



Ridge Split/Expansion and simultaneous implant placement without GBR

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Abstract:

Insufficient alveolar bone width (bucco-lingual/buc-co-palatal dimension) is a major limitation for successful implant placement. This width decreases 3.8 and 6.1 mm over a period of 3-12 months, respectively (Schropp et al, 2003). One method to achieve ridge augmentation of inadequate alveolar bone width is splitting/expansion (with/without guided bone regeneration) by carefully expanding the cortical plates and maintaining the periosteal attachment. This technique was first introduced in early 1970s for horizontal ridge augmentation by Tatum. There are many criteria for case selection to have a successful surgical and prosthetic outcome, one of them (in my opinion) is to have a parallel cortical plates and the original width should not be less than 3.5 mm.

A case is presented with horizontal ridge augmentation using ridge split and simultaneous implant placement in two regions in the same patient. The first in a single missing maxillary area and the second in 3 mandibular missing teeth area. Using osteotomes in the maxilla and piezosaws with specific ridge split osteotomes in the mandible. In both regions no GBR was required. After 6 months of surgery, prosthetic procedure presumed. Patient was happy and satisfied with the outcome. After 1 year of follow-up the implant was successful aesthetically and functionally and no sensory disturbances were shown.

Clinical photos and CT scan figures showed a case of replacing a missing central incisor by an implant. A comparison between before and after treatment was presented.



Biography

Samar Jambi is PhD Certified consultant in prosthodontics and a Board Certified consultant of

implant dentistry practicing at the North Jeddah Centre of Dental Specialties, Ministry of Health

Jeddah, Saudi Arabia. She has earned the following degrees: 1) Bachelor degree in Dentistry

from King Abdulaziz University, Saudi Arabia (1995). 2) the Master degree in Restorative

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