

Previous Bone Hole Defect in Sinus Lift.

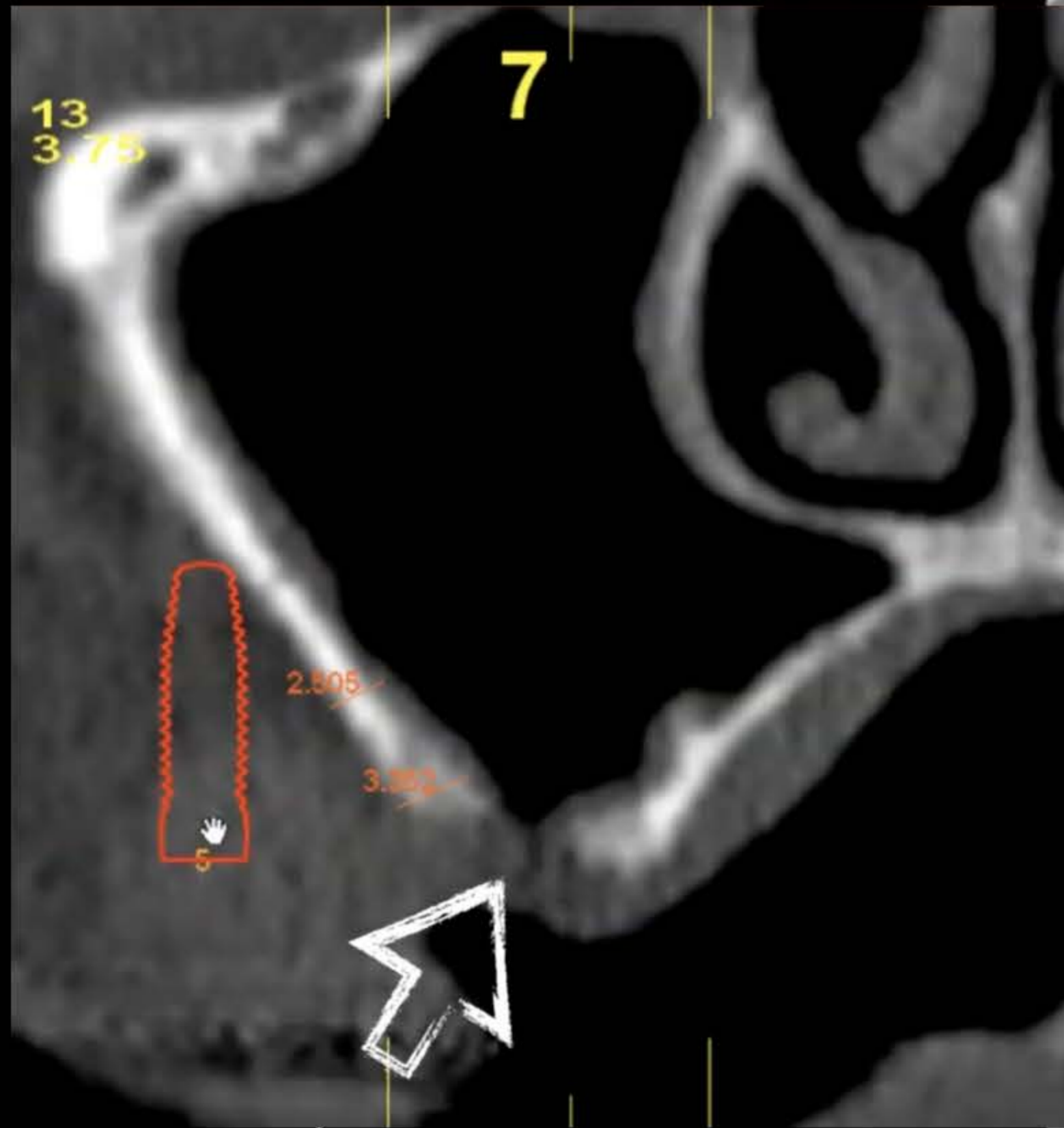
During the CT scan Previous Holes can be detected,
that are Not Oroantral Communications,
but they are a Risk of Perforation of
Schneider's Membrane during Surgery.



 **manuelfere**

Manuel Feregrino Mendez

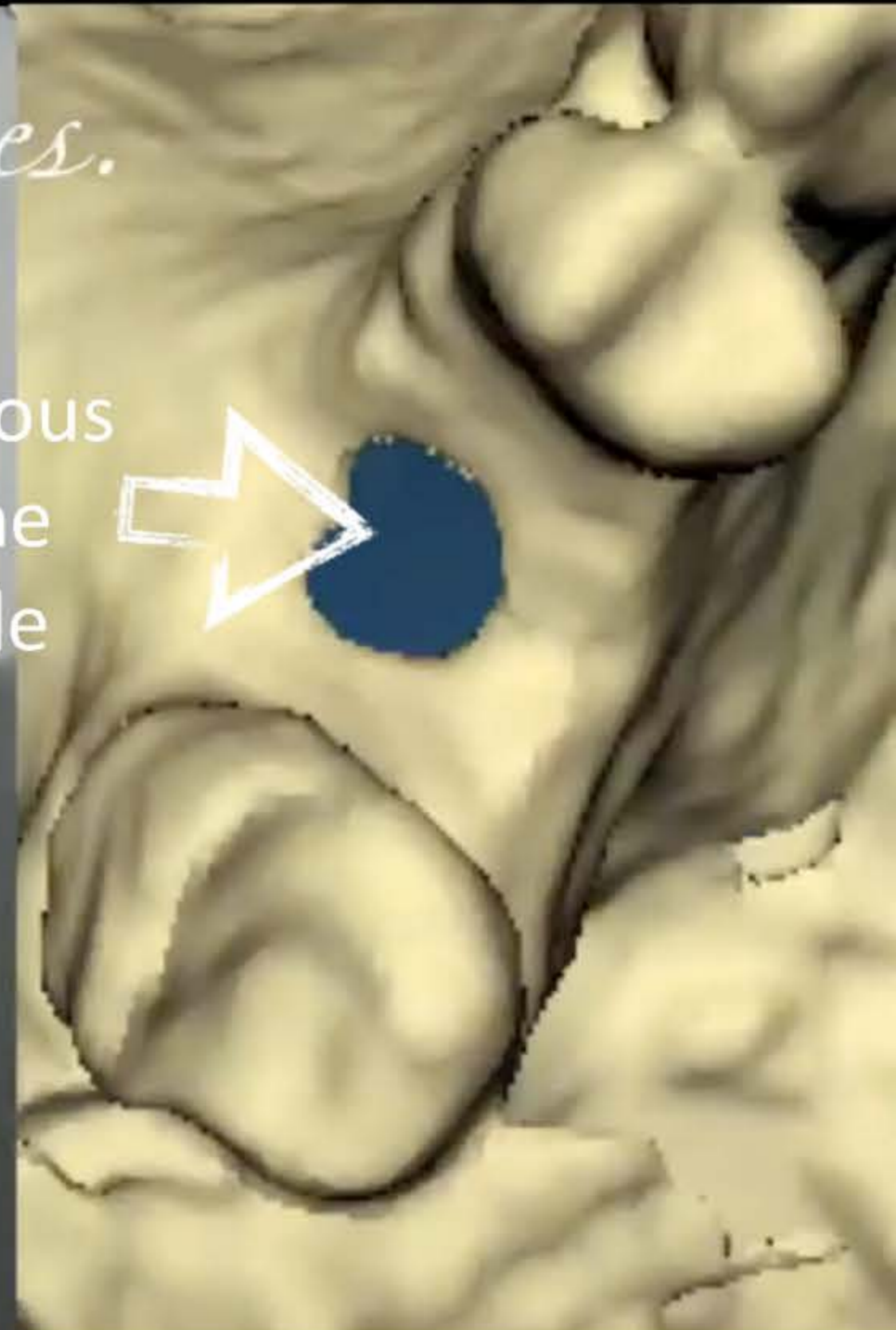
CASE 1. Short implants + sinus lift (previous bone hole)

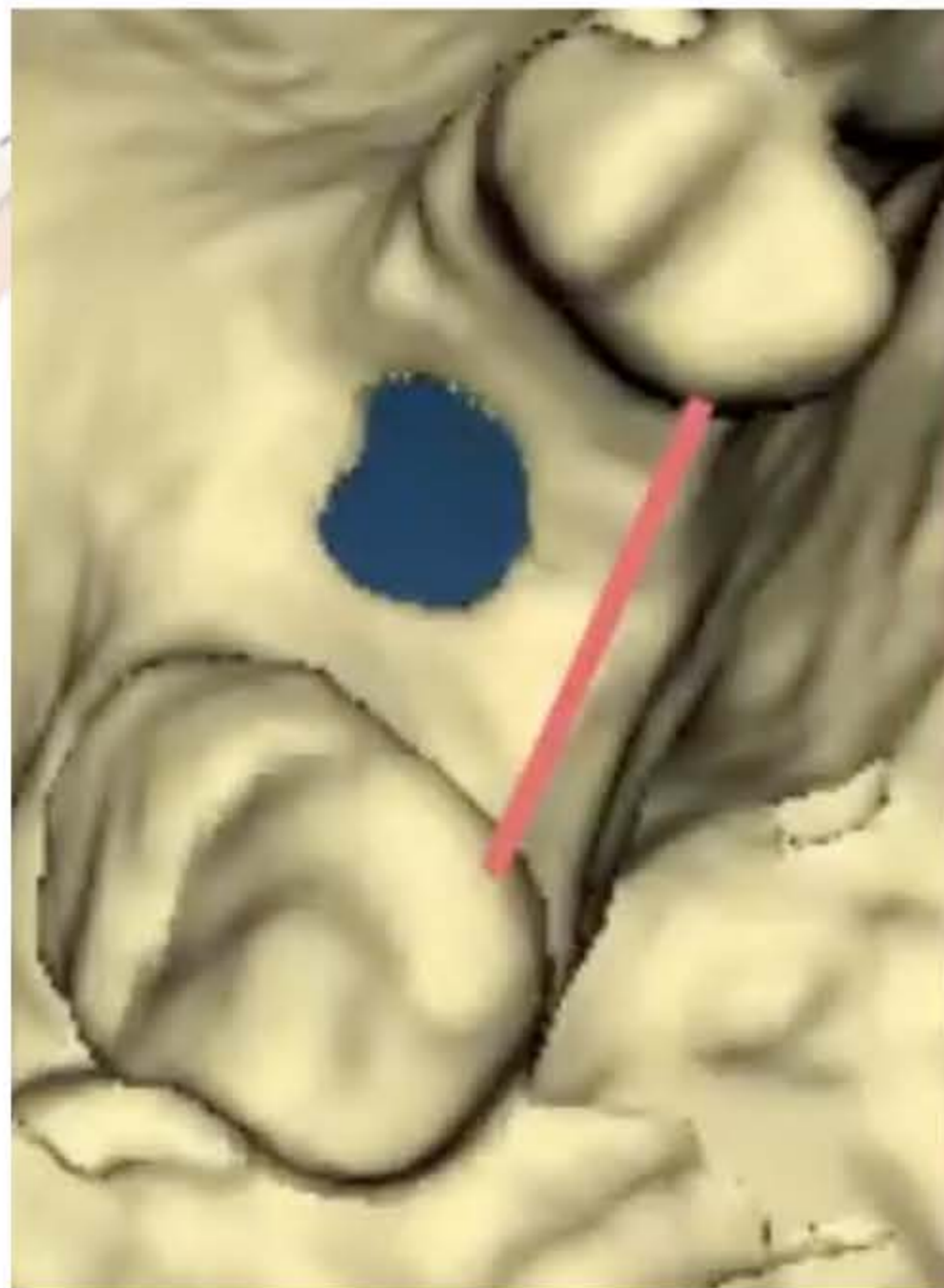
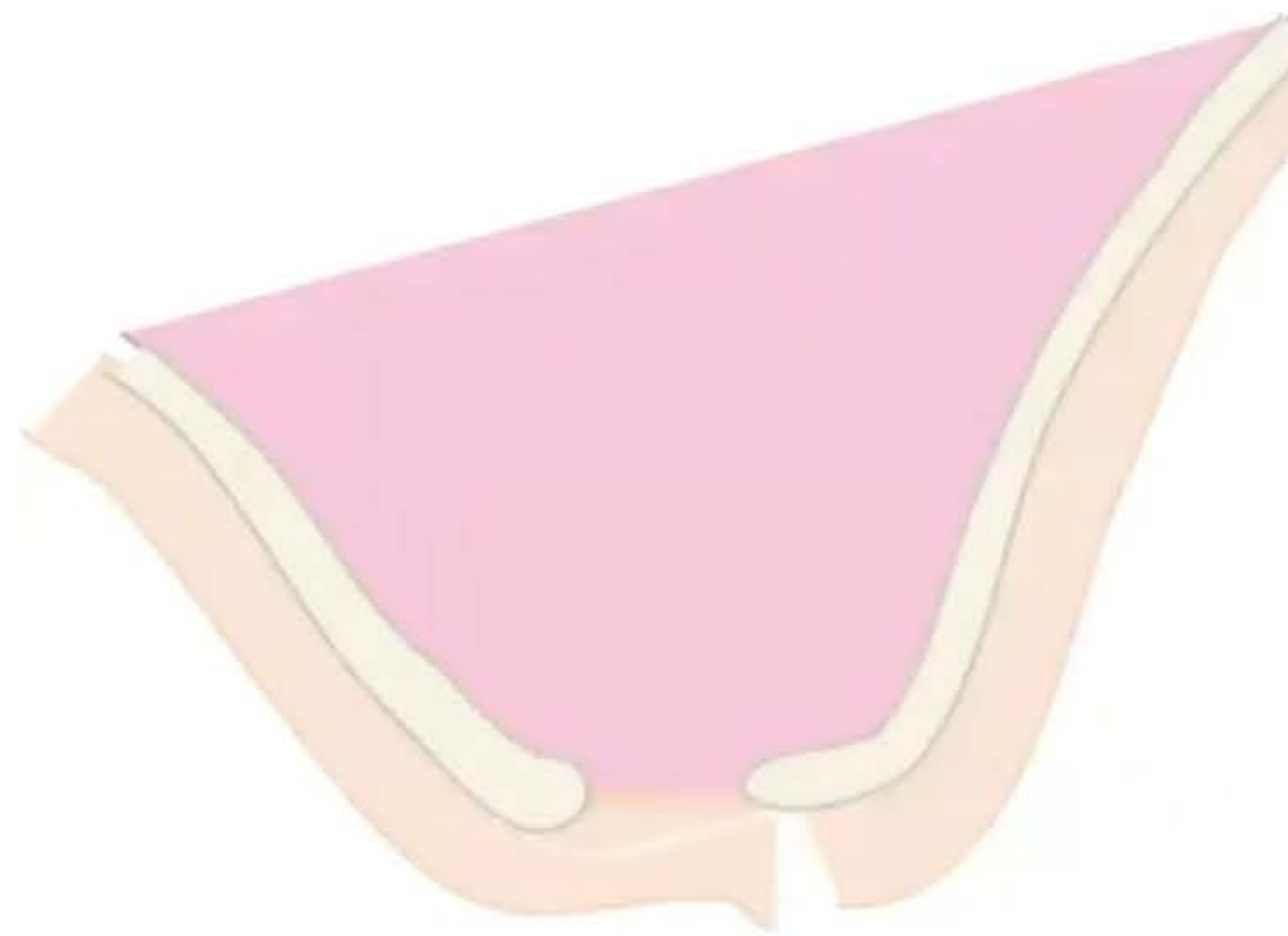


previous
bone
hole

Bone Hole defect / Challenge Cases.

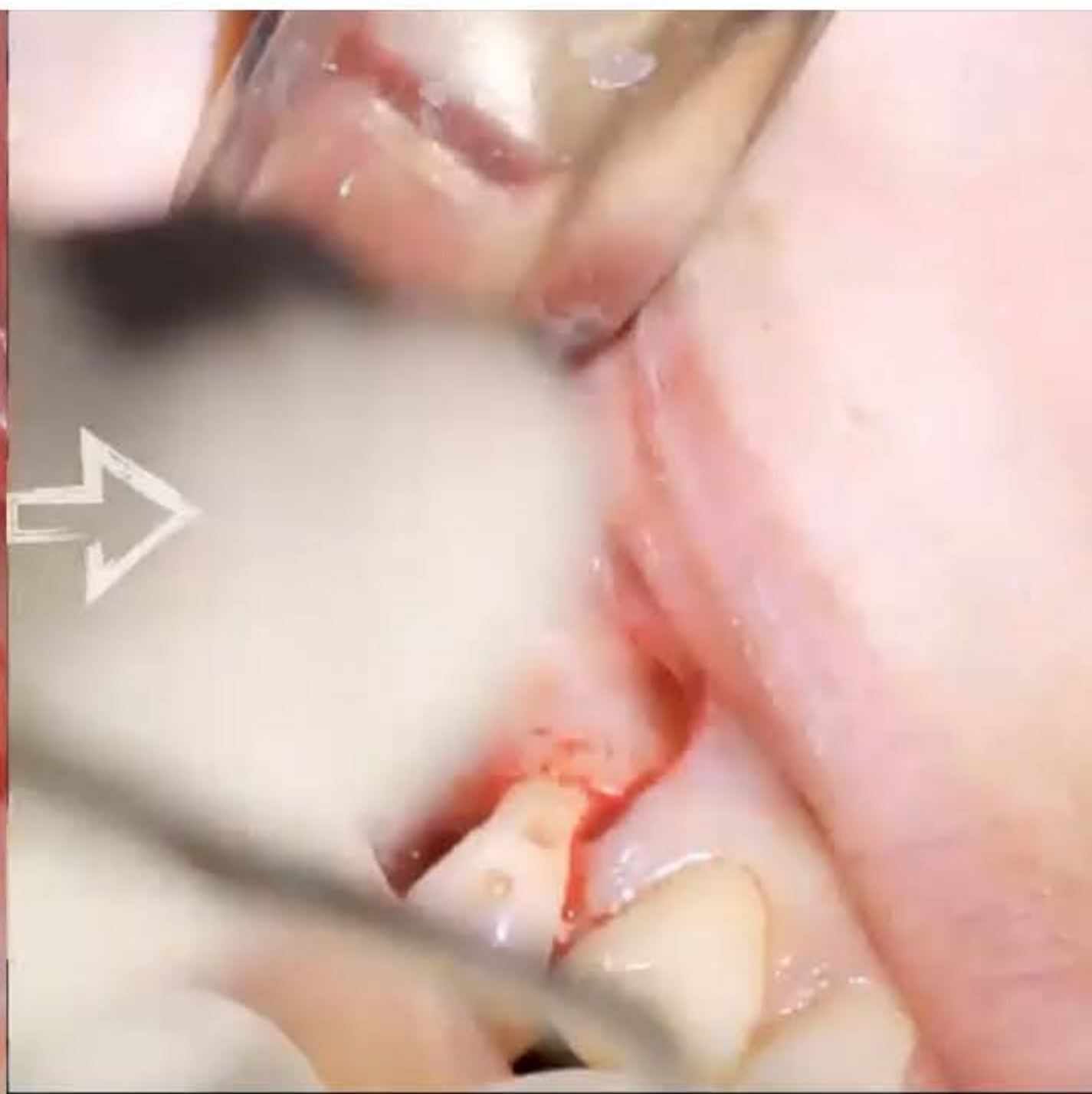
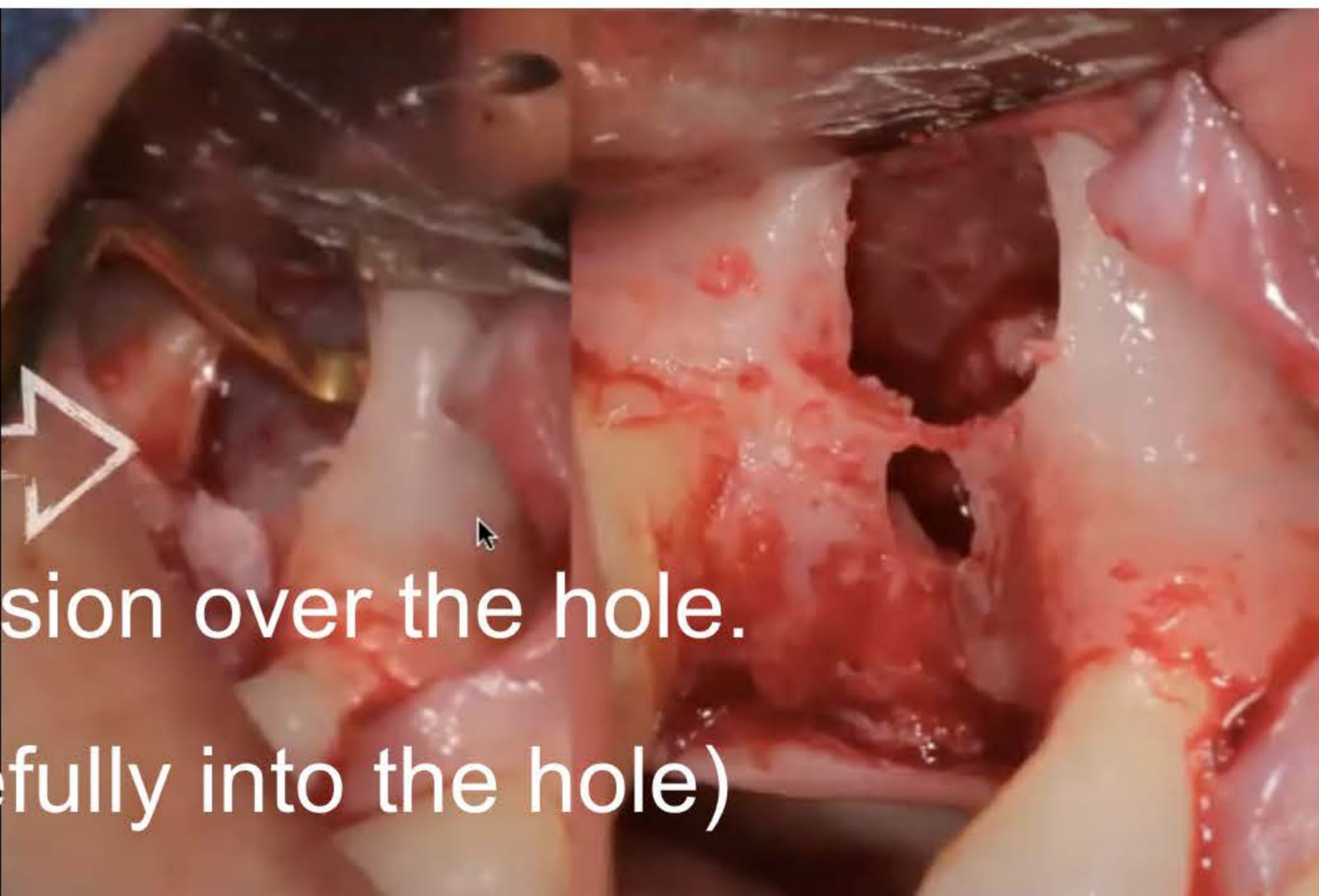
previous
bone
hole



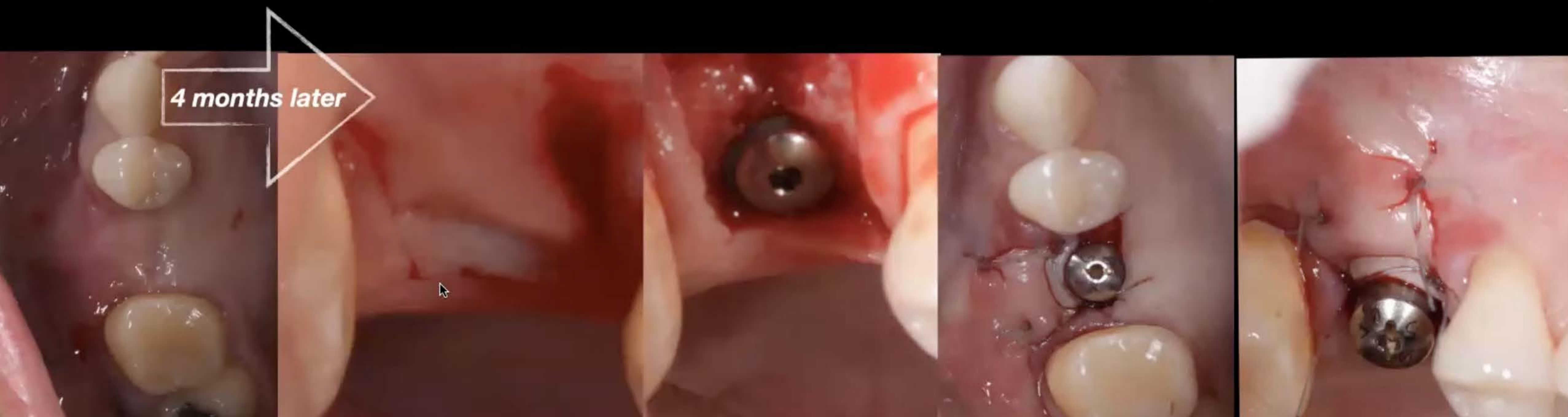
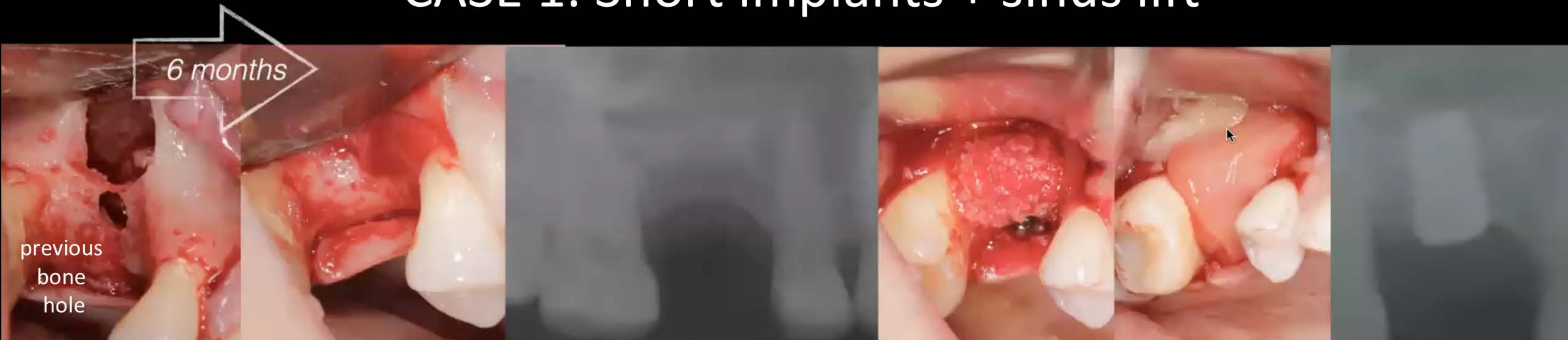


Steps

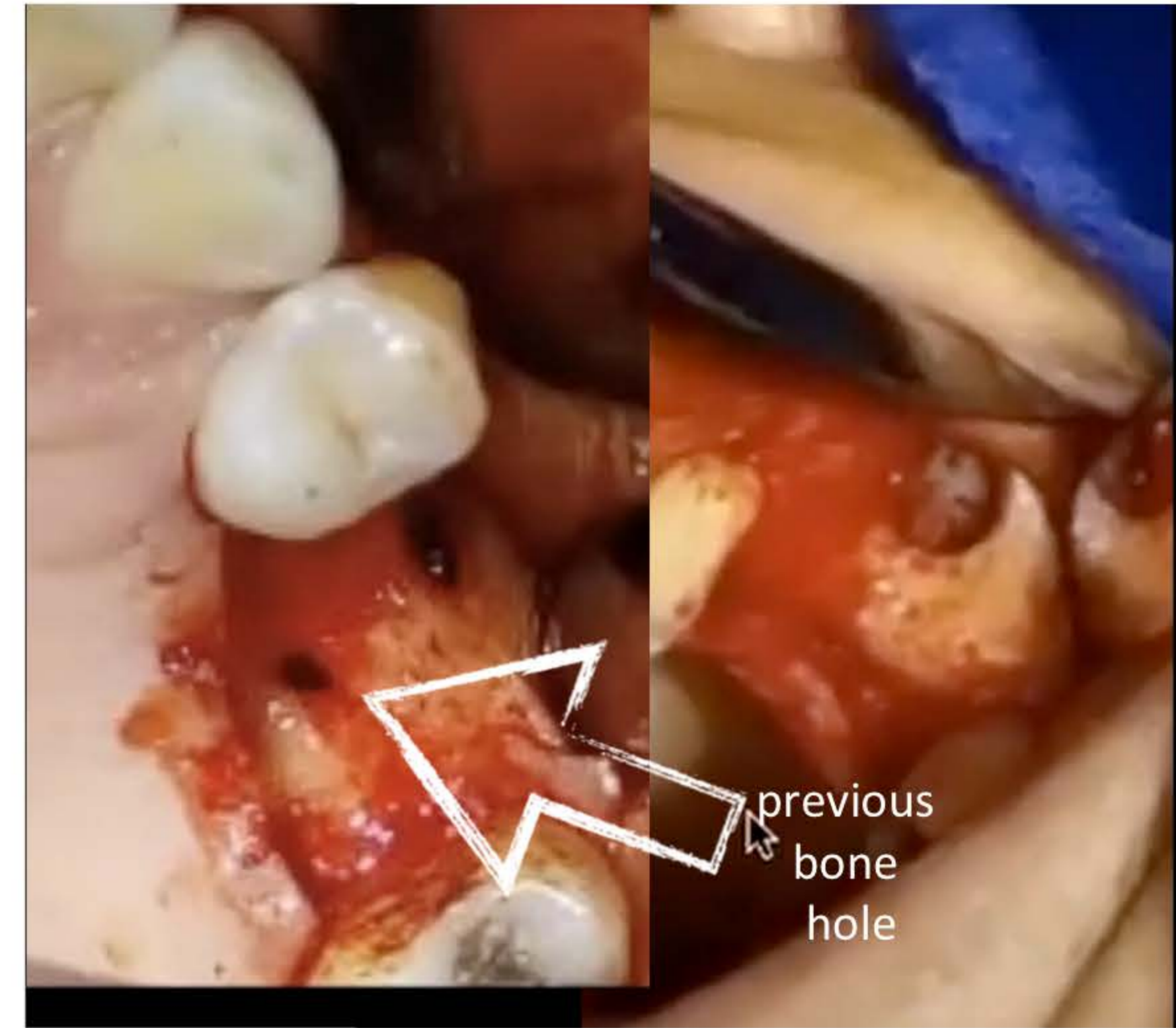
1. Palatal incision
2. Partial thickness Incision over the hole.
3. Deflect the flap (carefully into the hole)



CASE 1. Short implants + sinus lift



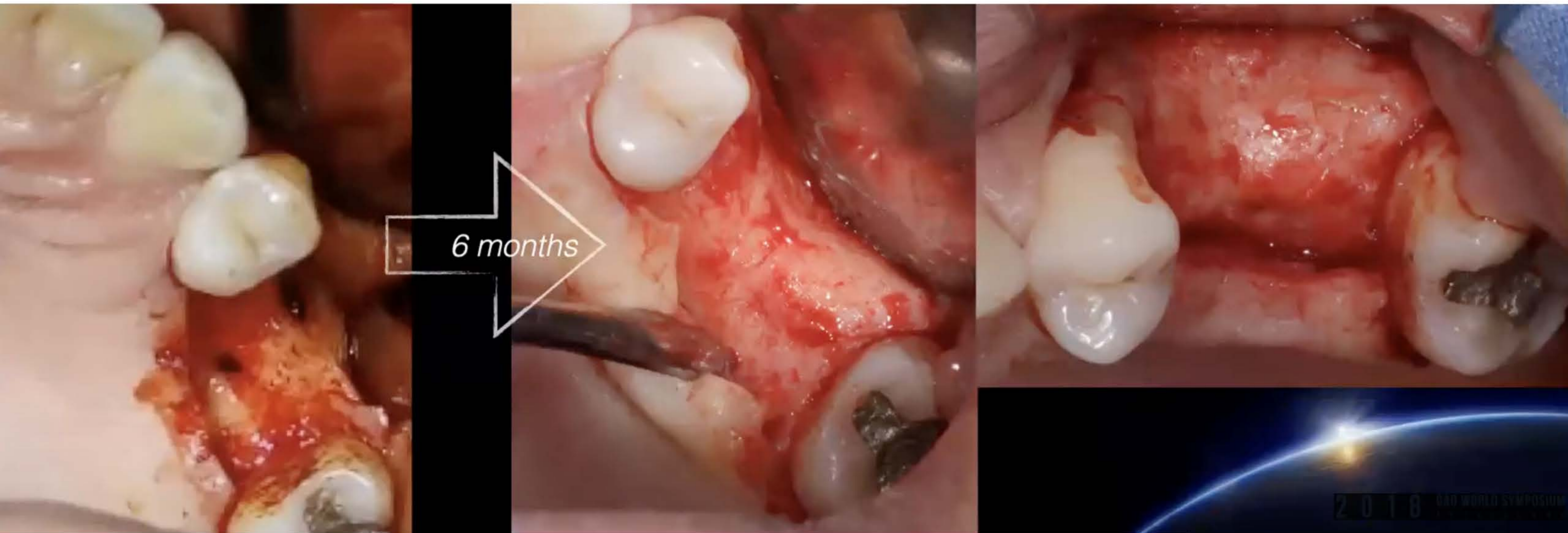
CASE 2. *Previous Bone Hole defect/Challenge Cases.*



Steps

1. Palatal incision
2. Partial thickness Incision over the hole.
3. Deflect the flap (carefully into the hole)

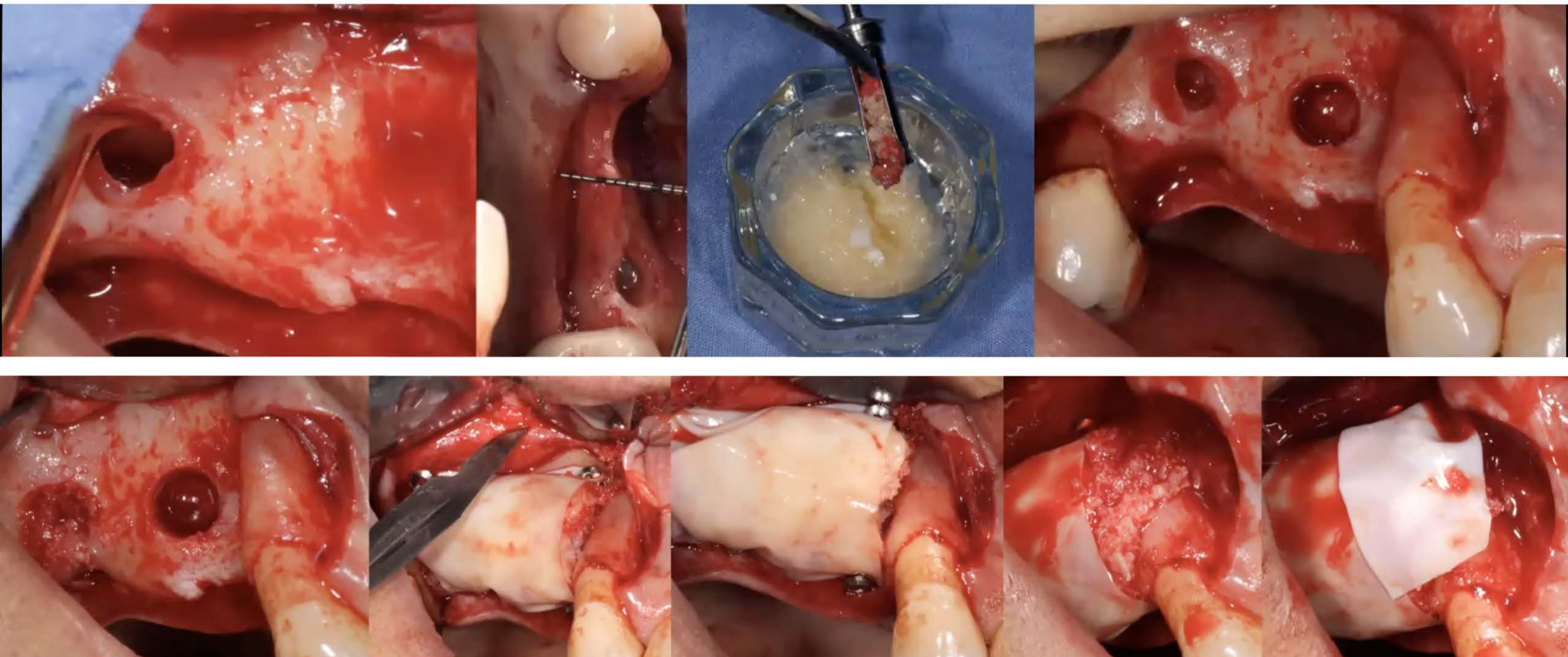
CASE 2. *Previous Bone Hole defect / Challenge Cases.*



CASE 3. Short implants + sinus lift (previous bone hole) + guided bone regeneration

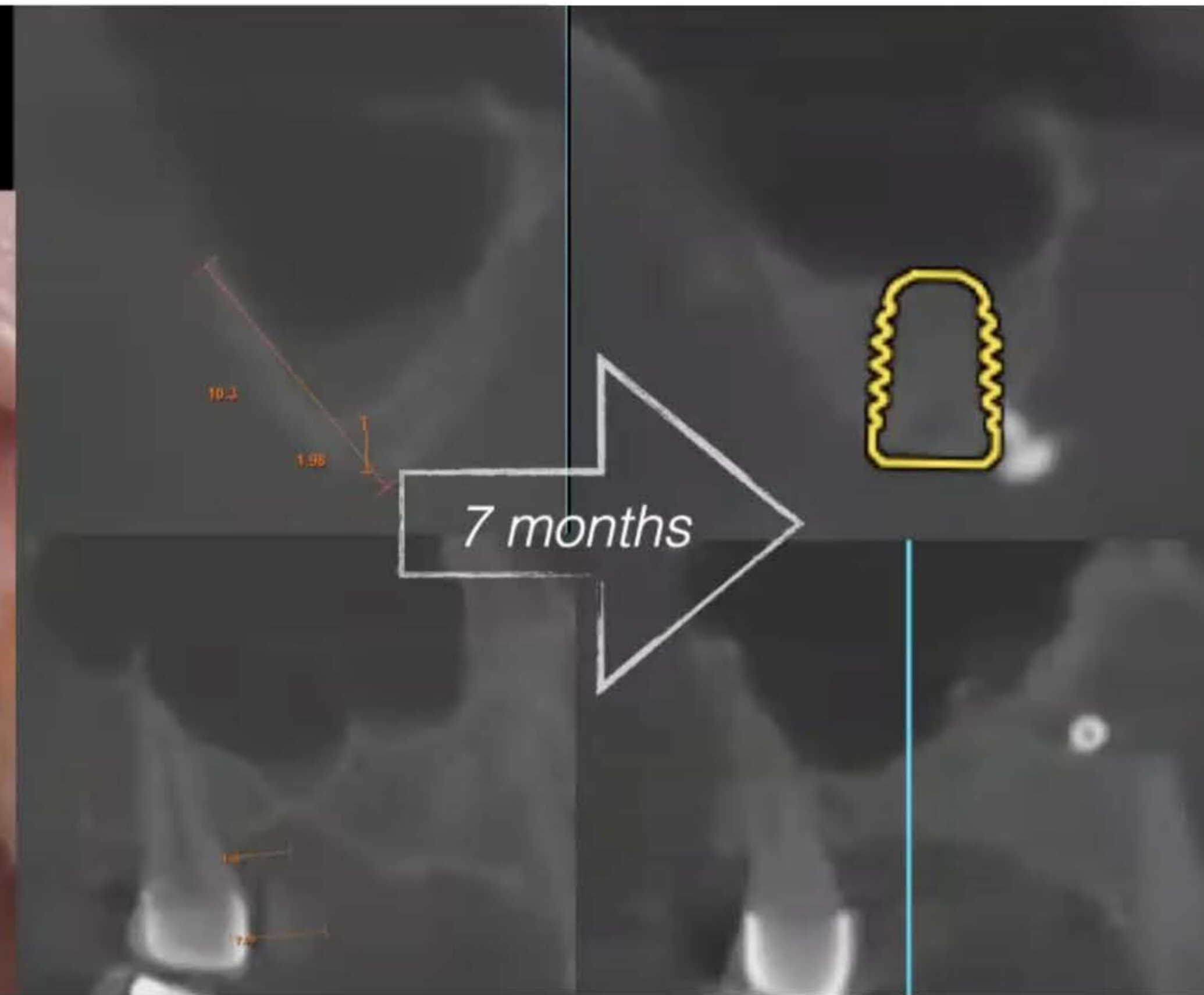


CASE 3. Short implants + sinus lift + horizontal Guided Bone Regeneration



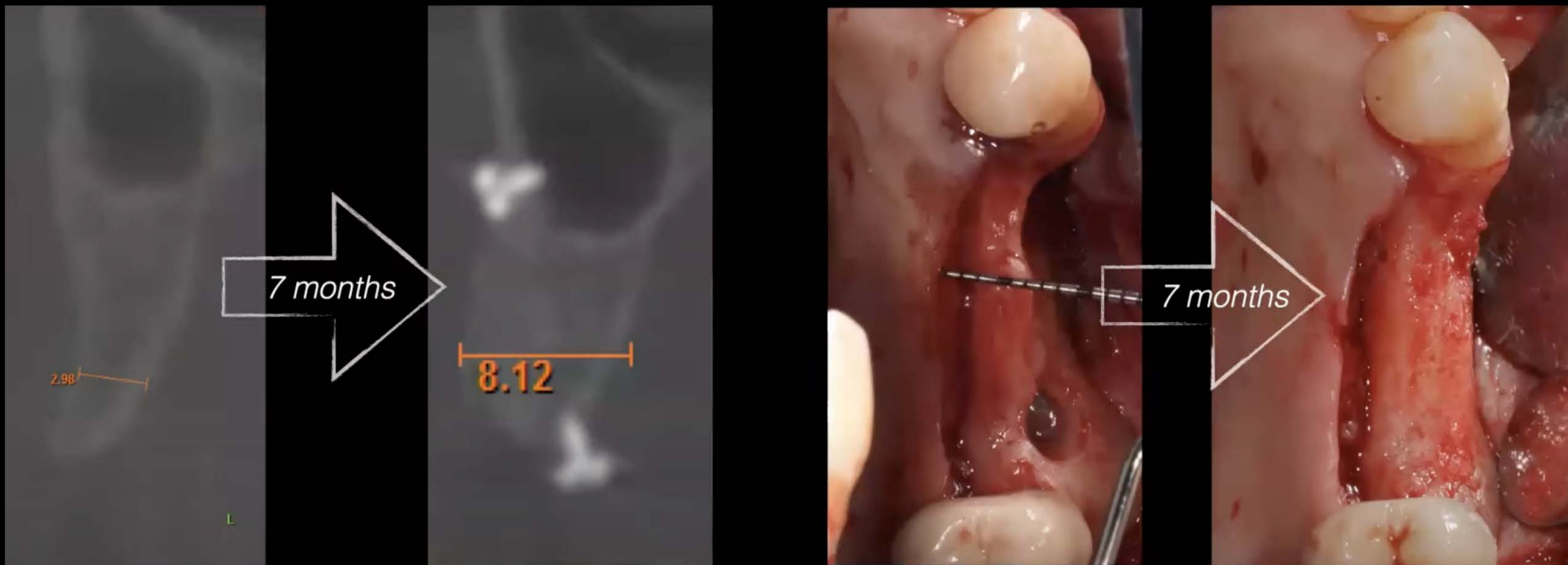
CASE 3.

Short implants + sinus lift + horizontal GBR

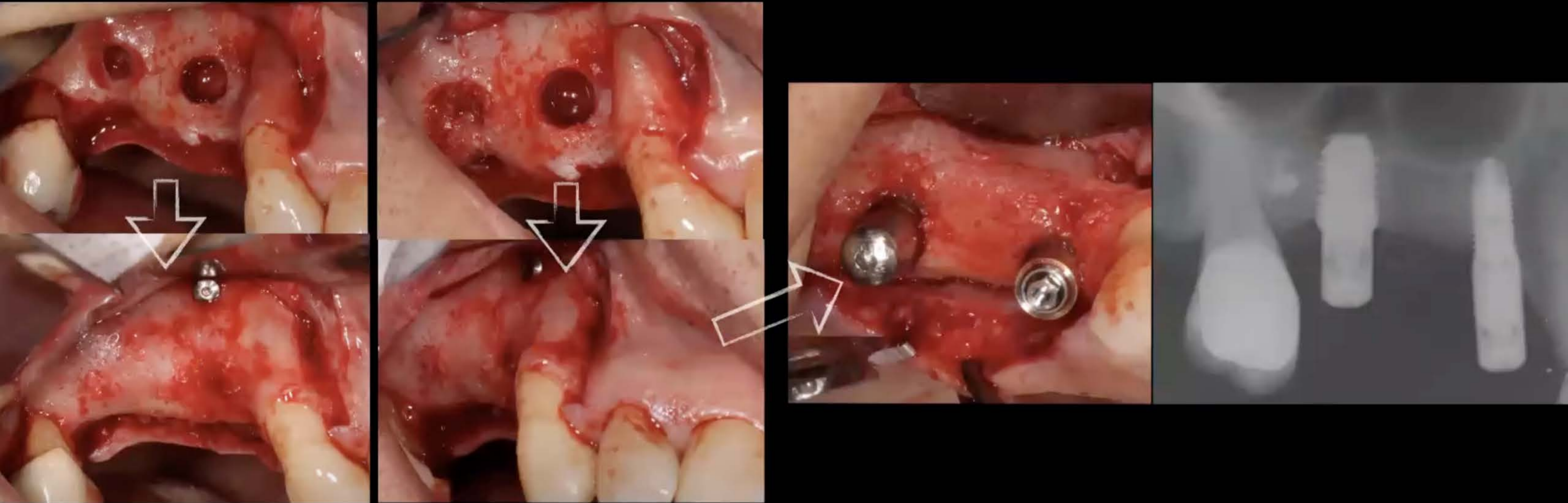


Short implants + sinus lift + horizontal GBR

CASE 3.



CASE 3. Short implants + sinus lift + horizontal Guided Bone Regeneration

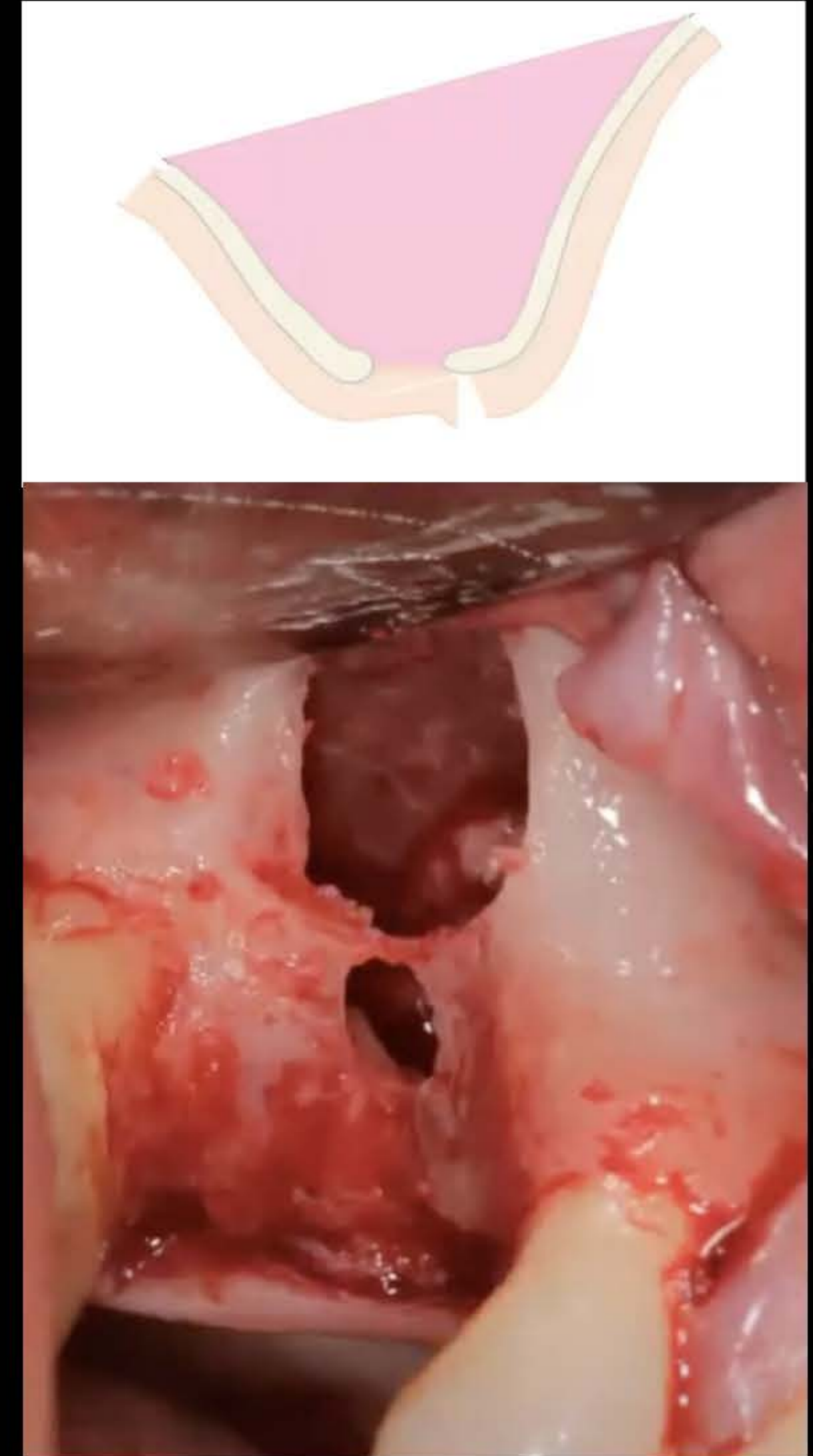




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Conclusion

The detection and design of the flap is essential to perform the sinus lift with predictable results.



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