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**EVALUATION OF BIOACTIVE GLASS IN
MAXILLARY SINUS LIFTING PROCEDURE**

Thesis

SUBMITTED TO
The Oral Surgery Department
Faculty of Oral and Dental Medicine
Cairo University

**In Partial fulfillment for the Requirements
of the Master Degree
in Oral Surgery**

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Dedicated to my family

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INTRODUCTION

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Introduction

During the past decade, implants have become one of the most exciting and rapidly developing topics in dental practice as they provide a proper treatment alternative to Conservative prosthodontics in the mandible. Endosseous implants for rehabilitation of partially or fully edentulous patients has proved to be a successful treatment. In the posterior region of the maxilla, however, anatomical limitations (such as deficiency of maxillary alveolar bone and increased pneumatization of the maxillary sinuses, still constitute a challenging problem.

Maxillary sinus lifting became one of the very popular methods for augmentation of the posterior maxilla especially when there is a decrease in inter arch space where other methods as (eg.: onlay grafting) couldn't be used.

Various materials were used to augment the maxillary sinus such as autogenous bone (iliac crest, mandible, maxillary tuberosity) or allogenic grafts as demineralized freeze dried bone, hydroxyapatite, deproteinized bovine bone or bone morphogenic protein. The Autogenous grafts had the limitations of morbidity of the donor site. Patient's need for a second operation and general anesthesia as well as disease transmission. Other synthetic grafts have the problem of high cost and being not easy to obtain.

In this study Bioactive glass is to be evaluated in maxillary sinus lifting procedure based on the researches proving it as a biocompatible space filler in extracted sockets and large cystic cavities and its osteoconductive property and being not derived from human or bovine origin. So it is predicted that the potential transmission of viral or donor related diseases is eliminated.

***REVIEW OF
LITERATURE***

Review of Literature

Maxillary sinus lifting. *Historical Background.*

In the past, maxillary antral floor has been regarded as a structure not conducive to bone augmentation and violation to this anatomic area has been scrupulously avoided in most minor maxillary oral surgical procedures. Recent studies, however have indicated that bone can be stimulated to form in the antral floor by various technical and surgical procedures and by certain forms of stress stimulation imposed on the alveolar ridge structure.⁽⁴⁾

The intrusion of teeth or the imposition of other forms of surgical or physiologic stimuli to the maxillary alveolar ridge caused reaction bone to immediately form in the antral floor even though the stimulus has been applied several millimeters away from the sinus membrane and the antrum.⁽⁴⁾

Proliferation of bone will continue while the intrusive pressure has ceased. At that time remodeling occurs and gradual resorption of the induced antral bone follows.⁽⁴⁾

It has also been shown that the placement of solid pieces of bone as graft material in the extraction alveolus of the posterior maxilla stimulated the antral floor to form bone in an apparent response to the