Bone augumentations with autologous bone in oral implantology

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Oral implantology is a branch of the oral surgery that opened a new era in dentistry and whose is in continuous development.We can say that oral implantology is a mixture of dento-alveolar, prosthetic and gnatology. The concept of osteointegration, guided tissue regeneration, bone grafts, sinus-lift interventions have contributed to expanding dental implant indications and increasing the success rate. In the therapy of bone defects for the purpose of substituting the hard tissues, additive materials are used. These in the form of origins, are divided into autographs, analogs and alloplastic materials.

Bone tissue is the only tissue in the body that can be cured without any structural or functional deterioration without scars. It has long been considered as the gold standard in addition techniques, being the only additive material with osteogenic capacities. It does not involve high costs being harvested from the same patient who would receive the graft. It was first in add-on type bone as it was biocompatible with a lower risk than the graft is not acceptable because it comes from the same patient. The incidence of autologous bone graft use was represented by the high rate of intra and postoperative complications as well as the high bone loss.

Once harvested, the autograft should be used immediately or stored for short periods of time in sterile saline, Ringier dairy solution or D5W to maintain vitality of bone cells. It is contraindicated to keep the grafts in distilled water because cell lysation is produced due to the hypotonicity of the water. Also, keeping grafts in the blood decreases the survival rate of cells in the graft because the red blood cells eliminate cytotoxic cells that damage the cells.

The autogrip collection places are divided into two categories: a) intraoral b) extraoral

Conclusion and significance: Since the beginning of bone grafting, autograft was the first material used to obtain an optimal bone quantity. The first place of harvesting was the iliac crest. The autograft has the highest success rate of all addition materials, the quality of the bone formed being very good and without any extra cost to the patient. Available bone volume regardless of where we harvest, less in the case of jaw tubercular auto screen (2-4ml). We have the best bone quality in the mandibular symphysis. Respiration time between 3-8 months. Autograph can solve almost any type of bone defect from lifting of unilateral jaw simula, small alveolar defects, large alveolar defects. Another advantage is that it can be combined with other materials.

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