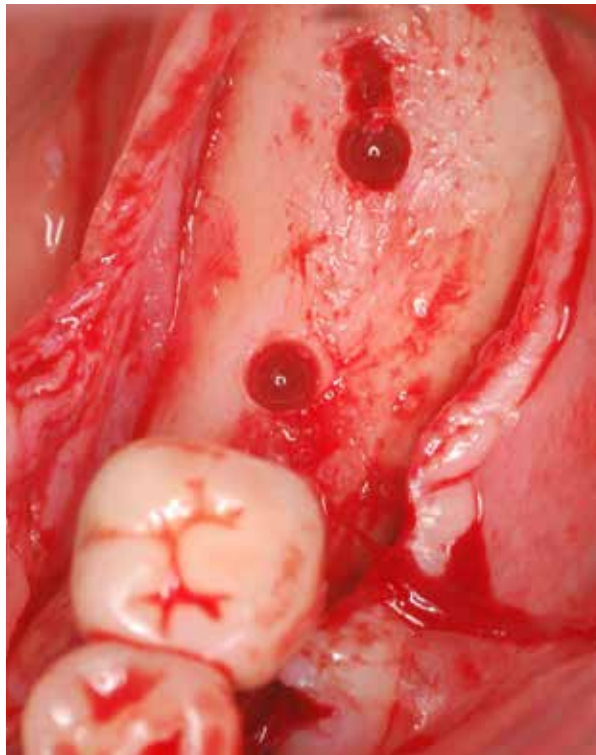
Vertical bone augmentation in the posterior mandible

Case Study

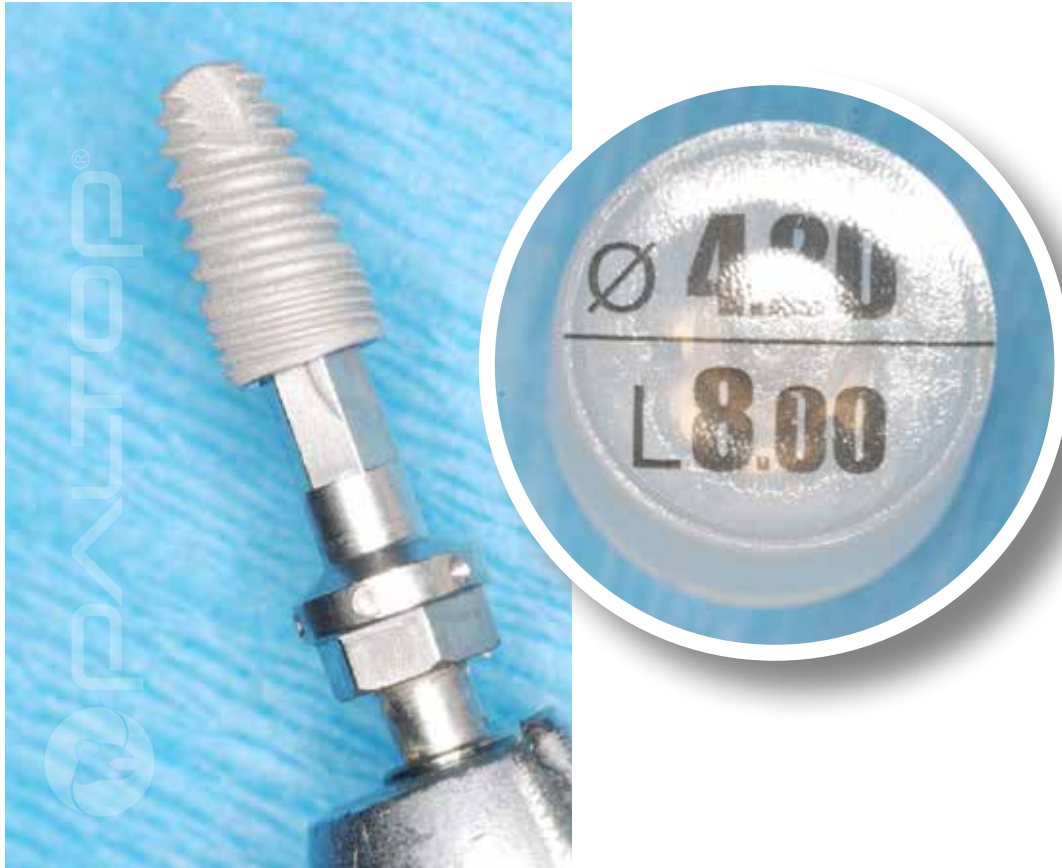
This 50-year-old female patient has inadequate vertical height of bone for implant placement in the posterior mandible.



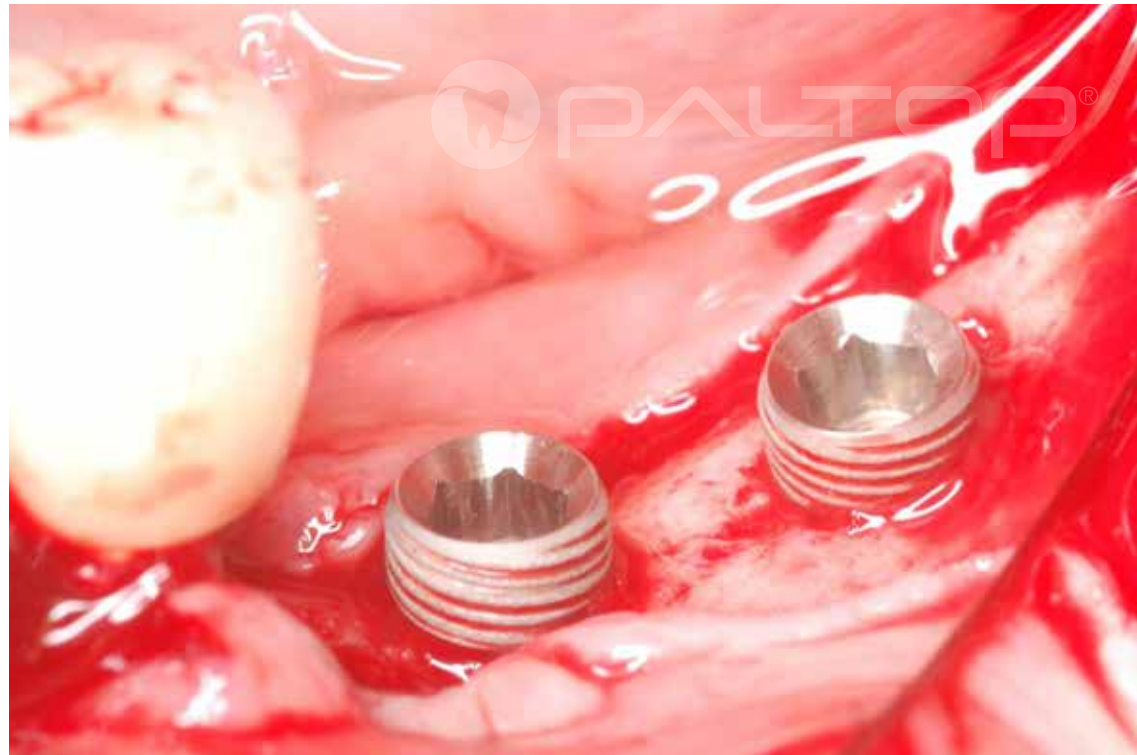
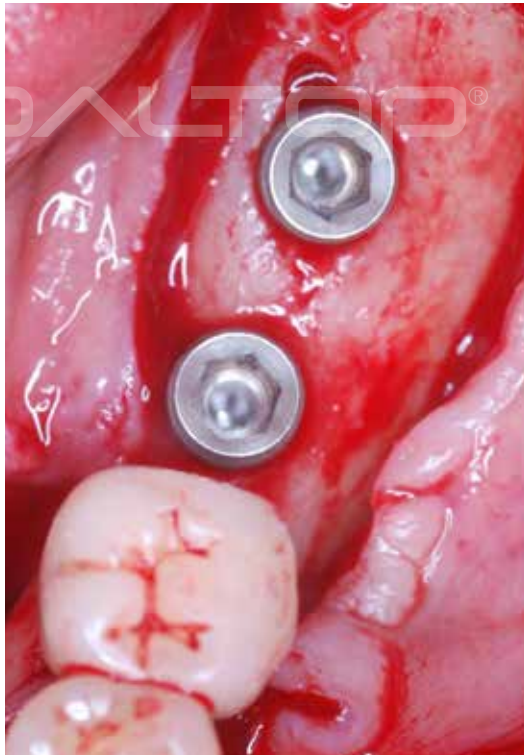
A technique for vertical bone augmentation with simultaneous implant placement was chosen due to the patient's anatomy and the need to add approximately 2mm of vertical height. Initial 6mm depth osteotomies were safely done using the Paltop drill stop kit. A surgical guide was utilized to ensure correct prosthetic placement of the implants.



A Paltop 4.2mm x 8mm length implant was chosen.



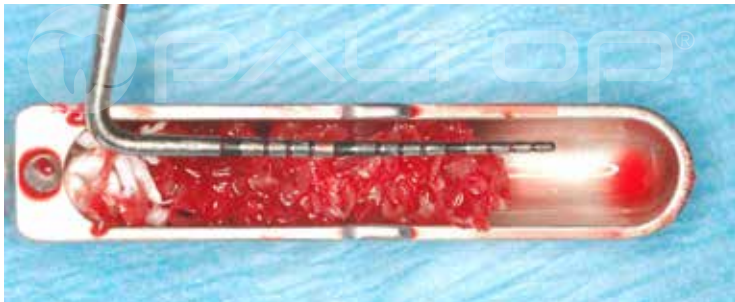
The implant osteotomies were completed to 6mm (determined to be a safe depth by examination of the patient's ct scan), and the 8mm length implants were placed to a 6mm depth.



Venous blood was drawn and spun into platelet rich plasma (PRP)



Cortical strips of autogenous bone were harvested from the patient's ramus. A composite bone graft was made using equal parts of the locally harvested autogenous bone, a xenograft (Bioss), and an allograft (mineralized free dried bone-cortical and cancellous bone chips). The 3 components were mixed and hydrated with the PRP. determine if a final impression may be made.



A PRP (platelet rich plasma) membrane was fabricated.



Using this simple technique, a non-cleansable ridge lap can be converted into a maintainable soft tissue margin.

