

Letter to the Editor

Vertical augmentation of atrophic mandibles—pedicled sandwich-plasty or distraction osteogenesis?

The comments by Garcia-Garcia et al.¹ on our paper² were appreciated; cultivating the controversy is of vital importance for our patients, and both sides should continue gathering evidence.

In another publication which is to appear in this journal,³ we described the outcome of vertical distraction osteogenesis with subperiosteal devices in a series of nine edentulous patients with atrophic mandibles 5–10 mm in height. We encountered serious complications in all cases, including three fractures of the basal bone, two fractures of the transport segment, and two breakages of the subperiosteal distraction device (KLS Martin, Tuttlingen, Germany).

Of course, we do not intend to negate the favourable results of distraction osteogenesis for other indications. The technique is useful, but has its pitfalls and is particularly difficult to use successfully in edentulous patients with severely atrophic mandibles.

With our new sandwich technique, we try to avoid a biomechanical load on the mandible. We think that excessive load may be one of the causes of mandibular fracture either during distraction osteogenesis or overcorrective augmentation with conventional sandwich techniques using bone grafts. The point with the pedicled sandwich-plasty is that we limit the height of augmentation because we do not expect significant postoperative resorption.

Furthermore, Aligipore is not a synthetic material. It is a natural hydroxyapatite based on sea algae. In addition, the

argument about whether implants should be inserted three or six months after augmentation is not a burning issue for patients as far as we are concerned. We should all aim to minimise morbidity while producing predictable results by simple means.

References

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G. Enislidis*

R. Ewers

*University-Hospital for Cranio-Maxillofacial
and Oral Surgery, Medical University Vienna
Waehringer Guertel 18-20, A-1090 Vienna, Austria*

* Corresponding author

Tel.: +43 13685589; fax: +43 13685589

E-mail address: georg.enislidis@meduniwien.ac.at

(G. Enislidis)

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