

# CRESTAL SINUS LIFT: a case report

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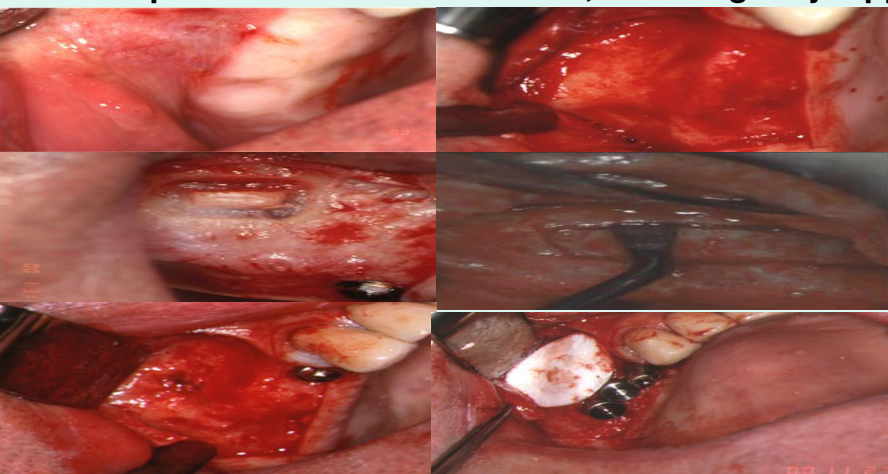
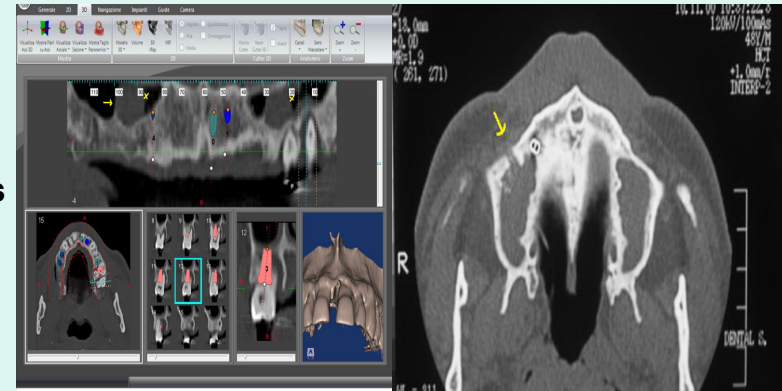
## INTRODUCTION:

The maxillary sinus, also called Higmoro antrum, is a cavity within the maxillary bone which joins the alveolar crest to form the outer wall, while the lower wall is normally contiguous with molars and first premolars, and its walls are covered by Schneiderian membrane.

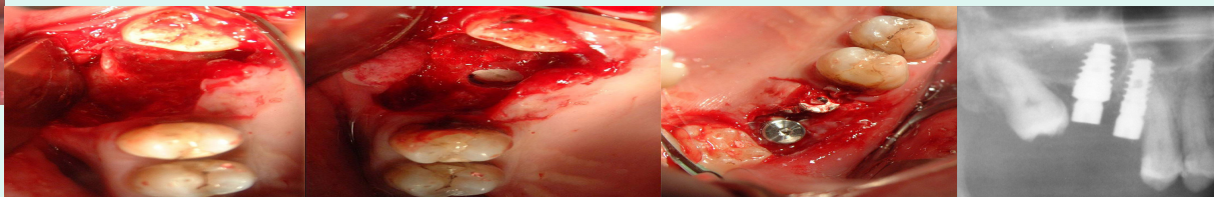
Initially, Scialom needles were used to surround or avoid the sinus, because they were very thin and allowed for delicate operations, until the recent elevation of atrophic crests with bone grafts.

**AIM:** The term maxillary sinus lift indicates the increase in volume of the maxillary bone and the resulting sinus lift, a technique that allows having an adequate bone volume on the subsequent implant insertion.

**TECHNIQUE:** After pharmacological treatment and surgeries performed to remove periodontal pockets or caries, one can decide to opt for sinus lift. There are two techniques: caldwell-luc or crestal sinus lift. The surgical approach to crestal sinus lift is simple: after mucosal elevation, a bar is gently tapped to the osteotome



in order to obtain a green wood fracture to the cortical bone of the sinus floor, paying close attention not to lacerate the membrane and during membrane elevation for implant placement. Absolute silence is extremely important to evaluate the sound of the bar tapped to the osteotome. Sinus lift is performed with platelet growth factors.



**CASE REPORT:** A 45-year-old male patient with 2mm severe crest atrophy

**CONCLUSIONS:** It is important to underline that this technique reduces the healing time and avoids long-lasting window healing times, which can even be one-year long.

Today, implants with a good grip allow to perform sinus lift on thin bones and implants can be placed in one surgical time.