Representative Clinical Reports
Using LifeNet Health Allografts in Dental Procedures
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Particulate Grafting Studies:

- In a study designed to test for donor-specific HLA antibodies, Quattlebaum et al. (1987) used FDBA to treat periodontal osseous defects in 20 patients. The authors were unable to detect any antibodies at intervals over a 3 month time period. All allografts were judged clinically successful. (click here for abstract)

- Callan (1993) used both DFDBA and freeze-dried fascia lata femoris to fill and protect (respectively) an osseous defect in a surgical case. The author recommended both allograft types. (click here for abstract)

- Fucini et al. (1993) compared small vs large particle in periodontal defects. There was no statistically significant difference between particles in the 250 to 500 μm and the 850 to 1,000 μm ranges. (click here for abstract)

- Chen et al. in 1995 compared DFDBA with a collagen membrane to the use of a collagen membrane alone in periodontal defects. Both treatments promoted significant fill of the defects with no adverse reactions. (click here for abstract)

- Landi and Sabatucci (2001) published a technique report which described utilizing DFDBA to successfully treat defects in the mandibular ridge to prepare the location for implantation. (click here for abstract)

- Kassolis et al. (2000) concluded their study of 15 patients with support for using FDBA for maxillary sinus grafting. (click here for abstract)

- After using OraGraft demineralized freeze-dried bone allograft (DFDBA) in a 20 patient, randomized study comparing calcium sulfate and polytetrafluoroethylene, Aichelmann-Reidy et al. (2004) concluded with support for using CS combined with DFDBA for treating intrabony defects. (click here for abstract)

- In a randomized, single-masked study involving 40 patients, Gurinsky et al. (2004) compared DFDBA and DFDBA combined with enamel derived matrix (ECM) to treat intrabony periodontal defects. They concluded that while the DFDBA and ECM combination worked best, both treatments significantly improved the defect. (click here for abstract)

- Schwartz et al. (2006) reported positive results in a case report where FDBA was mixed with an enamel matrix derivative to fill a palatal bony defect located on the maxillary incisor. (click here for abstract)

- West and Oates (2007) compared implant stability in non-grafted sites vs immediate placement into native bone with grafting. The study showed that immediate placement with grafting is a viable option. (click here for abstract)

- Vidal et al. (2010) reported a 100% success rate in a study consisting of 51 patients who had immediate implant placements. While the total number of patients who received FDBA was not specified, FDBA along with a collagen membrane was grafted onto sockets that had >1mm distance to the implant surface. (click here for abstract)
• In a prospective study comparing allograft only with allograft and autograft combination treatment, Beitlitum et al. (2010) used FDBA to augment the alveolar ridge deficiencies of 50 patients. The authors found that not only did the FDBA alone yield good clinical results but it was essentially equivalent to the results of the allograft and autograft combination treatment. (click here for abstract)

• El-Halaby et al. in 2009 treated a patient with a history of oral bisphosphonate use for 7 years for the treatment of osteoporosis. An autogenous block was used as well as allograft particulate. Healing was uneventful at the donor and recipient sites. (click here for abstract)

• Yun et al. in 2011 achieved good healing around immediate implant placement using a combination of allograft with dPTFE membrane. (click here for abstract)

• Wood and Mealey (2012), in the first study of its kind, compared the efficacy of demineralization in a randomized, comparative study involving 40 patients implanted with either DFDBA or freeze dried bone allografts (FDBA). After 19 weeks follow-up, biopsies showed significantly greater amounts of new bone formation in patients implanted with DFDBA over the FDBA patients. (click here for abstract)

• Menoni et al. in 2013 reported on a novel method to treat a severely atrophied mandible using a “box technique” that incorporated mineralized particulate to achieve outstanding vertical and horizontal regeneration. (click here for abstract)

**Structural Grafting Studies:**

• Lyford et al. (2003) used cancellous blocks to augment the alveolar ridge in a case series of 3 patients. The authors believe their work is the first published study of such treatment and concluded with support for allograft use. (click here for abstract)

• Nissan et al. (2008) published a study where they augmented deficient alveolar ridges for single-tooth implants in 9 patients with cancellous blocks. After an 18 month follow-up, the authors concluded with support for the treatment. (click here for abstract)

• In a case study of a single patient with a 21 month follow-up, Wallace and Gellin (2008) used cancellous blocks to augment the maxillary ridge for implant placement. Not only did the authors find the graft successful but they supported the idea that cancellous allografts could be an alternative to both cortical allografts and autogenous grafts. (click here for abstract)

• Wallace and Gellin reached the same conclusion when they followed this initial study up with a published 12 patient case series in 2010. (click here for abstract)

• Chausha et al. (2009) used cancellous blocks for maxilla sinus floor augmentation along with simultaneous implant placement for 28 patients. After a 27 months follow-up, the authors were encouraged by the high success rate and new bone formation. (click here for abstract)

• In 2011, Nissan et al. published a follow-up to their 2008 study where they used 46 cancellous blocks to treat alveolar ridge deficiencies in 31 patients who required implants. They noted 98% implant success after a mean 34 month follow-up. (click here for abstract)
Representative Clinical Reports using LifeNet Health Allograft Bio-Implants in Dental Procedures

References:

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LifeNet Health helps to save lives and restore health for thousands of patients each year. We are the world’s most trusted provider of transplant solutions, from organ procurement to new innovations in bio-implant technologies and cellular therapies—a leader in the field of regenerative medicine, while always honoring the donors and healthcare professionals that allow the healing process.

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