

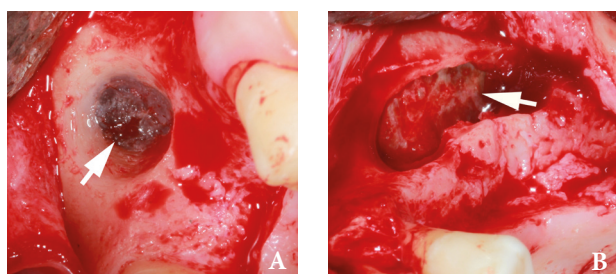


IMAGES

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Lateral Sinus Lift

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Maxillary sinus grafting was proposed by Boyne in 1960s for the prosthetic purposes.¹ Later it became an open (synonyms: direct and lateral) technique for sinus membrane elevation developed in 1970s by Tatum.^{1,2} This technique successfully evolved to the two-stage procedure (1980)³ with blade-vent implant placement and to one-stage sinus lift with root implant placement (1986)⁴. In 1994, a new chapter in sinus grafting was written by Summers who modified Tatum's osteotome-mediated transcrestal lift¹ (ie, a closed, indirect or crestal sinus lift) proposing the transalveolar osteotome set's technique⁵, which is considered to be more conservative (ie, less invasive) procedure than the

lateral lift. In 2001, Vercellotti et al offered to the world the piezoelectric bony window osteotomy and the Schneiderian membrane elevation⁶ without a risk of its perforations and leaving undamaged the posterior superior alveolar artery.¹ Panels A (a 27-year-old male) and B (a 51-year-old male) demonstrate a *complete osteotomy* design for the lateral sinus floor elevation approach. This technique is even more popular than *repositioned bony window trapdoor* and the *top-hinge trapdoor* technique. Non-reflected (Panel A) and lifted (Panel B) Schneiderian membrane is indicated by *arrows*. Its other names are 'maxillary sinus membrane', 'mucoperiosteum'³, and 'ciliated bi-laminar mucoperiosteal membrane'². Nowadays, the sinus lift is ferociously expanding the horizons, even in a combination with Le Fort I osteotomy and zygomatic implants. ■ DTJournal

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Please cite this article as: Nagorniak IV. Lateral sinus lift. *J Diagn Treat Oral Maxillofac Pathol* 2020;4(9):178.

Paper received 11 September 2020
Accepted 25 September 2020
Available online 30 September 2020

<https://dx.doi.org/10.23999/j.dtopm.2020.9.4>.
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