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(**收稿**:2011-09-11;**修回**:2011-11-22)
(编辑 龙 亮)

个案与短篇

文章编号:1000-5404(2012)04-0302-01

种植体植入鼻腭管导致失败1例

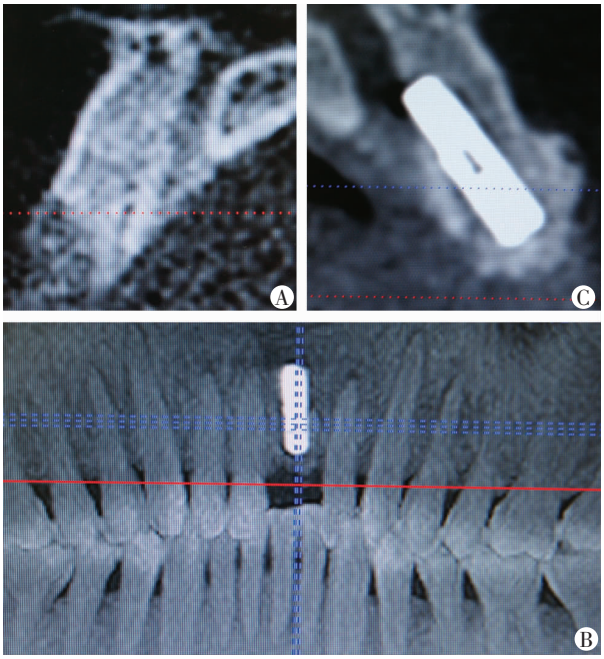
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[**关键词**] 种植;失败;鼻腭管
[**中图法分类号**] R782.12 [**文献标志码**] B

口腔颌面部的一些解剖结构限制了种植体的植入,鼻腭管就是其中之一。鼻腭管位于上颌骨前部,内有鼻腭动脉和鼻腭神经通过。种植手术中严重损伤鼻腭管,会导致前部腭侧组织麻木[1],还可能造成种植床骨壁的丧失和软组织的长入,导致种植骨结合失败[2]。但国外的学者持有不同观点,鼻腭管长度从4~26 mm,如果采用骨挤压,可以容纳10~13 mm的种植体[3-4]。Peñarrocha等[5]认为在上颌骨严重吸收的情况下,为了使种植体达到初期的稳定性,可以借用鼻腭管来辅助固位。Peñarrocha等[6]还做了大量关于上颌前部严重萎缩后,靠腭侧植入以取得种植体固位。我科观察到1例种植体的早期失败,考虑是由于植入了鼻腭管,软组织干扰了骨结合而导致的失败,现报告如下。

1 临床资料

患者,男性,40岁,全身情况良好,口腔卫生情况佳。因11缺失要求种植修复。术前CT检查显示,11处骨宽度为7 mm,手术中植入osstem直径3.5 mm、长度11.5 mm的种植体。种植体初期稳定性良好,力矩达到35 N·cm,术后CT显示种植体进入鼻腭管(图1)。术后4个月患者无明显不适,但在进行2期牙龈成型时,发现种植体松动,遂拔出。种植体根部与骨组织间有一明显软组织膜性结构,送病理检查,发现为纤维结缔组织。考虑为鼻腭管内软组织张入形成(图2)。



A:植入前;B:植入后;C:植入后CBCT显示种植体进入鼻腭管

图1 种植体植入鼻腭管前后CBCT表现

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(**收稿**:2011-10-17;**修回**:2011-11-20)
(编辑 王小寒)

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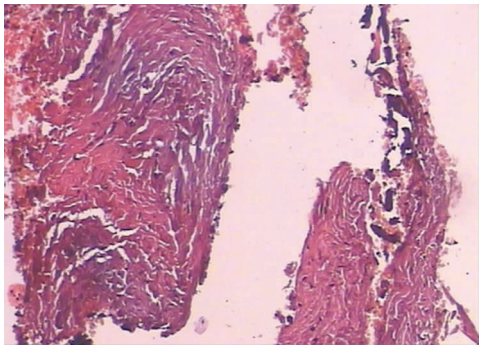


图2 种植体根部软组织HE染色观察 (×10)

2 讨论

国内外对鼻腭管这个解剖结构对种植体的影响有不同认识。国内学者多认为鼻腭管会干扰种植体的骨结合,而国外学者则认为鼻腭管会辅助固位。Artzi等[7]在为1例鼻腭管较大的患者进行种植时发现,种植体进入了鼻腭管,9个月后种植周围成骨。同时切牙孔边变小,患者没有感觉上的异常。Peñarrocha进行了7例植入鼻腭管的种植体,失败了1颗[5]。我们认为Peñarrocha提到的在鼻腭管内种植,应该充分去除鼻腭管内的软组织(包括神经和血管),并且充分利用鼻腭管的管道结构以利于种植的固位,植入和鼻腭管直径相匹配的种植体。

上颌骨的增龄性吸收是向心性的,而下颌较原颌弓窄和短。这就照成了"牙槽嵴对牙槽嵴"情况,甚至于反颌的出现。而在鼻腭孔内植入种植体,有利于种植体的受力。而鼻腭神经血管术损伤可以发生在拔出腭侧异位的尖牙和在鼻腭管内植入种植体。Filippi等[8]报道在59例患者进行腭侧异位尖牙的拔出,均在腭侧翻瓣,均造成鼻腭神经血管术的损伤。但在4周后均恢复正常。而在该病例中,患者手术后4个月并没有明显的神经感觉异常。

在该病例中,最后种植体表面检出的组织为纤维结缔组织。考虑是鼻腭管内的组织爬行到种植体表面所至。而纤维结缔组织影响了骨结合的发生,导致最后种植体的松动失败。尽管有国外学者报道在鼻腭管内种植,成功率较高。但是相关文献报道较少,成功例数较少,还需要进一步的研究。

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(**收稿**:2011-10-20;**修回**:2011-11-25)
(编辑 张 维)