

## C-9. Bone Added Osteotome Sinus Floor Elevation with Simultaneous Placement of Brånemark Ti-Unite and ITI SLA implants

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### 연구 배경

The predictable survival rates in a bone added osteotome sinus floor elevation (BAOSFE) procedure with the simultaneous placement of the Brånemark and the ITI implant have been well documented. However, there has been no comparative clinical study on the Brånemark Ti-Unite and ITI SLA surface implant. The aim of this study was to evaluate and compare the clinical results of the Brånemark Ti-Unite and ITI SLA implants placed simultaneously with the BAOSFE procedure, and to radiographically assess the change in the graft height in these two different implant systems after the BAOSFE procedure during the initial healing period.

### 연구방법 및 재료

Twenty two patients with an atrophic posterior maxilla received the BAOSFE procedure with simultaneous placement of either the Brånemark Ti-Unite (11 patients, 13 implants) or ITI SLA implants (11 patients, 18 implants). Minimum of three panoramic radiographs were taken from each patient. A panoramic radiograph was taken before surgery, immediately after the placement of the implants, and 6 months after the surgery. The survival rate according to the two implant systems was determined. The radiographic changes in the graft height were also calculated with respect to the implant with known length and original sinus height.

### 연구결과

The implant survival rate was 100% (13/13 implants) for the Brånemark Ti-Unite implants and 94.4% (17/18 implants) for the ITI SLA implants after a mean follow-up period of 12 months. During the initial healing period of 6 months, the mean reduction of the grafted bone height occurred 0.67mm (10.73%) at the Brånemark Ti-Unite implants and 0.55mm (8.18%) at the ITI SLA implants. The difference between the two implant systems was not statistically significant.

### 결론

The simultaneous placement of the Brånemark Ti-Unite as well as the ITI SLA implant using the

BAOSFE procedure is a feasible treatment option for patients with atrophic posterior maxilla. In addition, it appears that a dimensional healing response of the grafted bone may occur in a similar pattern between these different implant systems.

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