

98.4% (61/62) for the immediate group. There have been some differences regarding implant localisation and the use of osteoplastic procedures between the groups.

Survival rate of immediately placed implants is similar to the late/delayed placed implants. Straight-forward surgical technique with thorough debridement of the socket, use of guided bone regeneration procedures and systematic application of antibiotics outweighs the increased risk infection and implant loss in immediate placements. As soft tissue aesthetics are expected to be superior with immediate implants, this type of implantation should be encouraged with our patients.

Preprotetička rehabilitacija donje čeljusti nakon kompleksne dentoalveolarne traume s multiplom avulzijom zubi - prikaz bolesnika

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Traumatski gubitak zubi s defektom kosti u donjoj čeljusti težak je problem u protetskoj rehabilitaciji. U ovome radu prikazuje se mogući način rehabilitacije nakon složene dentoalveolarne traume s gubitkom svih četiriju sjekutića, očnjaka, obaju pretkutnjaka i prvoga kutnjaka u desnoj strani donje čeljusti te gubitka alveolarne kosti, uz poremećene anatomsko morfološke odnose u tome području. Da bi se zadovoljila stabilnost, funkcija i estetika protetskoga nadomjestka te prevenirala atrofija kosti, rehabilitacija je izvedena u nekoliko faza: preprotetički kirurški pristup - vestibuloplastika i ugradnja usatka u područje defekta.

Pre-Prosthetic Rehabilitation of the Lower Jaw Following Complex Dento-Alveolar Trauma with Multiple Avulsion of Teeth: Case Presentation

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Traumatic loss of teeth with bone defect in the lower jaw represents a serious problem in prosthetic rehabilitation. The paper presents a possible method of rehabilitation following complex dento-alveolar trauma with loss of four incisors, canines and both premolars, and the first molar on the right side of the lower jaw, and the loss of alveolar bone with impairment of anatomic morphological relations in this area. In order to satisfy stability, function and aesthetics of the prosthetic restoration, and to prevent bone atrophy, rehabilitation was carried out in several phases: prosthetic surgical approach - vestibuloplastics and insertion of an implant in the area of the defect.

Primjena trikalcijeva fosfata u liječenju velikih koštanih šupljina čeljusti

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Trikalcijev fosfat - $\text{Ca}_3(\text{PO}_4)_2$ - resorbilna je i biokompatibilna kalcijeva fosfatna keramika s omjerom atoma kalcija i fosfata vrlo sličnim prirodnom koštanom mineralu pa se u tkivu i ponaša poput vlastitoga koštanog transplantata. Na tržištu se pojavljuje u obliku zrnaca različite veličine. Postupno se resorbira tijekom pregradnje kosti i nadomješta novim koštanim tkivom, a u oralnoj se kirurgiji uglavnom upotrebljava kod većih defekata kosti koji nastaju nakon operacija cista i tumora te u