

Calabrodental S.r.l. Operative Unit of Maxillo-

Regione Calabria - Crotone



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Background: The implant-prosthetic rehabilitation can fail because of many implant complications., which are typically divided into:

1) Surgical complications: - immediate (intraoperative)

2) Prosthetic complications: - early

- late (postoperative).

Among intraoperative complications we can range displacement of dental implants into the maxillary sinus.

Placing an implant into the maxillary sinus implicates the creation of an orosinusal communication and a chronic irritative stimulus, which favor the propagation of infections from the oral cavity to sinus and the onset of sinusitis.

Aim: Displaced dental implants into the maxillary sinus can cause serious complications, but only a few cases are reported in the literature. The aim of the present study is to analyze a clinical case of dental implant migration into the maxillary sinus.

Case report: A 59-year-old female patient presented with a displaced dental implant into the right maxillary sinus.

An X-ray Orthopantomography (Fig. 1) was performed to localize the implant position. The implant was in the anterolateral region of the right maxillary sinus. The foreign body was removed by a vestibular bone window of the premolar region (Fig. 2). Then the sinus membrane was sutured (Fig 3).

An antibiotic and anti-inflammatory therapy was given, with 0,2%.clorexidine mouth rinse.

Discussion and conclusion: Dental implant placement into the upper jaw around the premolar and molar region is often complicated by the presence of inadequate bone tissue, both in terms of quality and quantity. Displaced dental implants into the maxillary sinus have to be removed as soon as possible in order to avoid an evolution leading to a more serious clinical picture.

## References

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