

Accepted Manuscript



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PII: S0278-2391(16)30254-3

DOI: [10.1016/j.joms.2016.06.008](https://doi.org/10.1016/j.joms.2016.06.008)

Reference: YJOMS 57296

To appear in: *Journal of Oral and Maxillofacial Surgery*

Received Date: 22 March 2016

Revised Date: 6 June 2016

Accepted Date: 6 June 2016

Please cite this article as: Block MS, Improvements in the crestal osteotome approach have decreased need for lateral window approach to augment the maxilla, *Journal of Oral and Maxillofacial Surgery* (2016), doi: 10.1016/j.joms.2016.06.008.

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Improvements in the crestal osteotome approach have decreased need for lateral window approach to augment the maxilla

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Abstract

The use of the crestal approach to augment vertical height of the posterior maxilla for dental implant placement is reviewed in this paper. The review of literature documents the success of using a procedure which has minimal complications associated with it when performed correctly. An algorithmic approach is presented to guide surgeons on using the crestal osteotome approach for posterior maxillary augmentation.

Introduction

Bone availability is the key to successful placement of endosseous implants in the posterior maxilla. When the vertical height of the bone between the maxillary sinus and the alveolar crest is limited, increasing the bone height by grafting will provide support for implants and prosthetic restoration. The resultant graft must provide adequate viable bone to stabilize the implant initially and encourage osseointegration. Materials used for sinus floor grafting include autogenous bone, allogeneic bone, xenograft, and recombinant bone morphogenetic protein (1-4).

The amount of bone available on the alveolar crest dictates the method and material chosen for vertical augmentation in the posterior maxilla. The consensus conference sponsored by the Academy of Osseointegration (5) and other studies indicate that xenografts used by themselves or combined with autogenous bone worked as well as autogenous bone alone (3). This supports

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