

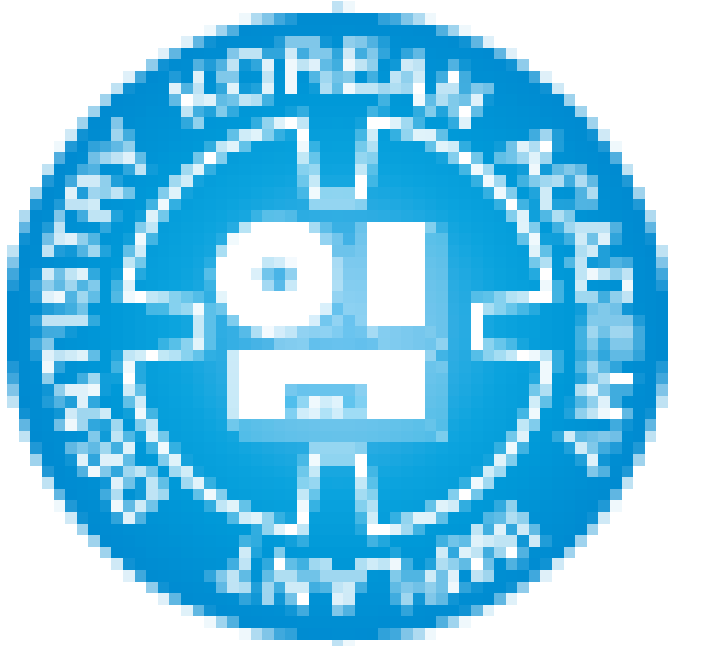


# Conservative treatment technique for wound dehiscence after ridge augmentation using titanium mesh

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**Wound dehiscence** after ridge augmentation is the most frequent complication, causing infection, inadequate bone healing, and loss of bone substitutes. However, a conservative treatment is hardly achieved to prevent infection during the secondary healing period due to the resident oral bacteria, wet and humid environment, and soft tissue movement in various directions.

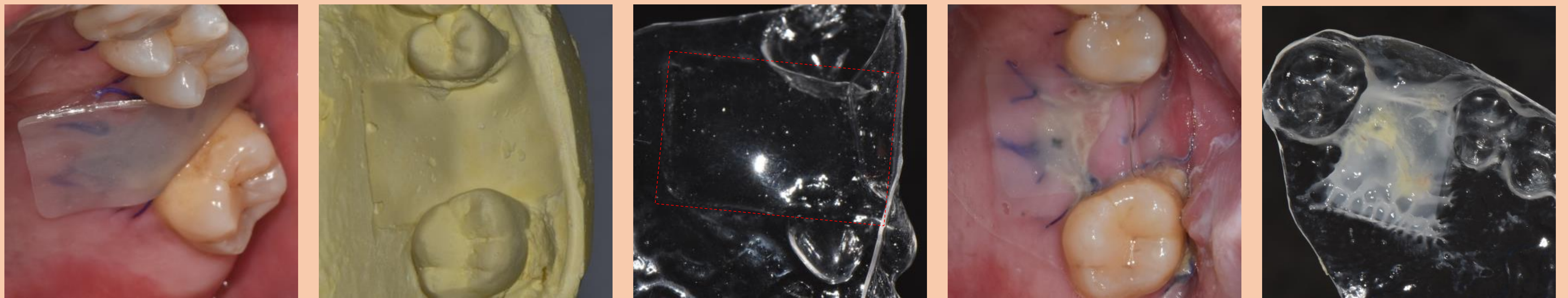
We present **an effective conservative method** by using the oral wound dressing material (Orascar, Renew medical, Bucheon, Korea) with emgraved omnivec splint.

## Technical Report & Case Presentation

**#1. Wound dehiscence** was occurred at 5 days after dental implant with autogenous bone and AutoBT



**#2. Omnivec splint (ø 0.5mm)** was fabricated from the **impression with Orascar** application



Orascar applied on the defect

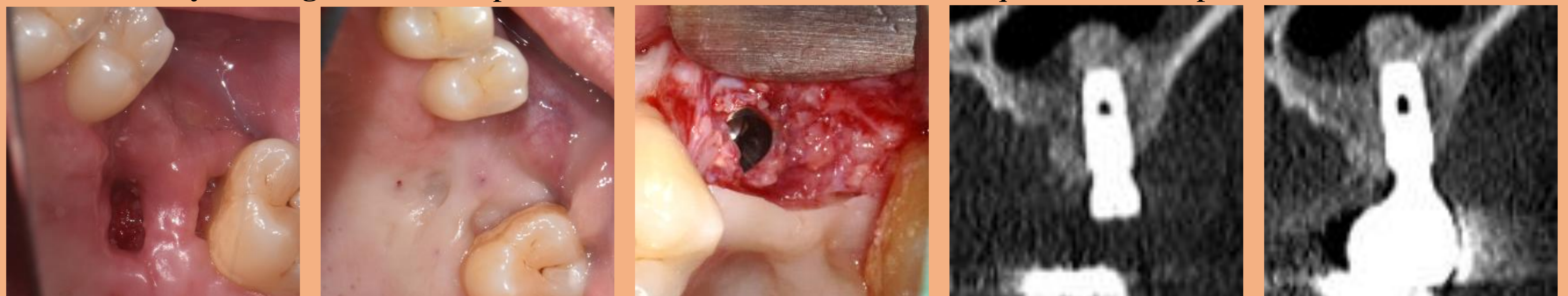
Cast with embossed Orascar

Omnivac Splint (ø 0.5mm) with emgraved Orascar

Splint application with Orascar

After 1 days, well retained Orascar on the splint

**#3. Secondary healing** without complications such as infection and subsequent dental implantation



After 2 weeks, Secondary healing without infection, and stop dressing

After 3 months, Remodeling of soft tissue

After 5 months, Secondary surgery

After 6 months, Functional loading with Proper palatal bone healing

After 12 months, Proper bone remodeling

## Discussion & Conclusion

**Orascar** (Renew medical, Bucheon, Korea) is a **Non-eugenol Intraoral Wound Dressing**, generating adhesive strength when reacting to water or saliva. The adhesive surface is composed of Tocopheral acetate, Carbomer 940 and Hydroxyethyl cellulose, and the protective surface is coated with Ethylcellulose and Castor Oil. Although Orascar can formed the adhesive surface, it hardly endure the dynamic masticatory muscle movement and difficult to apply the patient himself.

With omnivec splint, **the patient can easily apply Orascar on the exact position by himself**, preventing dislodgement. This availability lead to manage proper oral hygiene and to reduce outpatient frequency. With this conservative technique, this patient can achieve implant prosthetic treatment without additional intervention or complications.

Since we used osteoinductive bone substitutes such as autogenous bone and AutoBT, it is questionable to effect with other bone substitutes including xenogenic and alloplastic bone grafts. Further study is necessary to evaluate bone healing outcome compared with that of primary healing without wound dehiscence.