Bone Grafting Material Opinions...

A discussion among dental professionals on the message boards of Dentaltown.com. As implants grow in popularity, an extraction is no longer just getting the tooth out. Today, you should consider placing a bone graft material to improve the prognosis for a future implant. Log on today to participate in this discussion and thousands more.

My OS [oral surgeon] has encouraged me to start doing my own bone grafts for implant cases. I was wondering what material/system do you guys prefer, and more importantly, which ones do you recommend not using? ■ David “The Merciless Fish” Albertson DDS

I love this topic: A lot of materials get press because they are proprietary...they also get research dollars. Cow bone: This includes PepGen P-15, BioOss and NuOss in order of most to least expensive. They resorb slowly if at all and in my hands I have to wait longer after an extraction if I use these to place an implant. PepGen’s claim to fame is that it is a better cell attractant than bovine bone alone...and it is...and it’s also equivalent to MFDBA [Mineralized Freeze Dried Bone Allograft] which is a quarter of the cost or so. There are putty forms of PepGen that get more vital bone fill because it’s displaced by the carrier. Expect the least vital bone fill with these products. Wallace is one for anything on BioOss. NuOss is histologically identical to BioOss. Human bone: You have Puros, DFDBA [Demineralized Freeze Dried Bone Allograft], and MFDBA. You can forget DFDBA because it resorbs too quickly for most applications with implants. MFDBA has articles supporting its use for sockets (Iasella, and I think Nevins recently in the picture journal), and it happens to be the cheapest. Puros I view as a more expensive MFDBA with mildly better handling properties. Putty bones—I personally stay away from any with DFDBA...OrthoBlast is a putty with DFDBA and MFDBA...never used it. What application are you going to be using it for and for what defects? Do you want what’s marketed best or what works and is cheap if possible (what I prefer)? Kidding, but I need to know what you want to do...ridge augs or four wall sockets, sinus grafts (antral or osteotome) what?

Paid what amounts to 1/8 of a production day to speak for Astra...my opinions are mine and they don’t come cheap. ■

Great discussion! I’ve used NuOss for bone grafting, and a mixture of PepGen P-15 and NuOss for a mandibular ridge split and they worked well. Hack is right about the NuOss by itself resorbing faster. I also prefer a mixture of harvested bone and PepGen P-15 around the implants for bone augmentation or to fill in defects, I find it hardly doesn’t resorb at all. (Very important in the anterior) ■ David B Lister DMD

I am only interested in doing bone grafts in areas where I have just extracted teeth. I have no interest in splitting ridges or going in and trying to create bone where teeth have previously been extracted. Here is the deal; my OS who puts the implants in for me comes down from Juneau once every other month. I often refer simple or moderately difficult
extractions to him because the patient and I have discussed implants and they want to pursue said implants but I want them to have bone grafting as well. If that patient is out on a boat or logging during the OS visit into town he is putting off his extraction and bone graft for four months, if he misses two visits by the OS then its eight months. What the OS and I are trying to do is find a way for me to be able to do the extractions I want and get the bone graft done to save half a year or more for the patient when getting the implant...its a logistical problem we are trying to solve. I am not doing tons of implants, probably two to four a month. I, like you Hack, want what works well, and if I can get it cheaper it is better, I also want it to be easy to place. The OS uses Puros, I believe. He likes it but he is a sucker for name brands, so I have to take that into account, on the other hand he only uses what he thinks works best, so I can’t just blow his opinion off either, plus I am working in conjunction with him and don’t want to give him something he thinks is crap. He was here the last two days and told me he doesn’t care so much what I use, as long as I do it right and it works...LOL...of course if I use Puros he would be happy...but more then one opinion is usually a good thing.... David “The Merciless Fish” Albertson DDS

Four wall socket defect use the MFDBA from Lifenet as I am and another poster suggested and put part of a collogplug over it and some sutures. If it’s a wider socket, you need more than a plug but it flies for most. He can place in three months. I don’t think he’ll notice much of a difference-I never did. If you have a buccal dehiscence you’re going to need more. You’ll need a membrane and the same graft. There are a ton of different membranes and most opinions seem to be based on the handling characteristics which are mainly subjective. Biomend Extend is a stiffer membrane that I use that is collagen. Bioguide is a collagen membrane that has an up and down side that is less stiff but resorbs quicker. Ossix plus is a synthetic barrier that is similar to Bioguide but is a little sticky which has advantages and disadvantages. Everyone has a favorite. I’d use for a barrier in a three wall defect whatever your OS does and ask him for pointers on using it. Puros will cost you twice as much as MFDBA with no benefit...and MFDBA has at least as much data to support it.

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