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AN ANALYSIS OF THE ALVEOLAR PROCESS ATROPHY IN THE MAXILLO FACIAL REGION AND THE INTERVENTIONS IN ORAL IMPLANTOLOGY

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Before any surgical intervention with the purpose of setting dental implants, the implantologist should not only do a general analysis of the case but first and most important thing is to do the detailed study of the region or area over which the intervention will take place. So, the implant-prosthetic rehabilitation requires that alveolar crusts must have enough bone in good quality and on which we can work. But this is not always possible. Different factors influence this inadequacy which in some cases is an obstacle that should be treated seriously by the physician. Autograft, allograft or xenograft. In generally, these surgical auxiliary techniques are used during interventions for atrophic bone implantation.

Material and Method: **In this paper I have used my personal theoretical-practical experience in the surgical treatment of patients who had undergone atrophic bone surgery for a period of several years. In this paper we will present some clinical cases treated at our clinic.**

Clinical case: **The MS 50-year-old patient appears in our clinic after a failed implant surgery on both jaws. The panoramic graph gives this view (Figure 1). It is snapped into the upper jaw and after its prosthesis the control chart gives this view (Figure 2) . The patient rightly needs to replenish the lower jaw (Fig.2). Bone atrophy is expressed both in length and width. There is a correctional intervention that is performed using the autologous bone graft, while the beneficial membrane is also used from enriched plasma.**

Results: **The results of the interventions were not only positive but the success limits were equal to the placement of simple implants. We cannot fail to mention that in all cases horizontal augmentation and post-stratigraphic implant management is accomplished through directed regeneration of the bone (GBR - guided bone regeneration). The main purpose of these procedures is to ensure long-term implant sustainability through successful and predictable bone regeneration with as few complications and additional surgical stages as possible.**

Conclusion: **The bone volume determines the individual evaluation criteria for the selection of the reconstructive technique that influences since in the beginning the selection of the best procedure for the morpho-functional restoring of soft and hard tissues and having the utmost care in aesthetics of implant prosthetics. The available techniques in implants surgeon hands, to obtain enough bone volume for implants' positioning, are numerous and often sophisticated. Their implementing in implant surgery is the main duty of the doctor who takes over the surgical treatment of the patient**

Biography

Aldo Vangjeli: From 2002 up to and including O.M.F surgeon near Vlora RegionalHospital. From dt.01 / 06/2016 Pedagogue (Academic Staff) at the Faculty of Dental Medicine. From 2002 to 2016 Oro-Maxilo-Facial Surgeon at Vlora Regional Hospital. From 2009-2012 Head of Clinic of O.R.L-Ophthalmology-O.M.F., RegionalHospital,Vlora. From 2016 onwards Pedagogue at the Faculty of Dental Medicine at the Medical University of Tirana External lecturer at the Faculty of Dentistry, "Reald" University. 1998-2002: Postgraduate Specialization at the Faculty of Medicine, Tirana, ORO-MAXILO-FACIAL Surgery. 03/05/2016 Ph.D protected by 'TIRANA MEDICINE UNIVERSITY' 'Faculty of Dental Medicine'. I have more than 22 referrals at national and international congresses. I have published more than 5 papers in reputed journals and has been serving as an editorial board member of repute.

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