



## Displaced Dental Implants into Maxillary Sinus

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The knowledge of maxillary sinus anatomy has converted extremely significant in every sinus surgery. Resorption of the alveolar process, sinus pneumatization, bony septa, are some examples that can't not go unnoted. The rehabilitation with dental implants has become nowadays a very usual practice. However, there are some factors that we to consider in the posterior ridge.

Bone resorption, cortical bone, pneumatization of the sinus, are certain difficulties, during the implant placement, and can lead some complications. The posterior ridge has a poor bone quality, that needs considerations or sometimes additionally techniques in the surgical treatment, to be able to a primary stability of the implant. If there is an insufficient stability during the implantation, we can displace into the maxillary sinus our implant.

An important thing is that we have to know that the literature is clear to say that many cases are asymptomatic, and depends of every patient. But in the other way, we can expect complications like: sinusitis, facial pain, nasal obstruction. There is a rare case of a migrated implant in the maxillary sinus, and his treatment.

The bone in the maxillary posterior ridge, is a challenge to the professional due to the bone quality, ridge resorption and pneumatization. These make it necessary to plan the surgery in a different way, to avoid complications. The presence of the implant into the maxillary sinus may present a potential jeopardy for trigger a maxillary sinusitis.

There is different situation, that cause the migration, including: insufficient surgical planning, lack of anatomical knowledge, surgical inexperience, Schneiderian membrane perforation, excessive force application during the surgery. The most of the displaced cases that are reported in the literature, are directed toward their

removal, to treat maxillary sinusitis. Although there are asymptomatic cases, that did not receive treatment due to the difficult to removing, patient refused removal, or the patient just swallow the implant<sup>14</sup>. In our case, implant migration was caused by the surgical inexperience and the excessive force application, during the surgery. Dental implant laying into the maxillary sinus can result in: sinusitis, facial pain, nasal obstruction, headache, postnasal drip.

The literature is clear to say that it is recommendable to remove the implant even without symptomatology. Although literature suggest that the decision depends of the symptomatology, justifying a conservative approach. After they treated a patient with a foreign body into the maxillary sinus (more than 7 years), doing an elevation of the sinus with the material graft application and implants placements.

After all of the treatment is not easy, and a surgical skill is needed. The main goal is to remove the etiological factor. There is still no gold standard, but the transnasal or transoral endoscopy and Caldwell-Luc approach, are most used methods.

Migrated dental implants into the maxillary sinus is uncommon, is a complication that is related to the placement of implants. A planification of the case is necessary, to avoid these complications, although a skilled professional is needed. Every dental implant into the maxillary sinus, should be removed, before it can cause a sinus pathology, even when it has not caused discomfort.

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### **Conflict of Interest**

The authors declare that there is no conflict of interest of any form or nature with any device, product, protocol, technique or company.

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