



The Cortical Lamina technique: A new option for alveolar ridge augmentation. Procedure, protocol, and case report

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ABSTRACT

In case of edentulous resorbed ridges, during the past twenty years many different techniques and biomaterials have been proposed, with the use of non resorbable membranes, titanium meshes, and other materials, always associated with bone grafts. In literature it has been highlighted the limitations and complications associated to these techniques.

The aim of this article was to present the protocol used in an international ongoing multicenter study aimed to show the predictability and validity of the *Cortical Lamina* technique, through the evaluation of volumetric changes before and after lamina placement, bone healing, and long-term success of dental endosseous implants inserted into the reconstructed areas.

Bone *Lamina* technique employs a partially demineralized cortical, xenogenic, lamella to reconstruct cortical plate. In this case, the authors used a collagenated porcine bone graft, (OsteoBiol® *Lamina*, TecnoSS®, Giaveno, Italy) with a thickness of 0.9 mm, allowing to use a rigid, mouldable, and adjustable membrane that is actually made of bone and adapts well to the anatomy of edentulous arches. In using it, the authors underlined that, thanks to its flexibility and elasticity, *Cortical Lamina* doesn't need to be stabilized with pins or screws, which makes this procedure easier and faster. Moreover, the *Lamina* is hard but also flexible and has a good elastic memory.

CONCLUSIONS

The positive results of this clinical case allowed the authors to conclude that *"the Bone Lamina technique combines the stability found in non-resorbable membranes with the biodegradation found in collagen membranes. In combination with a resorbable bone substitute, the Lamina technique is an interesting and attractive approach to biological regeneration of alveolar ridge defects in implant dentistry"*.

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