

Segmental Dento-alveolar Intrusive Osteotomy in Posterior Maxilla with Lack of Inter-arch Distance for Prosthetic Rehabilitation. A Technique Combined with Sinus Floor Elevation.

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Abstract

The aim of this paper is to present a technique for segmental dento-alveolar intrusive osteotomy in a posterior maxilla with lack of inter-arch distance for prosthetic rehabilitation combined with sinus floor elevation.

METHODS:

A full thickness flap is elevated exposing the lateral wall of the maxillary sinus. A lateral window is opened and the Schneiderian membrane elevated. Segmental dento-alveolar osteotomy is performed. After complete detachment of the segment, it is adapted and fixed to the new position using the pre-prepared guide, making sure not to damage or perforate the Schneiderian membrane.

RESULTS:

Four cases of segmental dento-alveolar intrusive osteotomy in a posterior maxilla combined with sinus floor elevation were performed utilizing the above-mentioned technique. All surgeries went according to plan, and healing was uneventful except for swelling and pain that lasted for 10-14 days post-operatively. The opposing dentition was later treated by implant placement. The average follow-up time for those cases was 5.4 months. Vitality test four months after surgery was positive.

CONCLUSION:

The presented technique for segmental dento-alveolar intrusive osteotomy combined with sinus floor elevation can serve as a viable treatment option in the posterior maxilla with lack of inter-arch distance due to severe overeruption.