ental implants are accepted treatment for rehabilitation of partially and complete edentulous jaws. Maxillary sinus floor augmentation is a predictable and reliable approach for correcting bone deficiencies in the posterior maxilla due to sinus pneumatization, in these procedures, a lateral surgical approach to the maxillary sinus allows for raising of the sinus membrane and placement of a bone graft underneath to increase vertical bone height. Implants may be inserted in the same clinical session or after several months. Predictability of maxillary sinus floor elevation procedures has been largely documented, with an overall long-term implant survival rate beyond 90%. Several complications may compromise the outcomes of sinus floor augmentation procedures. Complications in sinus floor elevation procedures may be related to: a) systemic and medications, b) anatomy and surgical procedure, c) sinus pathology, d) post-operative infection or e) prosthetic rehabilitation. Systemic diseases and medications related complications include uncontrolled diabetes, osteoporosis, bisphosphonate medication, immunocompromised patients and cigarette smoking. Anatomy and surgical procedure related complications include pseudocysts, retention cysts, mucoceles, perforation of Schneiderian membrane, sinus septa, bone grafting and residual bone height, bleeding, penetration of the implants into the sinus, obliteration of sinus cavity. The most common intraoperative complication is a tear or perforation in the schneiderian membrane, which occurs at a rate of 7% to 35%. Small tears can usually be sealed with resorbable collagen membrane or fibrin glue sealants. However, large tears can cause sinusitis, graft infection, or graft displacement into the sinus, which could compromise new bone formation and implant survival. Nonperforated sites have significantly more bone formation and perforated sites have more soft tissue formation. Post-operative infection related complications include swelling/pus/purulent/hematoma, bleeding/nose bleeding/hemosinus, incision line opening/ wound dehiscence, bone sequestrum/fragments, sinusitis (nasal congestion, purulent discharge, headaches), oroantral fistula. According to the scheduled duration, the lecture/s will address different aspects concerning surgical procedure

Volume 6, Issue 6

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2nd European Otolaryngology ENT Surgery Conference International Conference on

Craniofacial Surgery

October 16-18, 2017 Rome, Italy

Complications in sinus floor elevation procedures

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and complications.

