

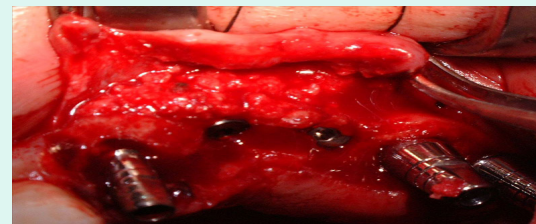
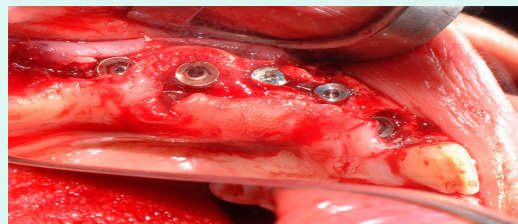
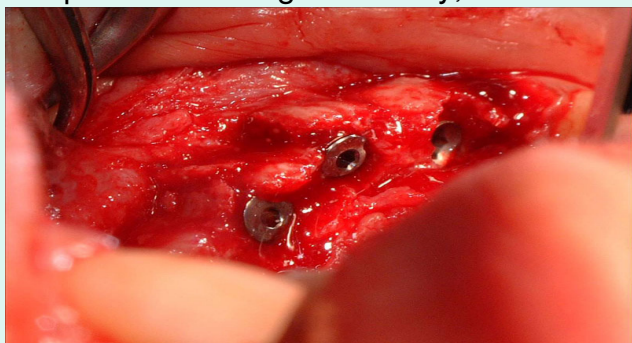


# Split crest: a case report

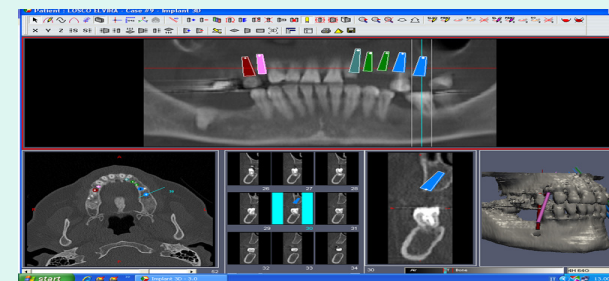
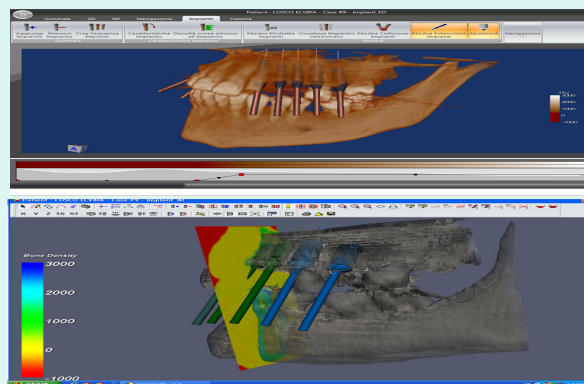
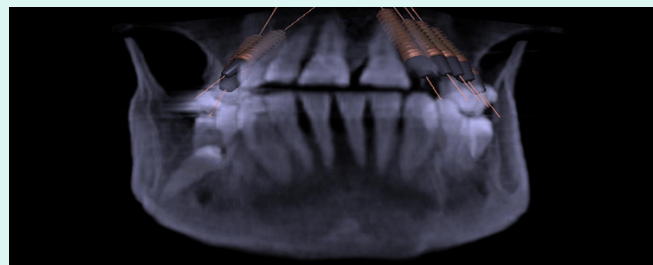
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**INTRODUCTION:** The advances in oral surgery allowed us to compensate for the anatomical loss which arise from several diseases and cause negative clinical conditions to implant rehabilitation. Among pre-implant techniques there is the split crest: through expanders, it makes rehabilitation possible when the reduced crestal width could be an obstacle

**TECHNIQUE:** The expansion technique involves separation of the two cortical parts with prior preparation of the mucoperiosteal flap. More specifically, the flap is traced with a scalpel and then an osteotomy is performed using sharp-pointed chisels, which create joints to release the forces related to surgery. Then, with greater osteotomes, we will create a green wood fracture which will increase the transverse diameter of the apical crestal region. Finally, the alveolus can be prepared for implant fixture insertion.



**CLINICAL CASE:** The clinical case is a 47-year-old female patient with a resin mobile prosthesis, 3,5 mm bone width and 16-13 mm bone height, as proved by the 3D model.



After flap tracing and separation of the two cortical parts of the crestal bone through expanders, six immediate-load implants were inserted.

**CONCLUSIONS:** Clinical and radiographic examinations two months after loading confirm the therapeutic success.

