



Three-Dimensional Bone Reconstruction in the Posterior Mandible Using DFDBA in a Biologic Carrier Matrix and Titanium Mesh

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The concept of Guided Bone Regeneration (GBR) has proven to be a great advantage to the dental practitioner. Regeneration of large bone defects has been a challenge for many clinicians. Many clinical studies have documented the possibilities of GBR procedures and have outlined the technical prerequisites for clinical success.

Presentation

Patient presented with inadequate horizontal and vertical dimension in the right posterior mandible and desired treatment with endosseous dental implants. The site required 3D bone reconstruction for implants insertion to achieve appropriate bone support and aesthetic result.

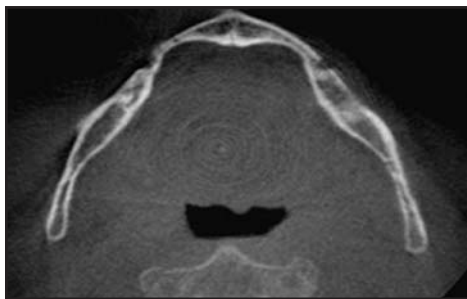


FIG. 1: Axial view of the area to be treated

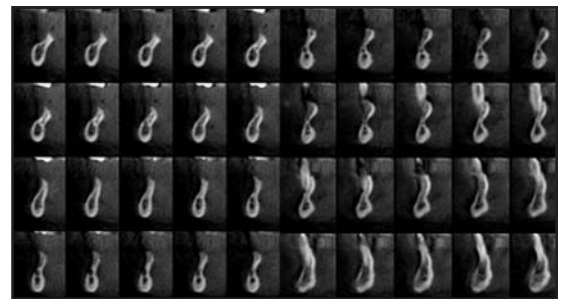


FIG. 2: CT scans of the area to be treated

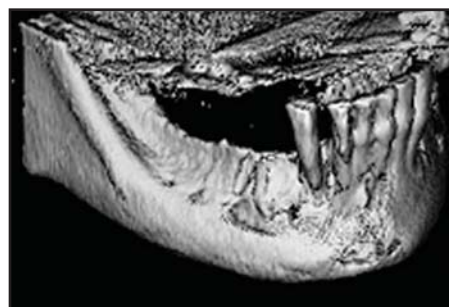


FIG. 3: TC 3D reconstruction of the area to be treated

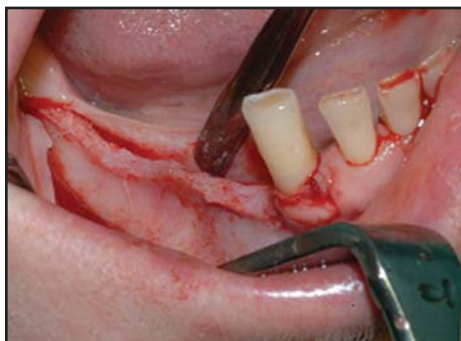


FIG. 4: A full thickness flap was raised with mesial and distal releasing incisions



FIG. 5: Regenaform is placed into Titanium mesh

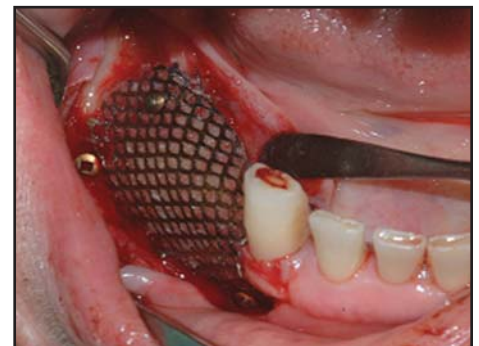


FIG. 6: Placement of Regenaform and fixation of Titanium mesh

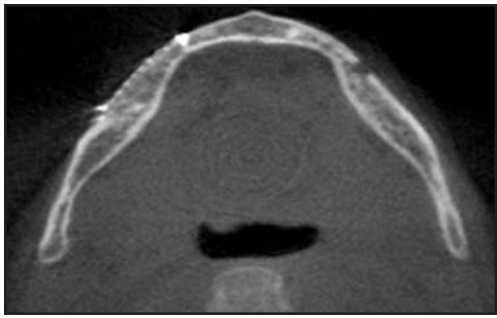


FIG. 7: Axial view of the regenerated site

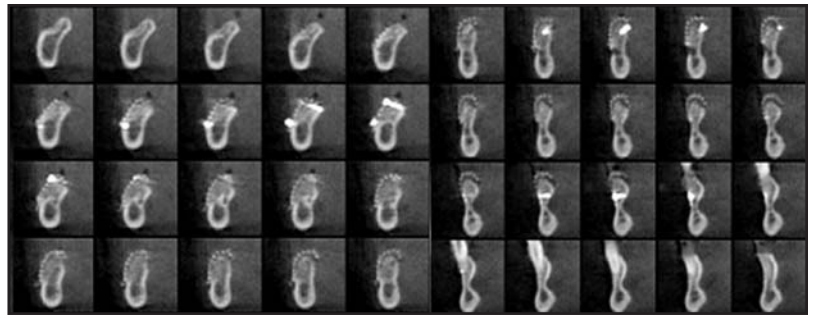


FIG. 8: CT scans of the regenerated site

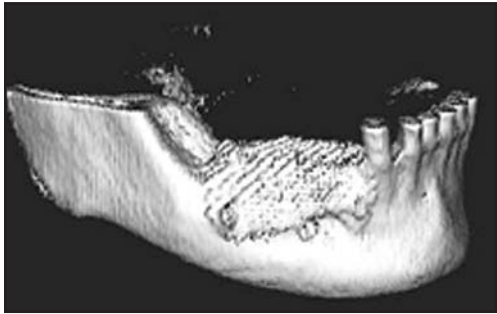


FIG. 9: TC 3D reconstruction of the regenerated site: lateral view

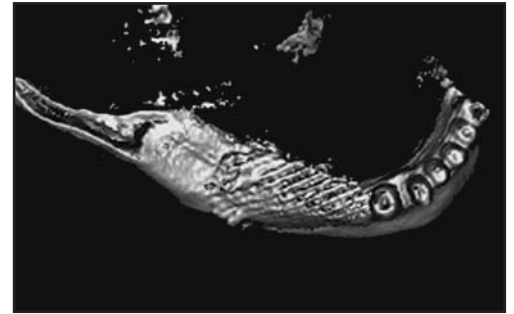


FIG. 10: TC 3D reconstruction of the regenerated site: occlusal view

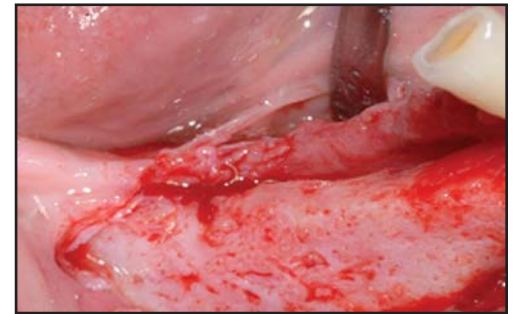
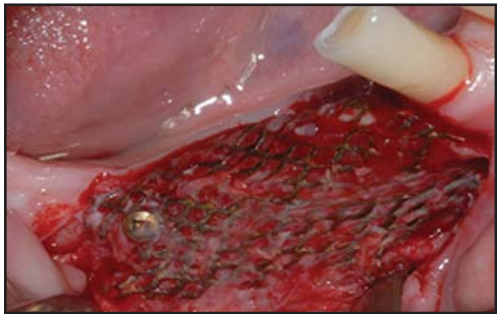


FIG. 11 and Fig. 12: Re-entry at Seven Months after 3D bone reconstruction

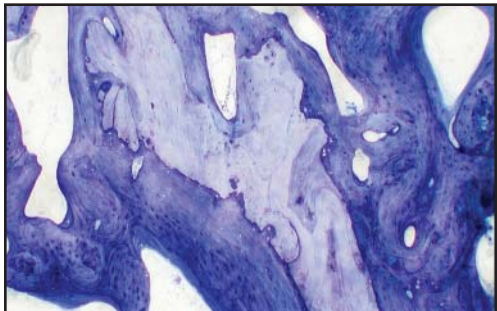


FIG. 13: Histology

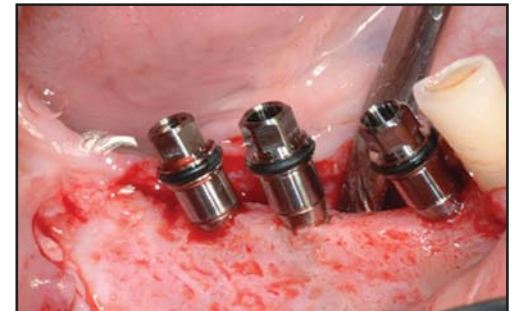


FIG. 14: Placement of implants



FIG. 15: Provisional prosthetic restoration

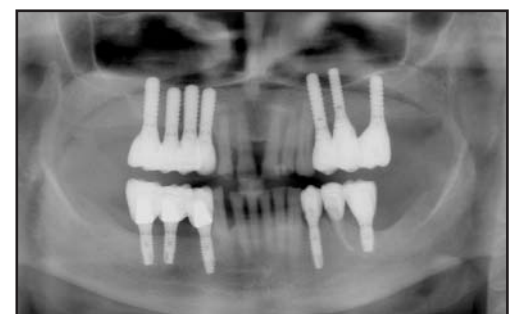


FIG. 16: OPT of definitive prosthesis: 24 months follow-up

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