

TREATMENT OF THE SEVERE ATROPHIC MAXILLA AND MANDIBLE

TRATAMENTUL ATROFIEI SEVERE DE MAXILAR ȘI MANDIBULĂ

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Treatment of the severe atrophic maxilla is still a challenge to both the surgeon and the prosthodontist. In contrast to the mandible, where most of the cases may be helped by endosseous implants, or in the most severe cases by the TMI (Bosker) implant, it is often necessary to rebuild the maxilla. This may be done by autologous bone transplants (iliac crest, rib, tibia, mandible or calvarium). The use of freeze-dried bone, hydroxyapatite alone or mixed with bone, has also been described, but is still controversial and not used at our Department. Additionally the use of membranes, elevation of the sinus and nasal floor and placement of implants into the pterygoid plate and splitting of the alveolar crest are all options we have available. Different methods using iliac crest in a sandwich technique has also been advocated.

In this presentation iliac crest and mandibular solid block taken in combination with genioplasties, the use of cylindrical plugs where the implants have been osseointegrated in the mandible before they are taken out by a trephine bur and placed in the maxilla, and membrane techniques will be discussed.

In few cases where both atrophy and destruction of the maxillary bone most often following earlier implant failures (subperiosteal and blade implants), we still find the Wallenius method which anchors the prosthesis by means of skin pockets in the base of the nasal cavity to be helpful.
