

بسم الله الرهكن الرّحيم

$\infty \infty \infty$

تم رفع هذه الرسالة بواسطة /صفاء محمود عبد الشافي

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون

AIN SHAMS UNIVERSITY

Since 1992

Propries 1992

أدنى مسئولية عن محتوى هذه الرسالة.

ملاحظات: لايوجد

"The use of Perforated Barrier Membranes and IPRF Nano-micro Sticky Bone in Horizontal Alveolar Ridge Augmentation" (Controlled Clinical and Histomorphometric Study)

Thesis

Submitted to Faculty of Dentistry, Oral Medicine,
Periodontology, oral Diagnosis and Radiology Department
for partial
fulfillment of Doctor degree in Periodontology

Submitted by:

Marwan Farahat Antar

MSc Ain Shams University 2016 B.D.S Cairo University 2010

Faculty of Dentistry - Ain Shams University
2022

Supervisors

Prof. Dr. Ahmed Yousef Gamal

Professor of Oral Medicine, Periodontology, Oral Diagnosis and Radiology, Faculty of Dentistry, Ain Shams University. Vice Dean of post graduate studies, Faculty of Dentistry, October 6 University

Prof. Dr. Ehab Saeed Abd Elhamid

Professor of Oral pathology, Faculty of Dentistry, Ain Shams University. Dean of Faculty of Dentistry, Badr University

Ass. Prof. Dr. Mohamed Sherif Elmofty

Associate Professor of Oral Medicine, Periodontology, Oral Diagnosis and Radiology, Faculty of Dentistry, Ain Shams University. Vice Dean of Faculty of Dentistry, Nahda University

Dr. Fatma Hamed Mohammed El-Deemrdash

Lecturer of Oral Medicine, Periodontology, Oral Diagnosis and Radiology, Faculty of Dentistry, Ain Shams University

Faculty of Dentistry - Ain Shams University
2022



سورة البقرة الآية: ٣٢

Acknowledgment

First of all I would like to show my full gratitude to Allah for giving me the strength and knowledge to complete this journey.

My greatest gratitude is also for the great professor **Prof. Dr. Ahmed Yousef Gamal-** ViceDean of post graduate studies,
Faculty of Dentistry, 6th of October University. Professor of Oral
Medicine, Periodontology, Oral Diagnosis and Radiology Department,
Faculty of Dentistry, Ain Shams University, for his support and
knowledge that he gave me through the period of this study, it's my
pleasure to work and learn under his supervision.

My great gratitude to Prof. Dr. Ehab S. Abd Elhamid- Dean of Faculty of Dentistry, Badr University. Professor of Oral pathology Department, Faculty of Dentistry, Ain Shams University, for helping me and giving me the due time and efforts throughout all the steps of this work both practically and theoretically.

I am deeply thankful for **Ass. Prof. Dr. Mohamed Sherif Elmofty-** Vice Dean of Faculty of Dentistry, Nahda
University. Associate Professor of Oral Medicine, Periodontology, Oral
Diagnosis and Radiology Department, Faculty of Dentistry, Ain Shams
University, for his patience and help to me during the work of this
thesis, working with him added much value to the work.

Great thanks should be also addressed to **Dr. Fatma Hamed Mohammed El-Deemrdash**- Lecturer of Oral

Medicine, Periodontology, Oral Diagnosis and Radiology Department,

Faculty of Dentistry, Ain Shams University, for her efforts and for

helping me greatly to complete and achieve such success in this work.

Marwan Farahat Antar

Dedication

I do dedicate this work to My Father, My Mother and My dearest Sisters. Thank you for always being by my side & for helping me through all my life steps. I owe you all the success of this work

Abstract

Purpose

Clinical and radiographic studies were used to examine the amount of horizontal bone gain 4 months following alveolar ridge augmentation using IPRF Nano-micro Sticky Bone with perforated collagen membrane against occlusive barrier membrane.

Methods

The study represents an observational analytic randomized Case controlled study of twenty patients having Horizontal alveolar ridge defect, where augmentation was done for them by using IPRF Nano-micro Sticky Bone. Patients were divided randomly into two groups. Randomization was performed by using coin flip method. Each Group included ten patients, (Group 1) had horizontal alveolar ridge augmentation using IPRF Nano-micro Sticky Bone with occlusive collagen membrane, while (Group 2) had a horizontal alveolar ridge augmentation using IPRF Nano-micro Sticky Bone with perforated collagen membrane. A radiographic assessment using CBCT, as well as a clinical assessment, was done for both groups after a follow up period of 4 months. The study was approved by the ethics and research committee of the Faculty of Dentistry, Ain Shams University.

Results

- 1) Both Perforated collagen and occlusive membranes in association with nano micro sticky bone showed a significant improvement in horizontal alveolar ridge augmentation.
- 2) A slight bone reduction in the two studied groups was observed after the 4 months follow up, in comparison to post-operative readings. Those differences were found to be statistically highly significant. The mean percent of bone reduction for perforated membrane was lower than that for non-perforated membrane group during follow up. That difference was also found to be statistically significant.

Keywords:

Horizontal bone augementation, collagen membrane, perforated membrane, iprf, sticky bone, Nano hydroxyapatite, micro nano bone

List of Contents

Title	Page No.
List of Tables	i
List of Figures	ii
Introduction	1
Review of Literature	5
Aim of the Study	89
Materials and Methods	90
Clinical Cases	117
Results	146
Discussion	176
Summary	184
Conclusion	186
Recommendations	
References	188
Arabic Summary	

List of Tables

Table No.	Title	Page No.
Table (1):	Horizontal Alveolar Change	(HAC) classification11
Table (2):	Material's composition company name	and manufacturer's90
Table (3):	Comparison between pre, months following therapy (C	post-operative & four (BCT results)147
Table (4):	Comparison between grouchange in bone gain durin (CBCT results)	
Table (5):	Comparison between preop following therapy among results)	
Table (6):	Comparison between two percent of bone reduction d results)	
Table (7):	Comparison between pre - months of follow up for wide	post-operative & four th measurements157
Table (8):	Comparison between two percent of width bone reduct	studied groups regards ion during follow up159
Table (9):	Comparison between two Histomorphometric analysis	studied groups regards161
Table (10):	Comparison between two analysis of bone quality	studied groups regards164
Table (11):	Correlation between Bone Q	uantity & Quality166

Fig. No.	Title Page No.	
Figure (1):	Preoperative CBCT measurements	94
Figure (2):	Preoperative photo and full thickness Flap reflection	
Figure (3):	Bone caliper (Helmut Zepf)	
Figure (4):	Preoperative clinical measures	
Figure (5):	The recipient alveolar ridge was perforated at multiple sites with a small round surgical bur (Helmut Zepf, Diamond, Round, 023C)	
Figure (6):	(Becton, Dickinson and Company, 6.0ml.13X100mm, Glass, Disposable).	97
Figure (7):	(DR choukroun centrifuge)	98
Figure (8):	The spin separates the RBC and the i-PRF is visible at the top part of the tube and then the liquid is drawn into a syringe by penetrating the rubber top on the tube and by filling the syringe	98
Figure (9):	Nano hydroxyapatite bone particles (Artoss company)	99
Figure (10):	Small particles xenograft (cerabone from botiss material company)	99
Figure (11):	i-PRF was injected onto a bone graft mix and become sticky and ready to be used in the bone defect	100
Figure (12):	Sticky bone applicated on buccal bone	
Figure (13):	Occlusive pericardium membrane from (tutopatch)	
Figure (14):	Membrane tacks (botiss company)	
Figure (15):	Horizontal alveolar ridge augementation surgery using mixed bone graft and covered by perforated pericardium membrane from (tutopatch)	
Figure (16):	Occlusal view for solid stabilization of membrane	102
Figure (17):	Clinical measurements of horizontal alveolar bone	103
Figure (18):	Completely tension free suture	103

Fig. No.	Title	Page No.
Figure (19):	CBCT scan showing reform sagittal, axial and coronal cu	natted panoramic view, ts104
Figure (20):	CBCT scan showing reform sagittal, axial and coronal cu	natted panoramic view, ts106
Figure (21):	Measurement of the alve- width using bone caliper performed in 3 different po- apical to crest and 6 mm api implant placement	(Helmut Zepf) was pints at the crest, 3 mm
Figure (22):	Trephine bur of 2 mm	108
Figure (23):	Bone biopsy placed in 10% to	formaline108
Figure (24):	Implant surgical kit drills drilling kit)	(Neobioteck Implant109
Figure (25):	Implants were placed w stability (>35) N.cm	rith adequate primary109
Figure (26):	Implants Success after three	months of placement111
Figure (27):	A plate showing the steps o analysis	f the histomorphometric
Figure (28):	Preoperative views	117
Figure (29):	Panoramic View	118
Figure (30):	Cross sectional views	118
Figure (31):	Flap Reflection	119
Figure (32):	Bone Width Measurement by	y Bone Caliper120
Figure (33):	Bone Decortication	120
Figure (34):	sticky bone and Membrane S	Stabilization by Tacks121
Figure (35):	Bone Width Measurement by	y Bone Caliper122
Figure (36):	Suturing	122
Figure (37):	Cross sectional views immed	diate after surgery123
Figure (38):	After 4 months	124
Figure (39):	Cross sectional Views after	4 months125

Fig. No.	Title	Page No.
Figure (40):	Flap Reflection	126
Figure (41):	Bone width measurement by Bone cal	
Figure (42):	Bone Biopsy	-
Figure (43):	Implant Insertion	
Figure (44):	Suturing	129
Figure (45):	Healing Caps	129
Figure (46):	Crown Delivery	130
Figure (47):	Pre and post clinical and radiographic	views131
Figure (48):	Pre-operative Occlusal View	132
Figure (49):	Pr-eoperative Panoramic view and View	
Figure (50):	Flap Reflection	133
Figure (51):	Bone Width Measurement by Bone Ca	aliper134
Figure (52):	Nano Hydroxyapatite Bone Particulate	es134
Figure (53):	Xenograft Bone Particulates	135
Figure (54):	Bone Decortication	135
Figure (55):	Sticky Bone	136
Figure (56):	Membrane perforation	137
Figure (57):	perforated Membrane Fixed by Tacks	137
Figure (58):	Suturing	138
Figure (59):	Cross-sectional Views	138
Figure (60):	After 4 months	139
Figure (61):	Cross-sectional Views	140
Figure (62):	Flap Reflection	141
Figure (63):	Bone Width Measurement by Bone Ca	aliper141
Figure (64):	Bone biopsy by trephine bur	141
Figure (65):	Implant Insertion	142
Figure (66):	Suturing	143

Fig. No.	Title	Page No.	
Figure (67):	After 3 Months		143
Figure (68):	Healing Cap		144
Figure (69):	Emergence Profile		144
Figure (70):	Permanent Crown		145
Figure (71):	Pre and post clinical and radio	graphic views	145
Figure (72):	Bar chart representing Compa post four months following perforated group (CBCT result	therapy among non-	148
Figure (73):	Bar chart representing Compa post four months follow perforated group (CBCT result	ing therapy among	149
Figure (74):	Bar chart representing Comparegards percent of change months (x-ray results)	during follow up 6	151
Figure (75):	Bar chart representing Compa post four months following th		153
Figure (76):	Bar chart representing Compoperative & four months of following	-	154
Figure (77):	Bar chart representing Comstudied groups regards perceduring follow up	ent of bone reduction	156
Figure (78):	Bar chart representing Compoperative & four months of follows:		158
Figure (79):	Bar chart representing Comstudied groups regards percent width during follow up	t of reduction for bone	160
Figure (80):	Bar chart representing Comstudied groups regards SA		162
Figure (81):	Bar chart representing Comstudied groups regards AF		162

Fig. No.	Title	Page No.
Figure (82):	Bar chart representing Costudied groups regards AS	omparison between two
Figure (83):	Bar chart representing Costudied groups regards analysis	omparison between two ysis of bone quality165
Figure (84):	Correlation between bone q perforated group	uantity & quality among
Figure (85):	Correlation between bone q non-perforated group	uantity & quality among
Figure (86):	A photomicrograph of G1 of newly formed thin, disco of rather low quantity (green	case showing deposition ntinuous bone trabeculae arrows)
Figure (87):	A higher magnification of the small-sized, widely newly formed bone trabecul	
Figure (88):	A higher magnification showing one of the slend trabeculae, with fair cellular osteoblasts (black arrows) a wide lacunae (green arrow)	ler newly formed bone rity, in terms of rimming
Figure (89):	A photomicrograph of G2 deposition of new bone, in trabeculae, varying in prominently thick (green a arrow)	n the form of confluent thickness between
Figure (90):	A higher magnification photomicrograph showing formed bone trabeculae, osteocytes (green arrow) an rimming (red arrows)	thick anastomotic newly with abundance of
Figure (91):	A higher magnification of the newly formed osseous trabeculae, enclosing a marrow stroma (asterisk) and by a prominent layer of osteo	tissue, assuming thick highly cellular/vascular

Fig. No.	Title	Page No.	
Figure (92):	A photomicrograph of a G1 case showing a patchy localized pattern of maturation of the newly formed bone, as indicated by the deep red MTC staining (yellow arrows)		. 174
Figure (93):	A photomicrograph of a G2 cas generalized maturation of the nedemonstrated by the deep red Marrows)	ewly formed bone, as MTC staining (yellow	. 174