

Reducing Complications in Maxillary Sinus Augmentation: A New Re-entry Technique for Effective Bleeding Control

Fabienne Gilli, Santiago Bedoya, Jose Manuel Navarro, Zahra Bagheri, Stuart Froum, Sang-Choon Cho, Leena Palomo
 Ashman Department of Periodontics and Implant Dentistry, New York University, College of Dentistry

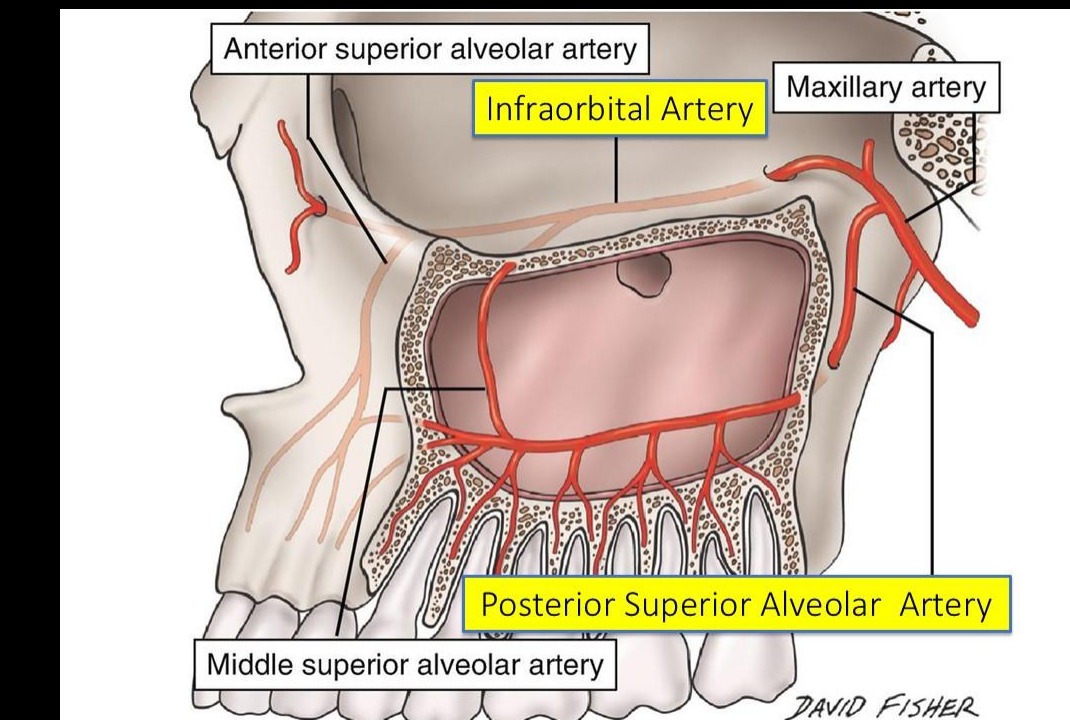
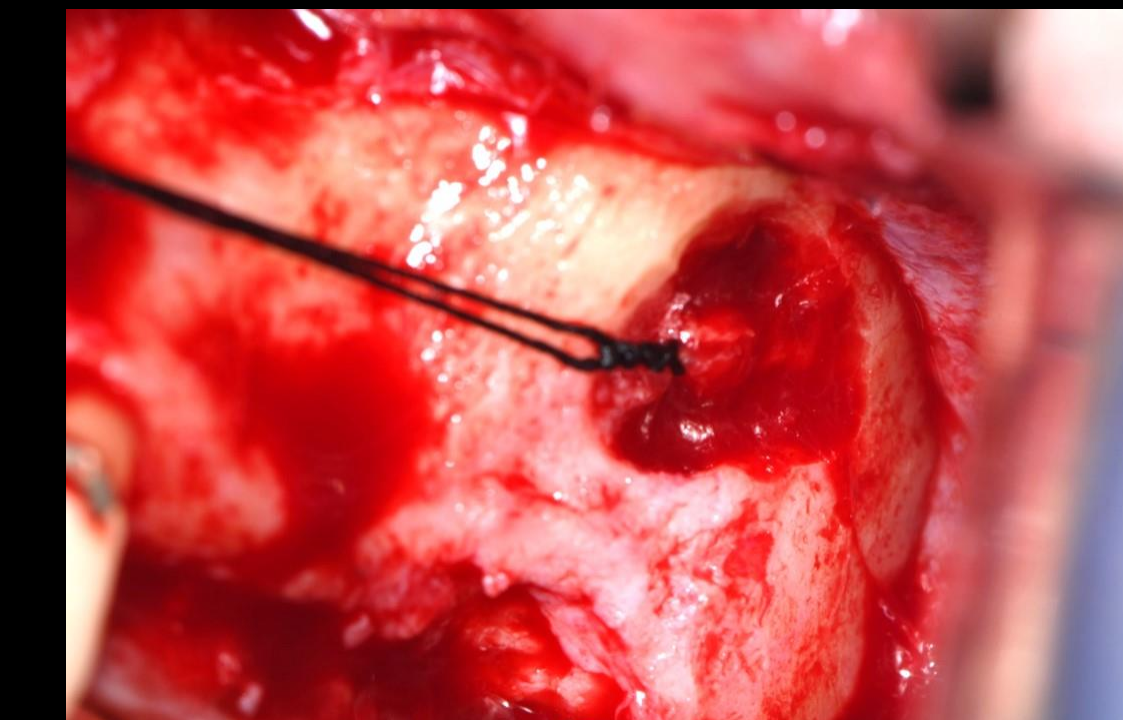
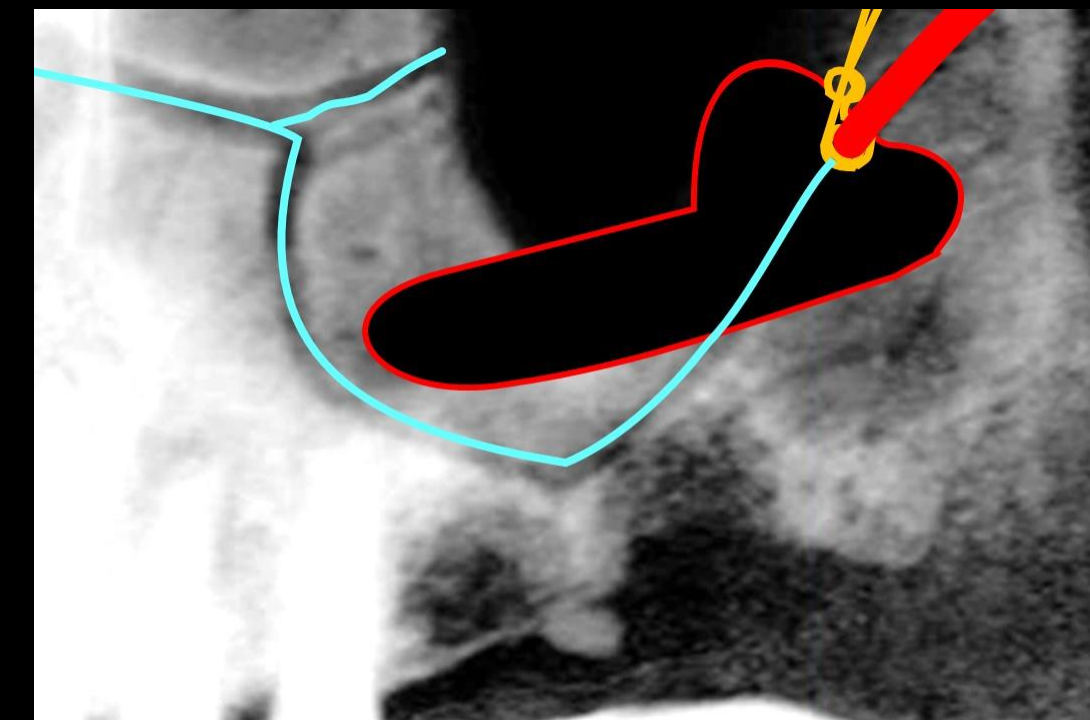
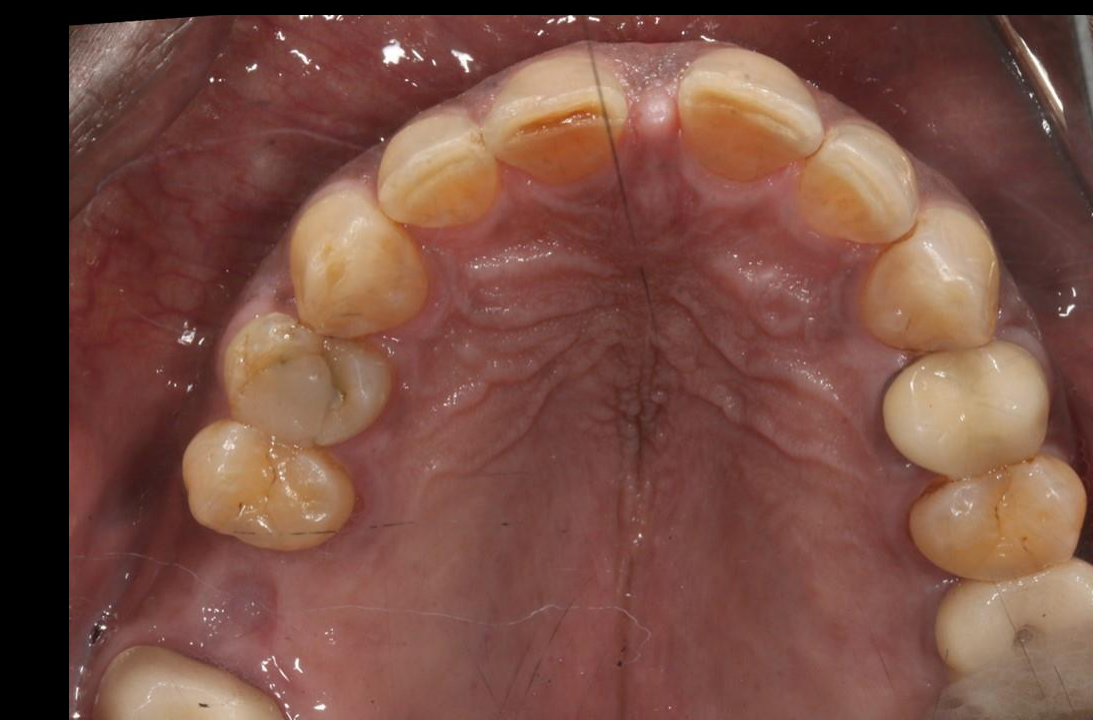
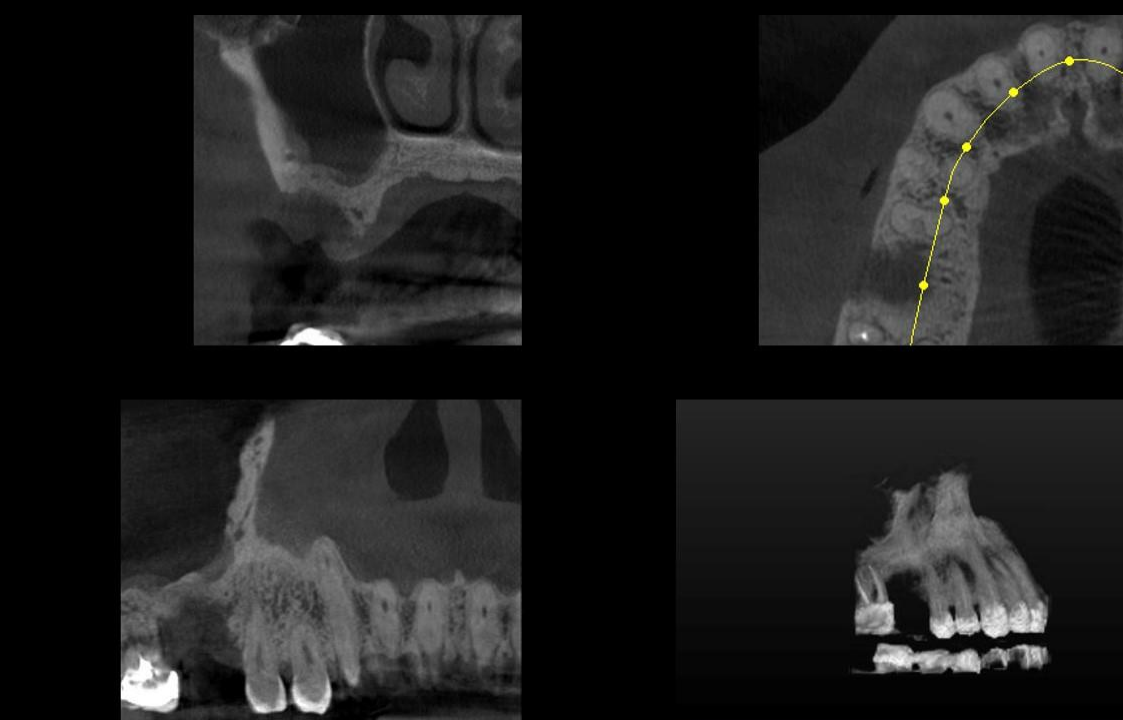
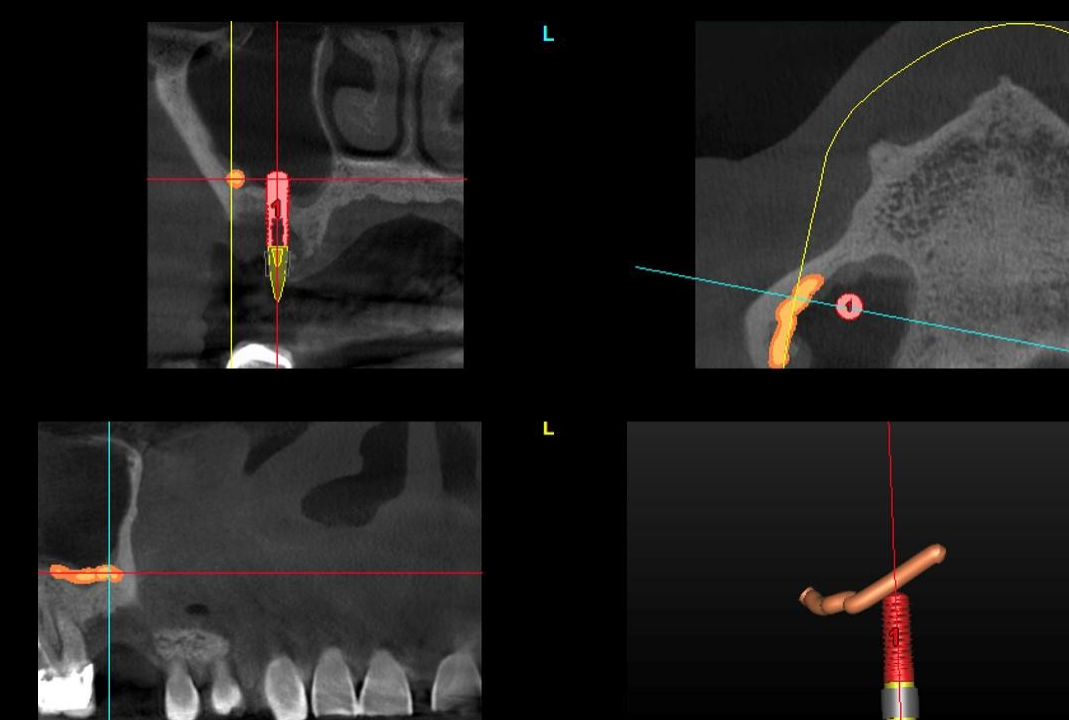
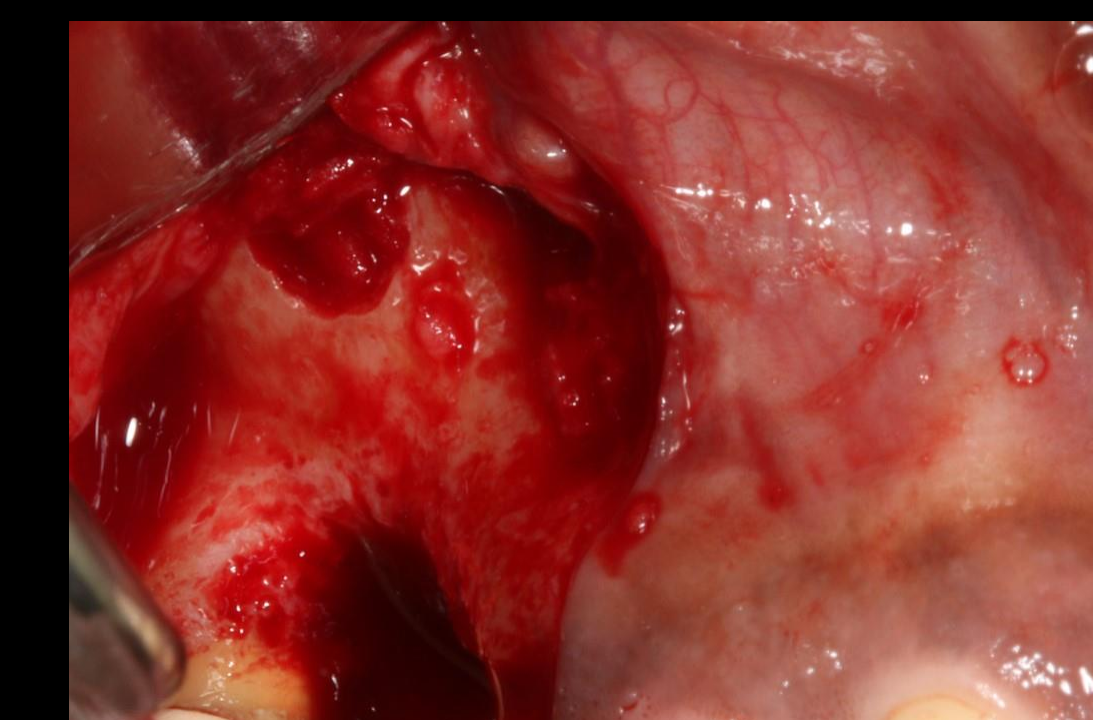
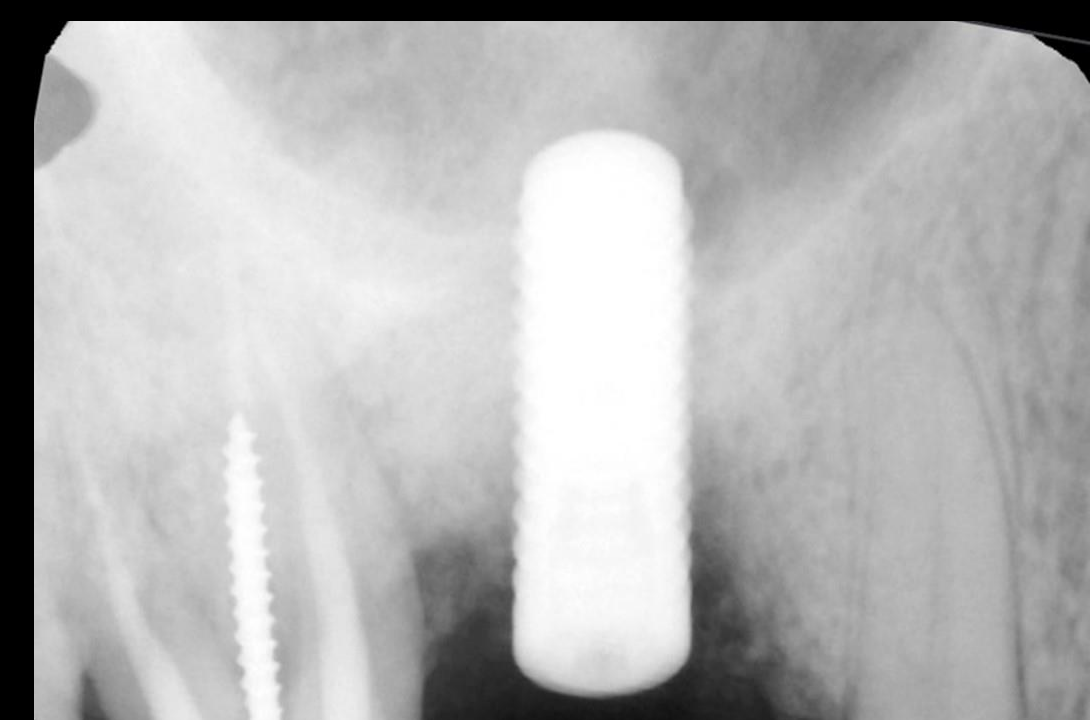
...the formation of **fibrotic tissue** around vessels following trauma or surgery could indeed contribute to a reduced tendency for bleeding during subsequent procedures. This tissue functions much **like a scar**, providing additional **structural support** and reducing the likelihood of vessel damage...

The lateral window technique for maxillary sinus augmentation is highly regarded for its predictability in ridge augmentation, allowing implant placement in the atrophic posterior maxilla. However, bleeding frequently complicates this procedure. To manage bleeding, the literature documents methods like piezoelectric burs to avoid arterial injury, ligation of large arteries, electrocautery, and bone wax application. Despite these techniques, bleeding may persist, especially during further elevation of the Schneiderian membrane or extension of the lateral window osteotomy. Bleeding often stems from multiple small arteries rather than a

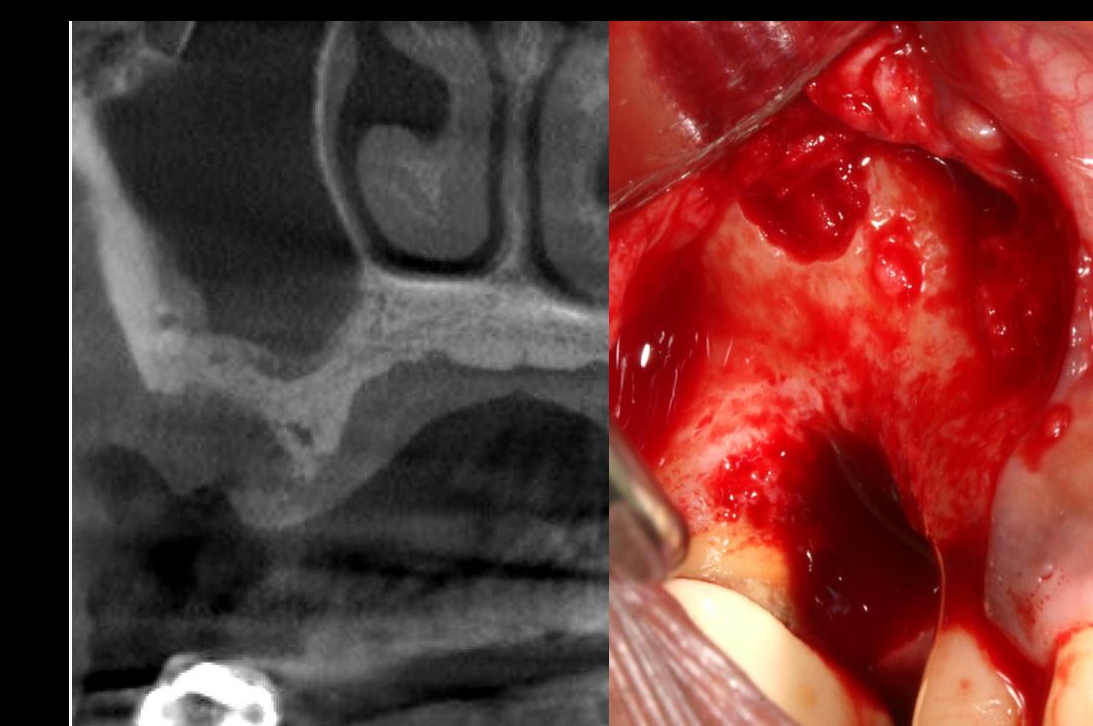
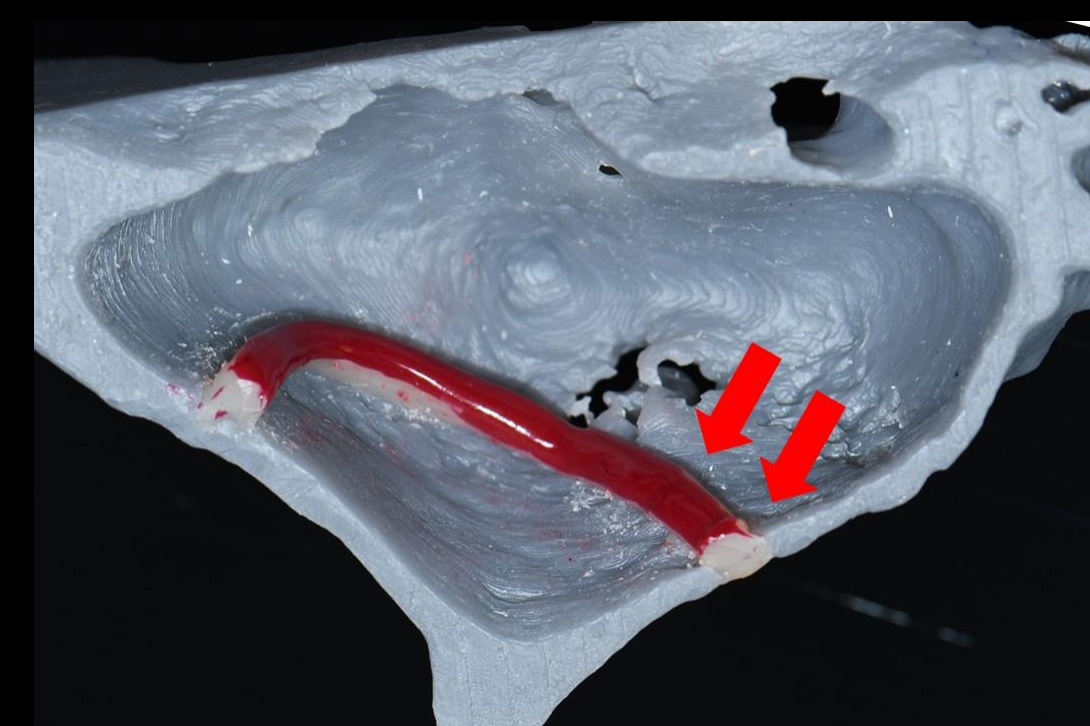
single large vessel, complicating sustained hemostasis. While temporary control can be achieved with absorbable collagen sponges or compression, bleeding often resumes with continued lateral window osteotomy. A novel approach involves closing the flap and re-entering after 3–5 weeks, allowing for significantly reduced bleeding and successful management of maxillary sinus augmentation. This case report introduces an innovative technique to control persistent bleeding in lateral window maxillary sinus augmentation.

Key words: maxillary sinus augmentation, bleeding, re-entry

- Damage to blood vessels
- Use of blood thinners
- Dietary supplements in elderly patients
- Dietary supplements in young patients



- Fibrotic tissue formation
- Scar tissue stabilization
- Reduced vascularity



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