

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

***Guided Bone Regeneration of Horizontal Alveolar  
Defects using Growth Factors Molecular Peptides  
to Facilitate Dental Implants Placement***

***Thesis***

*Submitted to the Faculty of Oral and Dental Medicine,  
Cairo University, in partial fulfillment of the  
requirements for*

*The Degree of Doctor in Dental Science*

*“Oral and Maxillofacial Surgery”*

*By*

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**2012**

# *Acknowledgement*

Before all, Thanks to “**ALLAH**” who granted me the ability to perform the work of this thesis.

I would like to express my deep gratitude and grateful appreciation to Dr. **Hatem Abdel-Rahman**, Professor of Oral and Maxillofacial Surgery, Oral Surgery Department, Faculty of Oral and Dental Medicine, Cairo University, for his supervision, valuable expert guidance and unlimited support during the entire course of the study. It was a great honor to work under his supervision.

I cannot find words to express my sincere thanks to Dr. **Amr A. Azim**, Professor of Oral Radiology, Oral Radiology Department, Faculty of Oral and Dental Medicine, Cairo University, for his help, advice and continuous supervision throughout the present study.

I owe my deepest gratitude to Dr. **Amany Neemat**, Professor of Oral Pathology, Head of Oral Surgery & Medicine Department, National research Center, for her supervision, patience and constant encouragement.

I would like to thank Dr. **Hesham El-Hawary**, lecturer of Oral and Maxillofacial surgery, Oral Surgery Department, Faculty of Oral and Dental Medicine, Cairo University for his endless support and guidance during the course of this study.

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## DEDICATION

*To my mum K \C is always encouraging and pushing me forward towards success*

*To my father with his endless love and sacrifices*

*To my beloved wife who supported me every step of the way and to my two daughters*

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# *INTRODUCTION*

## Introduction

Alveolar bone loss can occur after tooth extraction and/or trauma. Adverse alveolar bone conditions can also result from advanced periodontal disease as well as failed endodontic therapy (**Esposito et al. 2006**).

If the alveolar ridge is not preserved at the time of tooth extraction or tooth loss, alveolar ridge height and width-as well as position-may be lost, particularly in the area of the facial plate. Major changes have been demonstrated to occur during the first year after tooth extraction, and losses between 3 & 6mm horizontally and 2 mm vertically have been reported (**Nevins et al. 2006**).

Dental implants have become a milestone in dentistry, and numerous oral therapies that could not be possible with conventional techniques have become possible. An essential condition for successful implant therapy is the presence of an adequate quantity and quality of bone. A significant problem, however, is insufficient height and width of the alveolar bone at the implantation site (**Beer et al. 2003**). Several methods have been developed to restore such deficient existing bone volume. These methods include guided bone regeneration with barrier membranes (GBR), onlay bone grafting, ridge splitting and distraction osteogenesis with or without growth and differentiation factors (**Buser et al. 2004**).

Although the use of autogenous bone has been widely accepted as the gold standard augmentation material; intra- and extra-oral donor site morbidity, potential complications and risks associated with the harvesting procedures have been reported. To overcome such drawbacks bone substitution materials of allogenic, alloplastic, or xenogenic origin have been introduced as alternatives to autogenous bone grafts (**Streitzel et al. 2007**).

The selection of the appropriate augmentation technique or grafting material influences the success and final treatment outcome. Defect size and the patient's general health condition are some of the factors that influence the decision making in bone grafting procedures **(El Askary 2003)**.