

ADVANCED TREATMENT PLANNING: SINUS BLOCKS

Block Grafting is a Necessary Modality for Comprehensive Implant Dentistry
"The use of autogenous bone is the gold standard for grafting deficient implant recipient sites." -Craig Misch DDS

Division A bone: Abundant Bone

- Width >6mm.
- Height >12mm.
- Mesiodistal length >7mm
- Angulation of load <25 degrees
- CHS-crown height space < 15mm

Division B (barely enough)

- 2.5-6mm wide ridge
- B+ ridge 4-6mm wide
- B-W 2.5-4mm ridge width
- Height >12mm
- Angulation <20 degrees
- Crown Height Space <15mm
- Solution: Augment or Plasty

Division C

- Width C-W 0 mm-2.5mm
- Height C-H < 12mm
- Angulation >30 degrees
- Crown height space > 15mm
- Options: Osteoplasty, subperiosteals, augmentation, ramus frame, transosteal.

Division D Bone

- Severe Atrophy
- Loss of basal bone
- Flat maxilla
- Pencil thin mandible
- > 20mm crown height space

Dialogue:

- 4 Dentists-Offered Denture and Partial-They did not listen.
- Severe Depression over pain.
- Can not eat.
- Desperate to smile again.
- WHAT WOULD YOU OFFER?

Deficient Bone in Width: C-H bone

Denture Trauma has led to a flabby ridge.

>25mm space = Hybrid

Options:

- Bar Overdenture
- Hybrid Prosthesis: cemented or screw retained
- Locator denture
- Sub-periosteal implant
- Fixed Bridge – FP3

Foundation, Foundation, Foundation!

- Block Grafting vs. ridge spreading
- PRP
- Modalities to improve success-bioactive modifiers: BMP, PRGF, rhPDGF
- Soft tissue modification
- Symphyseal grafts
- Ramus grafts
- Subantral sinus augmentation

Notes: