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Alveolar ridge preservation after tooth extraction: a Bayesian Network meta-analysis of grafting materials efficacy on prevention of bone height and width reduction

Victor Tu, BS, DMD, Candidate (Class of 2019, Satish Kumar, DMD, MDSc, MS

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## **REVIEW ANALYSIS AND EVALUATION**

### **DECLARATIVE TITLE**

Limited evidence suggests alveolar ridge preservation is more favorable than unassisted socket healing in minimizing alveolar ridge dimensional changes after extraction.

#### REVIEWERS

Victor Tu, Satish Kumar

# ARTICLE TITLE AND BIBLIOGRAPHIC INFORMATION

Alveolar ridge preservation after tooth extraction: a Bayesian Network meta-analysis of grafting materials efficacy on prevention of bone height and width reduction. locca O, Farcomeni A, Pardiñas Lopez S, Talib HS. *J Clin Periodontol* 2017 Jan;44(1):104-14.

### **PURPOSE/QUESTION**

'In tooth extraction sites, do alveolar ridge preservation grafting materials compared to unassisted socket healing influence the buccal height and bucco-lingual width during alveolar bone remodeling?'

# Strength of Recommendation Taxonomy (SORT) Grading

### STRENGTH OF RECOMMENDATION GRADE

Grade B Inconsistent or limited-quality patient-oriented evidence

#### LEVEL OF EVIDENCE

Level 2 Limited-quality, patient-oriented evidence

# SOURCE OF FUNDING

Self-funded by the authors and their institutions

# **TYPE OF STUDY/DESIGN**

Meta-analysis and Bayesian network meta-analysis

#### **KEY WORDS**

Alveolar ridge preservation, Socket preservation, Socket grafting, Socket grafting materials, Bone graft, Autologous bone marrow graft, Allograft, Xenograft, Alloplast

#### Summary

# **Selection Criteria**

Three databases (Medline [PubMed], Cochrane Central Register of Controlled Trials [CENTRAL], and Embase) were searched to specifically find randomized controlled trials (RCTs) up to January 1, 2016. Two reviewers screened article titles and abstracts for 'RCTs on human studies with a minimum of 10 patients total, a minimum 3-month follow-up, outcome measurements ascertained from radiographic techniques or surgical exposure, and published in the English language'. Exclusion criteria included 'medically compromised patients, the use of only cast measurements to assess changes in outcome, and

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