

ESACROM R&D DEPT.

PRESENTS

PTERYGOID KIT

By Dr. Ugo Graziani



INTRODUCTION

Over the years, implant rehabilitation has had the opportunity to evolve, becoming a rehabilitation opportunity for everyone and capable of not being limited to the sole principle of recovery of function. Natural aesthetics of the dental elements, pink aesthetics, recovery of the smile as a whole, trophism, symmetry and harmony of the perioral tissues, occlusal and functional rebalancing, are and certainly represent topics to be pursued if we want to talk about correct rehabilitation. In the correct conduct of our matter, we cannot forget three other topics to include in our priorities and today more than ever it is necessary to propose to our patients, treatment plans that contemplate contraction of economic costs, reductions in biological costs associated with stability and predictability in the long period.

The pterygoid implant is, in upper arch rehabilitation, the surgical solution that best interprets the expectations described above.

Usually we find here the best tissue conditions for implant placement: a lot of bone, often of excellent quality, and an abundant quantity of keratinized gum. It certainly requires a good learning curve, its correct implementation, in fact, requires positioning in an anatomical context characterized by reduced visual control. For these reasons, design, sensitivity and technological support end up decisively making the difference between prosthetic compromise and therapeutic success.

SURGICAL PROTOCOL

It is essential to clarify that the choice of ultrasonic inserts to be used is strictly related to the peculiarities of the affected area and the prosthetic needs suggested by the prosthetist and dental technician. Axes and insertion angles will therefore divert our choice towards an insert that follows and pursues shared basic principles but which in fact best adapts to the indications mentioned above.

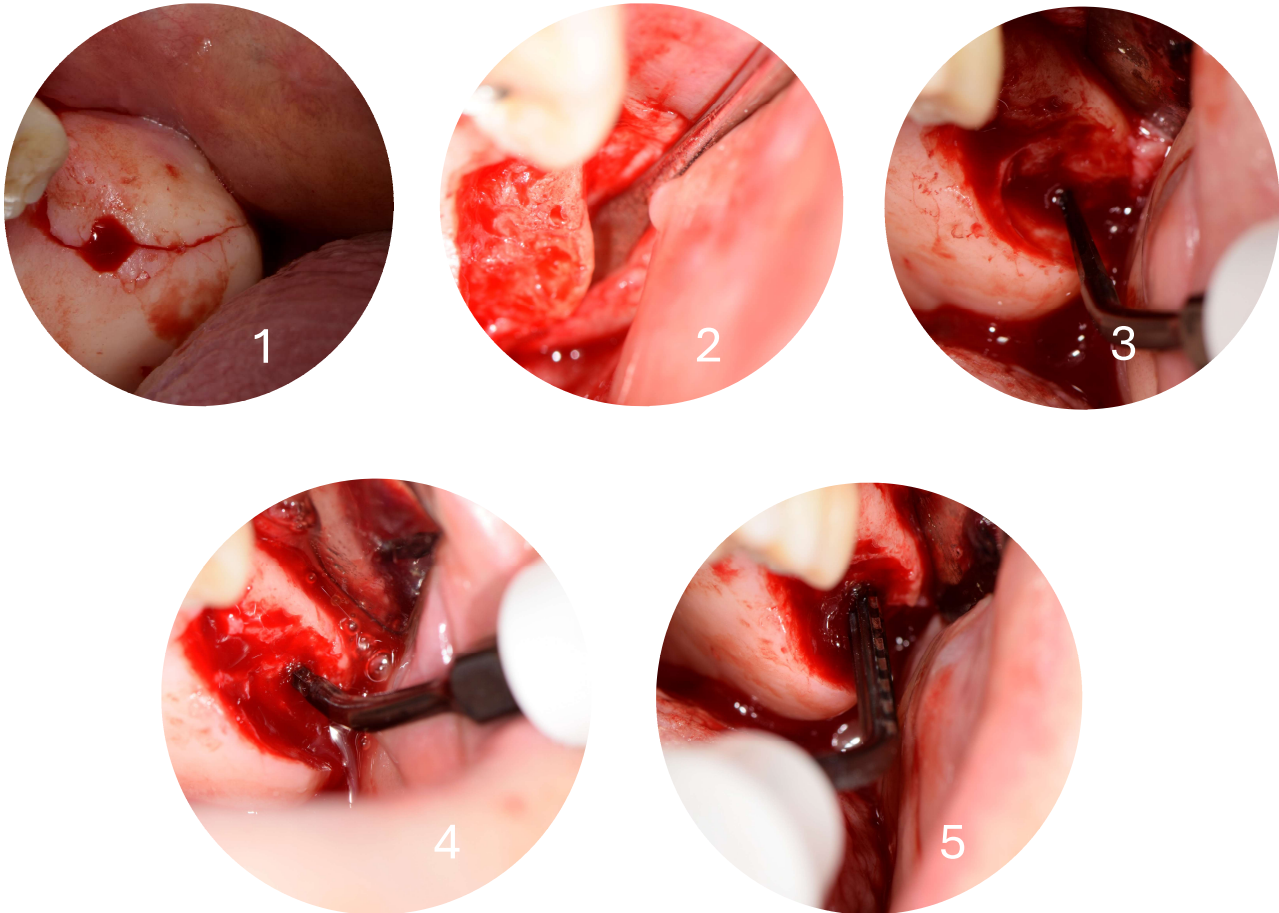
The proposal of inserts created by Esacrom for the creation of this protocol is not simply exhaustive and high-performance, but is also complete and allows you to best access and carry out the preparation of a site perfectly compatible with the majority of systems on the market and this in a location known and conditioned precisely by the frequent difficulty of access.

All the elements of the surgical phases of the Pterygoid lead to a priority consideration of the piezoelectric preparation compared to the rotary one. From **visibility** to the **quality of the preparation of the cut, precision** and contextual cleansing that orient our treatment towards concrete **biological savings** and a significant **improvement** as well as **acceleration of the peri-implant healing phase**.

Another very important advantage in using Esacrom technology compared to the rotary one is certainly represented by the ability of the handpiece to significantly expand the **possibility of identifying the different consistencies of the bone component** that we impact in the creation of the Pterygoid.

The main difficulty of this protocol is precisely linked to the need to create an implant project in a hidden volume, an area not visible as in other implant solutions and above all having to respect axes and emergence profiles conditioned by binding and reduced bone volumes. The impact of the ultrasonic insert with the different densities of bone tissue, associated with easy identification of the different working depths, allow us to superimpose the project simulation on our implant finalization phases in an absolutely reliable way.

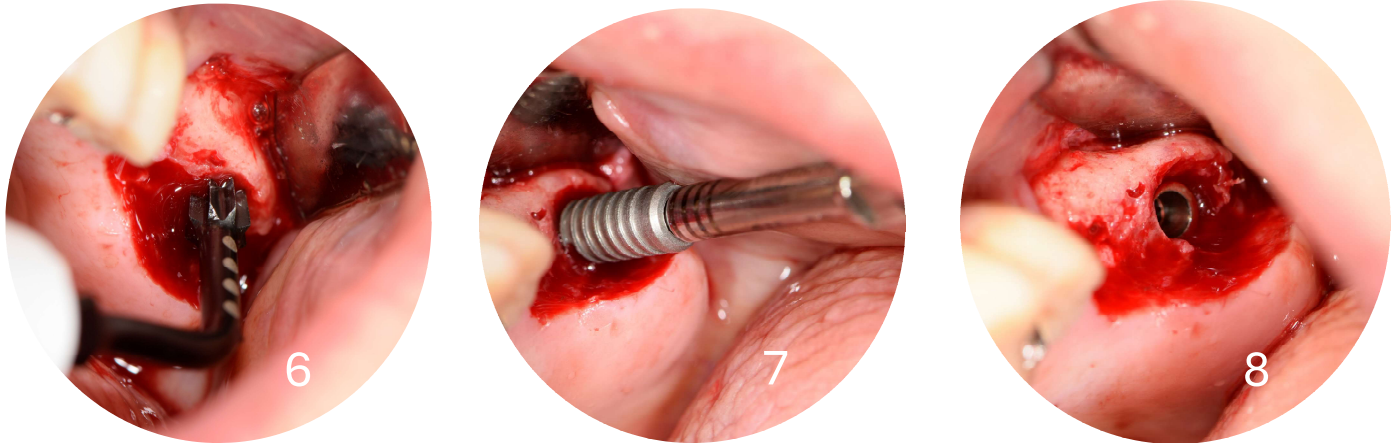
SURGICAL PROTOCOL



Once the area affected by the treatment has been identified (Fig. 1-2), it is possible to proceed with the placement of the invitation point and the first in-depth preparation through the shorter and/or thinner inserts such as the **ES052XGT** or **ES012ET** (Fig. 3-4).

The next step can lead to the direct use of the inserts designed on the indications of Dr Graziani which specifically can be traced back to the acronyms **ES052XGLRT** and **ES052XGLLT** (Fig. 5). These are inclined inserts, therefore they have a right-handed and left-handed orientation, this setting, in addition to allowing better visibility of the area, can allow us, once the handpiece has been aligned on the Frankfurt plane, a rough orientation of the required implant axis and therefore further facilitate the implementation of the project itself.

SURGICAL PROTOCOL



The finishing of the caliber is completed according to the implant measurements linked to the chosen system, through the use of the **ES00SV1T** conical-shaped inserts (Fig. 6).

Considering the quality of the bone component normally represented by the section of the palatine bone and the pterygoid process, in association with the frequent proximity of delicate anatomical structures, abundant irrigation and appropriate use of the insert are recommended which must never lead to hyperthermia of the area .

A physiological learning curve is sufficient to obtain a correct and predictable creation of the Pterygoid implant. However, the use of the ultrasound device and Esacrom inserts, specific and efficient, become essential in the context of a protocol which, in addition to osseointegration, involves precision, respect for the project and preservation of the tissues and anatomical entities present in the area.

DEDICATED INSERTS



ES052XGLLT and **ES052XGLRT** insert angle detail,
used respectively for the left (**ES052XGLLT**) and right (**ES052XGLRT**) arch.

PARAMETRI

	ES012ET	ES052XGT	ES052XGLLT	ES052XGLRT	ES00SV1T
U	35	20	50	50	40
V	80	80	80	80	90
P	100	100	100	100	100
MAX POWER	40	25	60	60	60

U: Suggested power
V: Suggested vibra
P: Suggested water pump
MAX POWER: Maximum power

DR. UGO GRAZIANI



Graduated in Medicine and Surgery in 1988 in Rome and Masters in oral surgery in various universities, especially foreign ones.

Contract professor at the University of Bari, master of oral surgery in the years 2005-06-07-08 and contract professor at the University of Naples Federico II for the microscopy course in the years 2008-09. Visiting professor at the New Jersey University from years 2000 to 2006. Visiting professor at the State University of Madrid in the years 2008-2009. As a teacher he supported master's degrees in various European and non-European countries, in 2004 he was invited to support a master's degree at the National Society of Oral surgery in Tokyo. He supported the Masters in Oral Surgery as a teacher on behalf of the University of Rome La Sapienza and the University of Chieti. In 2013, contract professor at the Albanian University in the oral surgery specialization course. Since 2013, he has taught oral and implant surgery at the University of Foggia.

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