

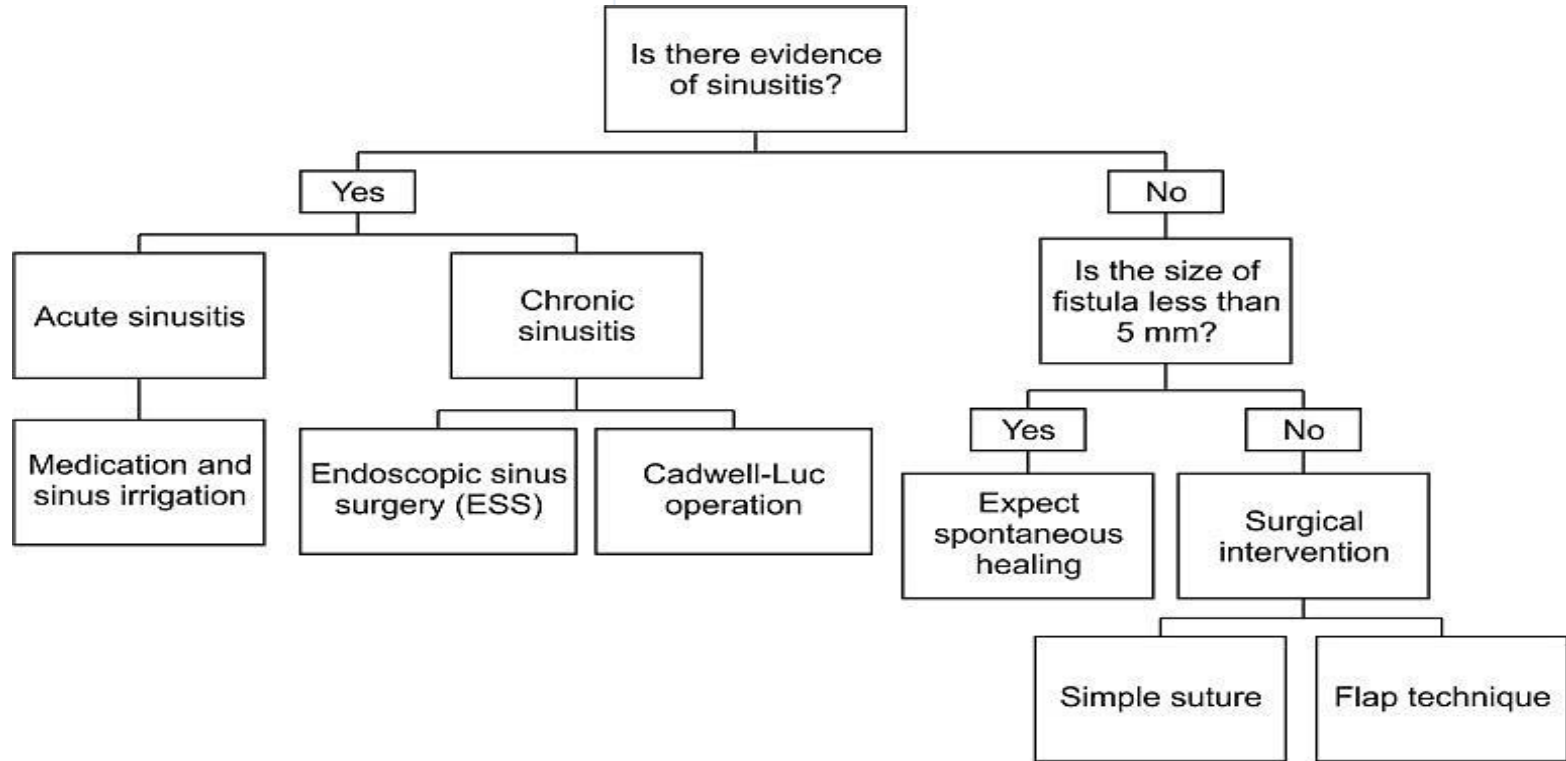


CLINICAL PROTOCOLS FOR TREATMENT OF OROANTRAL DEFECTS

Bruno Nikolovski
Ana Gigovska Arsova
Biljana Evrosimovska
Vanco Spirov,
Mihajlo Petrovski,
Budima Pejkovska Shahpaska
Aneta Terzievska
Elena Radeska

Graph 4.

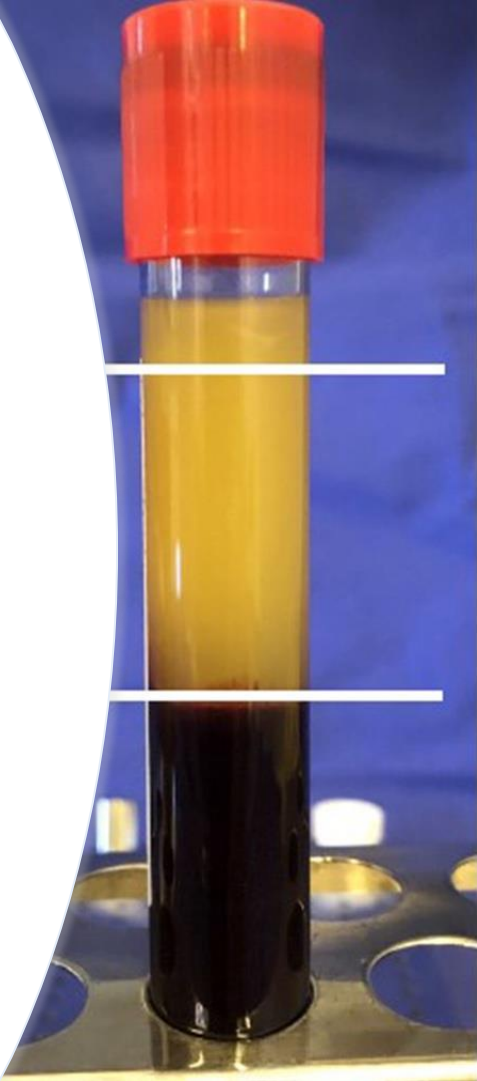
Algorithm of steps when choosing a treatment modality



PRF

v.s.

Buccally
displaced
flap



Success rate
90%

Hunger, S., Krennmair, S., Krennmair, G. *et al.* Platelet-rich fibrin vs. buccal advancement flap for closure of oroantral communications: a prospective clinical study. *Clin Oral Invest* (2023). <https://doi.org/10.1007/s00784-022-04846-7>

Ghanaati S, Herrera-Vizcaino C, Al-Maawi S, Lorenz J, Miron RJ, Nelson K, et al. Fifteen years of platelet rich fibrin in Dentistry and Oromaxillofacial Surgery: How high is the level of scientific evidence? *J Oral Implantol*. 2018;44(6):471–492. doi: 10.1563/aid-joi-D-17-00179. <https://pubmed.ncbi.nlm.nih.gov/29870308/>

Conventional pedicle palatal flap



Figure 9A: Preoperative view of a 1-month-old OAF



Figure 9B: Rotation of the palatal flap to cover the defect

V.S.

Full-thickness palatal flap



Figure 9C: Preoperative photograph of 2-year-old OAF



Figure 9D: Palatal submucosal flap preparation and two-layer dissection

Post-operative
protocol

