

Bone Scrapers References

BONE SCRAPERS REFERENCES

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- 1: [J Oral Maxillofac Surg.](#) 2004 Sep;62(9 Suppl 2):120-2.

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Technique for in-office cranial bone harvesting.

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PURPOSE: This is a report of a technique of cranial bone harvesting suitable for the outpatient setting. **MATERIALS AND METHODS:** Bone scrapers are used for the harvesting of cranial bone shavings with the patient under intravenous sedation or general anesthesia. **RESULTS:** Graft volumes larger than that usually obtainable from intraoral sites and the tibia have been harvested utilizing this technique. In a series of 8 first patients, the largest volume of bone obtained was 14 cc with no complications related to the donor sites. These cases include the following types of pre-implant reconstructive procedures: large unilateral sinus grafting, bilateral sinus grafting/guided-bone regeneration of an entire alveolar ridge, inlay grafting of the alveolus, inlay grafting in association with distraction osteogenesis, subnasal grafting, alveolar cleft grafting, closure of large oroantral defects combined with sinus grafting, and grafting of an grossly atrophic mandible with simultaneous placement of dental implants via the submental approach. **CONCLUSION:** This is a safe bone harvesting technique providing an alternative source of autogenous bone graft.

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Technique for in-office cranial bone harvesting.

[Al-Sebaei MO](#), [Papageorge MB](#), [Woo T](#).

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· J.J. Mendonca-Caridad, P. Juiz-Lopez, J.P. Rubio-Rodriguez. (2006)
Frontal sinus obliteration and craniofacial reconstruction with platelet rich plasma in a patient with fibrous dysplasia. Int. J. of Oral Maxillofacial Sur Jan;35(1):88-91 **Frontal sinus obliteration and craniofacial reconstruction with platelet rich plasma in a patient with fibrous dysplasia.**

[Mendonça-Caridad JJ](#), [Juiz-Lopez P](#), [Rubio-Rodriguez JP](#).

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Frontal sinus obliteration is accomplished with many materials such as fat, bone, muscle and alloplasts. Fat obliteration is very common but not devoid of morbidity. An alternative method of treatment with PRP platelet rich plasma and human bank bone or autogenous cortical shavings is presented for obliteration and craniofacial repair. A patient with severe symptomatic fronto-orbital fibrous dysplasia underwent reconstruction with PRP. After an uneventful recovery there was complete remission of the symptoms and early bone formation; 18 months after surgery the patient remains asymptomatic and free from sequels. PRP associated to an allograft or to cortical bone shavings seems to be a safe and simple treatment with the advantage of the absence of donor site surgery and morbidity.

PMID: 16344219 [PubMed - indexed for MEDLINE]

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- L Guida, M. Annunziata, S Belardo, R Farina, L. Trombelli, (2007). Effect of autogenous bone particulate in conjunction with enamel matrix derivative in the treatment of periodontal intraosseous defects. J Periodontol; 78:231-238 - [AbstEffect of autogenous cortical bone particulate in conjunction with enamel matrix derivative in the treatment of periodontal intraosseous defects.](#)

[Guida L](#), [Annunziata M](#), [Belardo S](#), [Farina R](#), [Scabbia A](#), [Trombelli L](#).

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BACKGROUND: The aim of the present study was to assess the additional clinical benefit of autogenous cortical bone particulate

(ACBP) when added to enamel matrix derivative (EMD), compared to EMD alone, in the treatment of deep periodontal intraosseous defects. METHODS: A total of 28 intraosseous lesions in 27 patients with advanced periodontitis were included in this controlled clinical trial and randomly assigned to the EMD group (14 defects) or to the EMD + ACBP group (14 defects). Immediately before surgery (baseline) and after 6 and 12 months, probing depth (PD), clinical attachment level (CAL), and gingival recession (REC) were recorded. Radiographic depth of the defect (DEPTH) was also measured at baseline and 12 months post-surgery. RESULTS: At 6 and 12 months, PD and CAL significantly improved from baseline in both groups ($P < 0.000$). No significant differences in terms of CAL gain and PD reduction were detected between groups. However, defect distribution according to CAL gain was significantly different between groups ($P < 0.05$). DEPTH significantly decreased from baseline to 12 months in both groups ($P < 0.000$); between-group differences were not significant. At 12 months, a significantly greater REC increase in the EMD group (1.1 ± 0.7 mm) compared to the EMD + ACBP group (0.3 ± 0.8 mm) was observed ($P < 0.05$). CONCLUSIONS: Both EMD and EMD + ACBP treatments led to a significant improvement in clinical and radiographic parameters at follow-up with respect to presurgery condition. The combined approach resulted in reduced post-surgery recession and increased proportion of defects with substantial CAL gain ($> \text{ or } = 6$ mm).

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GBR and autogenous cortical bone particulate by bone scraper for alveolar ridge augmentation: a 2-case report.

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Scientific literature describes autogenous bone as the gold standard among graft materials for alveolar reconstructive procedures. Alveolar ridge augmentation has been clinically achieved with different forms of autogenous bone, including autogenous cortical bone particulate (ACBP). However, few histologic studies demonstrating the biologic potential and healing dynamics following the use of ACBP are currently available. This case report presents 2 patients in whom atrophic edentulous alveolar crests were submitted to a vertical/lateral ridge augmentation prior to implant placement. The technique was performed through the use of a titanium-reinforced expanded polytetrafluoroethylene (e-PTFE) membrane with an ACBP graft obtained from the retromolar region with a specially designed bone scraper. Bone biopsy specimens were harvested at 9 months after graft placement. Analysis of the reconstructed bone revealed bone with a lamellar quality characterized by a mature osteonic structure. Sparse particles of grafted bone were evident in direct contact with the regenerated bone. Marrow spaces showed a normal stromal component with limited grafted particles.

PMID: 18416419 [PubMed - indexed for MEDLINE]

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