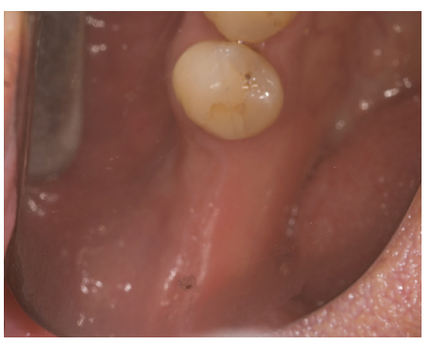
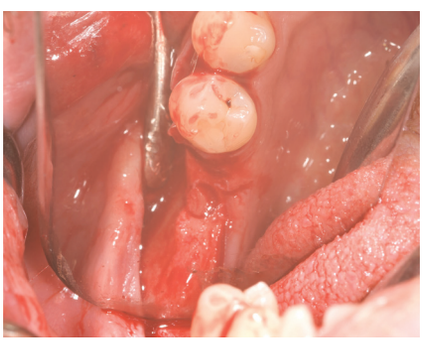
Dr. Uğur Meriç
ORAL MAXILLOFACIAL SURGERY DDS, PHD

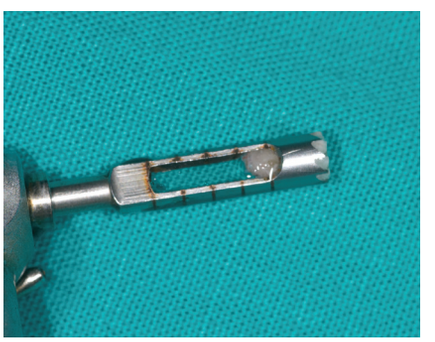
GREFTLESS IMPLANTOLOGY



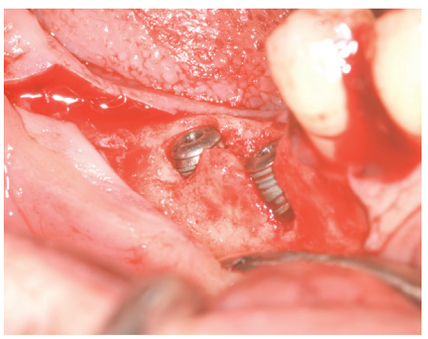
Pic 1
Thin crestal bone



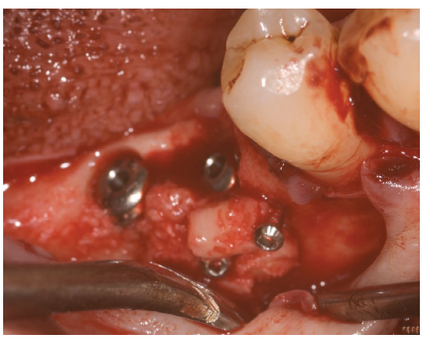
Pic 2
Bone after insicion



Pic 3
Bone carrot collected with a trephine burr

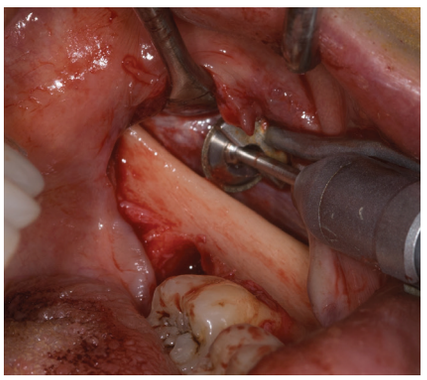


Pic 4
Dehisence after implant placement

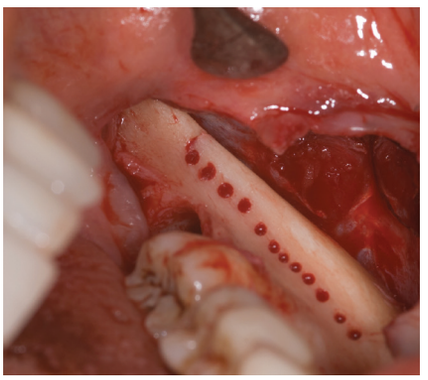


Pic 5
Closing the dehicence with bone carrot and particulated bone. Stabilisation is achived with two microscrews.

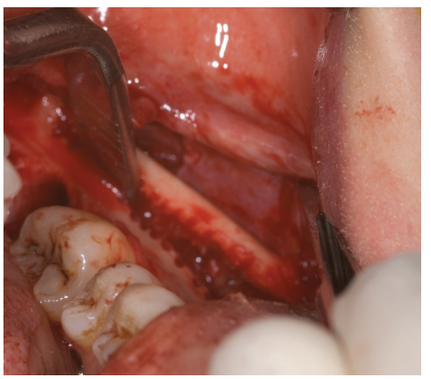
Small dehicenses around implants can be augmented with bone carrots and particulated bone. In this case microscrews are used to stabilise the bone carrot



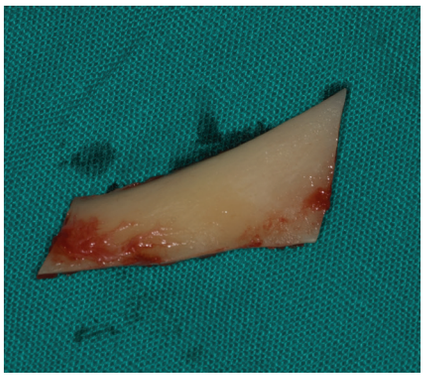
Pic 1
Horizontal cut during block removal.



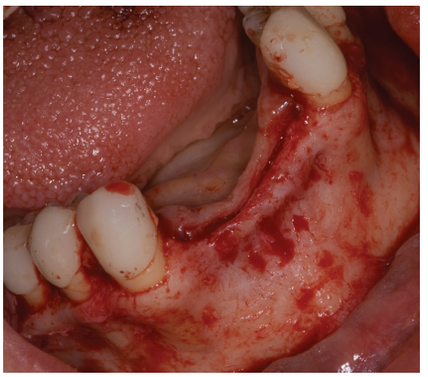
Pic 2
Oclusal perforations



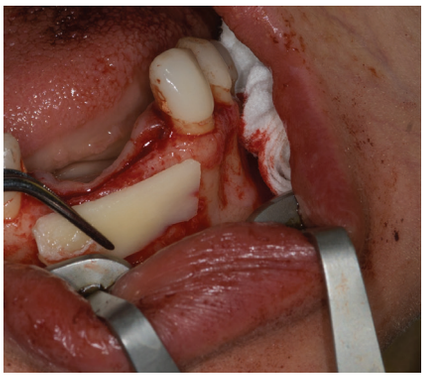
Pic 3
Removal of aotogenous block



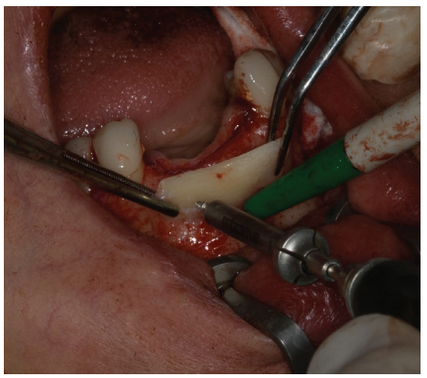
Pic 4
Autogenous block



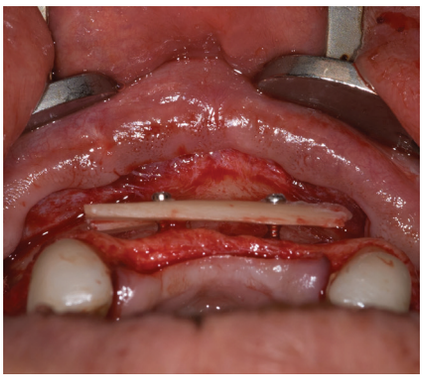
Pic 5
Very thin crest



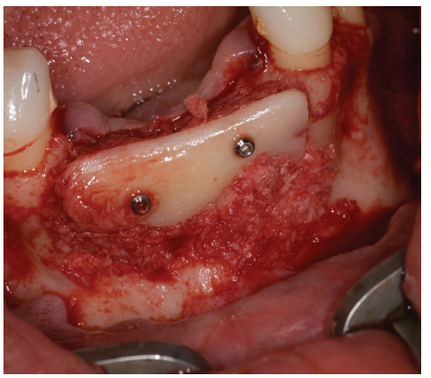
Pic 6
Re-shaping block to defect area



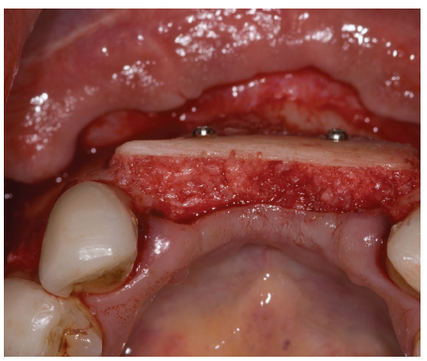
Pic 7
Stabilising the block with micro screws



Pic 8
Distance between block and bone



Pic 9
Vestibular view



Pic 10
Filling the distance in between with particulated bone

Biological way of bone augmentation is the most predictible way of bone reconstruction. In this case a thin bone block was placed to thin block with a distance and then filled with particulated bone.
(Operation: Dr. Uğur Meriç, Dr. Ülkem Cural)