

at Umeå University. All patients were edentulous in one or two jaws. The patients had a mean age at the implant insertion of 54.3 years. At the planning of this study twenty years after treatment, 19 of the 48 patients were found to be deceased. Of the 29 patients still alive, 21 patients with altogether 23 implant-supported bridges could be examined clinically and radiographically. All patients were treated ad modum Brånemark with a 2-stage surgical procedure. The implants had a turned surface. Abutment connections were performed three to four months after fixture insertion in the mandible and after a minimum of six months in the maxilla. The prostheses were fabricated with a framework of gold alloy and acrylic artificial teeth.

Results: The 21 patients (with 23 implant-supported prostheses) examined, had at the treatment got 123 implants (27 in the upper jaw and 96 in the lower jaw), inserted. Only one of these implants had been lost (about two years after loading) giving a survival rate of 99.2% Very small changes occurred in the marginal bone level. Between the 1-year and 20-year examinations, the mean bone loss was 0.53 mm and the mean bone level at the final examination was 2.33 mm below the reference point

Conclusion: This follow-up over two decades of implant-supported prostheses demonstrates a very good prognosis for the treatment performed. The frequencies of peri-implantitis, implant failures or other complications were very small and the original treatment concept with a 2-stage surgery and a turned surface of the implants will obviously give very good results.

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Natix used as Osteoconductive material for sinus floor augmentation. Three years follow up. Case report

H Bystedt

Praktikertjänst AB, Stockholm, Sweden

Aim: Porous titanium granules (Natix, Tigran Technologies, Sweden) used as non-resorbable osteoconductive bone substitute, in sinus floor augmentation.

Material and Methods: A 73 year old woman needed a sinus floor augmentation in the left sinus to get a

dental implant in the region of 24 and 25. The residual bone height was 2-4 mm. Grafting and installation of the dental implant was done in the same session. In the sinus lift procedure the window of the lateral bone wall was left attached to the sinus mucosa. Before the two fixtures, Microthred, 11 and 13 mm in length and 4.0 mm in diameter (Astra Tech AB, Mölndal, Sweden) were installed, the fixture sites were prepared and the titanium granules packed into the sinus. The fixtures got a good stability when they were installed into the titanium granules. Five months after the fixture operation, the abutment operation was performed and three weeks later the prosthodontic work was in place.

Results: The patient has been followed in three years after the abutment operation. The clinical and X-ray examination show a very good result with a healthy gingival margin and a stable marginal bone level.

Conclusion: Titanium granules seem to function as augmentation material in sinus floor.

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Osteotome sinus floor elevation and simultaneous placement of implants

R Fermergård, P Åstrand

Department of Oral & Maxillofacial Surgery, Västervik Hospital, Västervik, Sweden

Aim: The bone support for implants in the posterior part of the maxilla is often poor. This condition may be treated with augmentation of the maxillary sinus floor. The most common technique used is to elevate the sinus floor by inserting a bone graft through a window opened in the lateral antral wall, although less invasive techniques with osteotomes have been used since 1994. **Purpose:** The aim of this study was to evaluate the clinical and radiographic outcome of implants placed in the posterior maxilla with the osteotome sinus floor elevation (OSFE) technique without grafting.

Material and Methods: The study population comprised 36 consecutive patients in whom 53 implants were inserted with the OSFE technique. The indication for sinus floor elevation was that the bone height below the maxillary sinus was considered to be 10 mm or less.

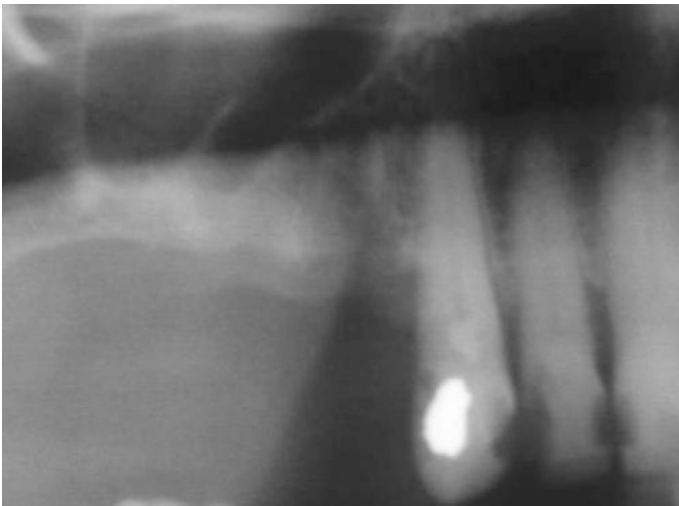


Figure 1. A 73-year-old woman with residual bone height of 2–4 mm in region of 24 and 25.

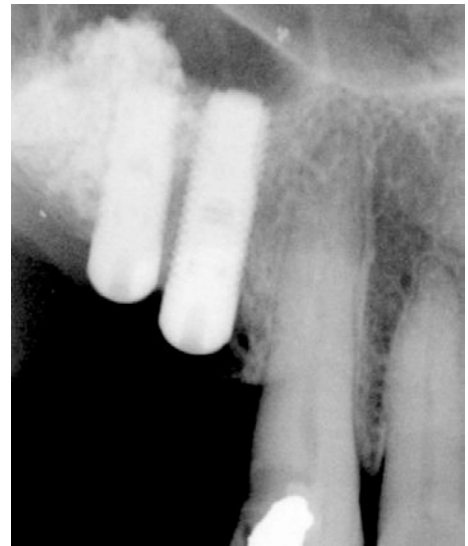


Figure 2. The fixtures got a good stability when they were installed into the titanium granules.



Figure 3. Orthopantomograph.

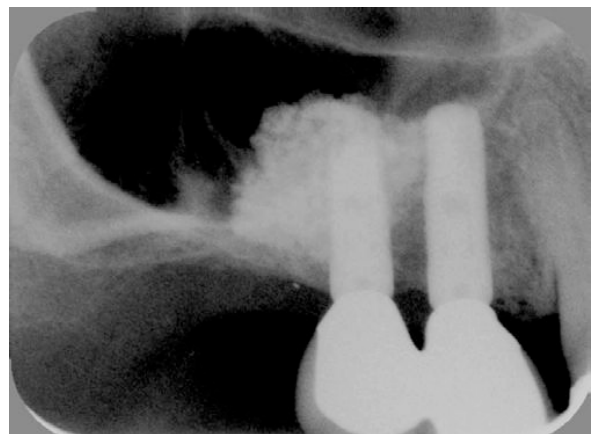


Figure 4. A stable marginal bone level after three years.



Figure 5. A very good result with a healthy gingival margin still after three years.