



# A fej-nyak régió sebészi anatómiája

Dr. Csurgay Katalin

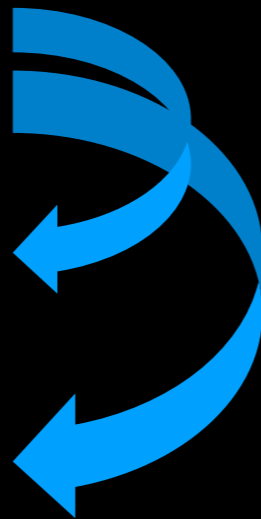
egyetemi adjunktus

Semmelweis Egyetem, Arc- Állcsont- Szájsebészeti és Fogászati Klinika  
BUDAPEST

- Csontos szájüreg
- Csontos orrüreg
- Orrmelléküregek

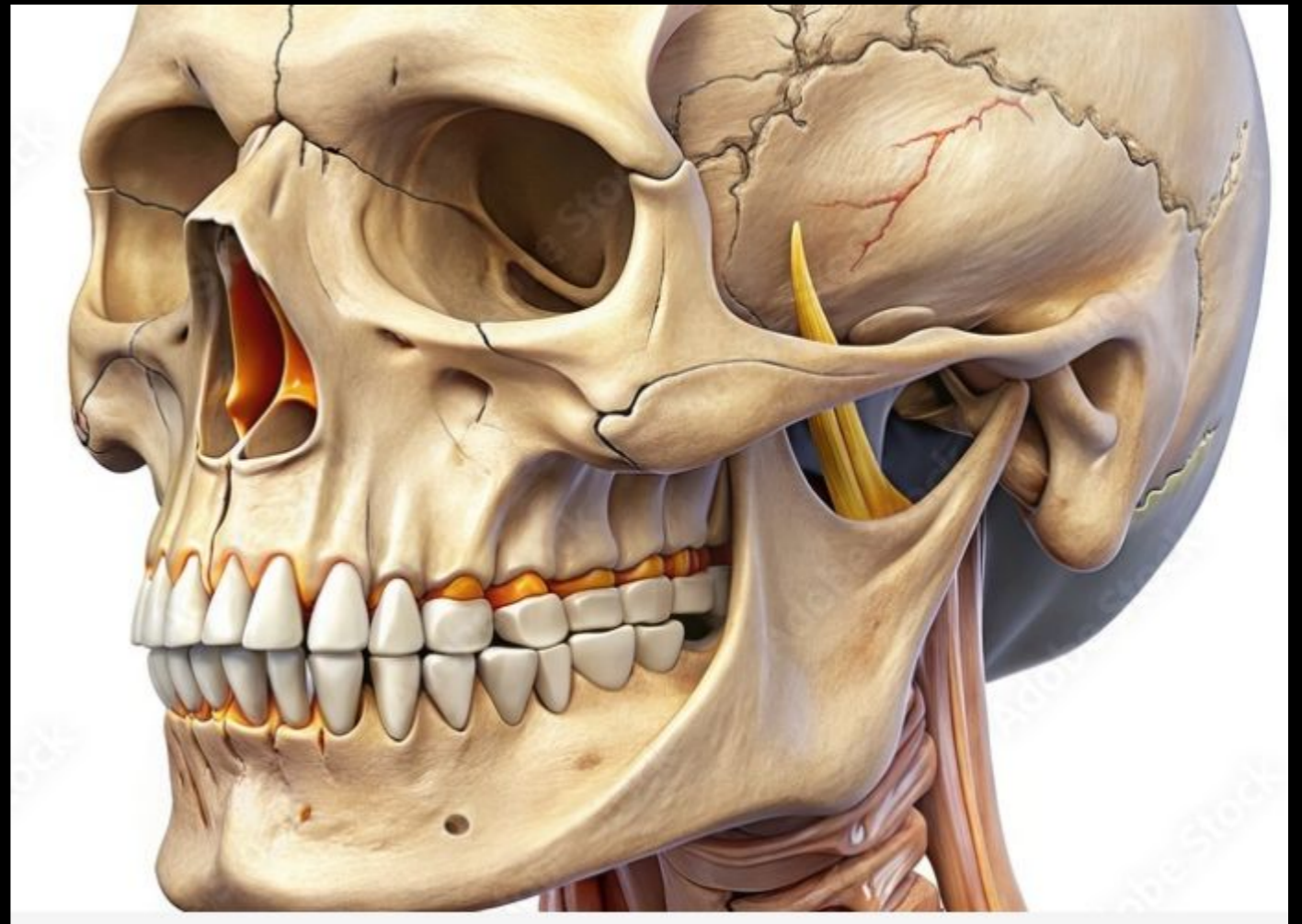
# A szájüreg részei

- Felső és alsó fogív
- Vestibulum oris
- Cavum oris



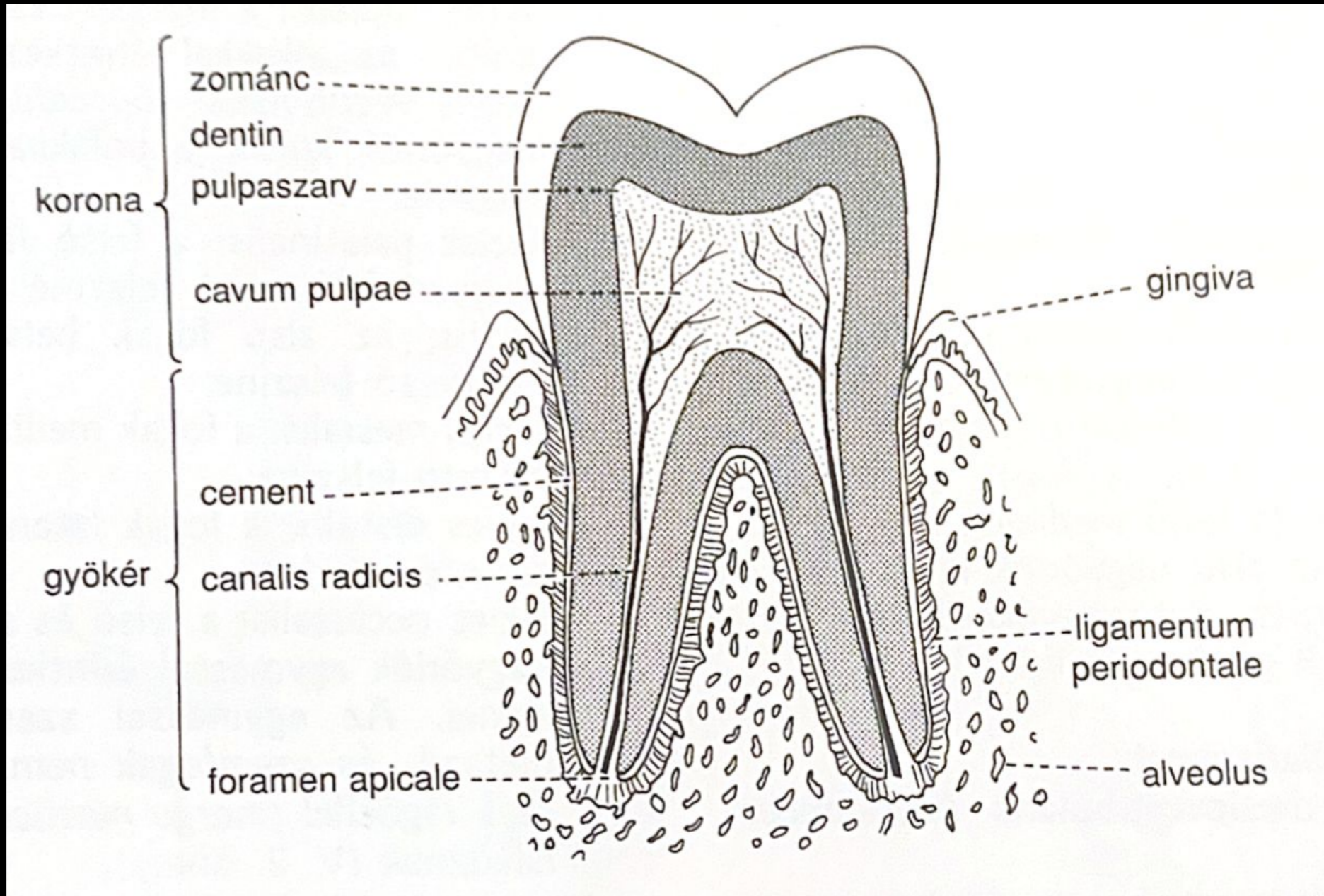
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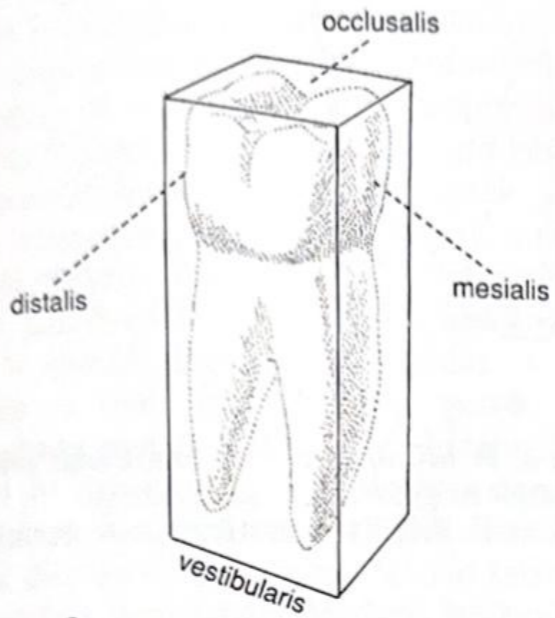
- Felső állcsont- maxilla
- Alsó állcsont- mandibula



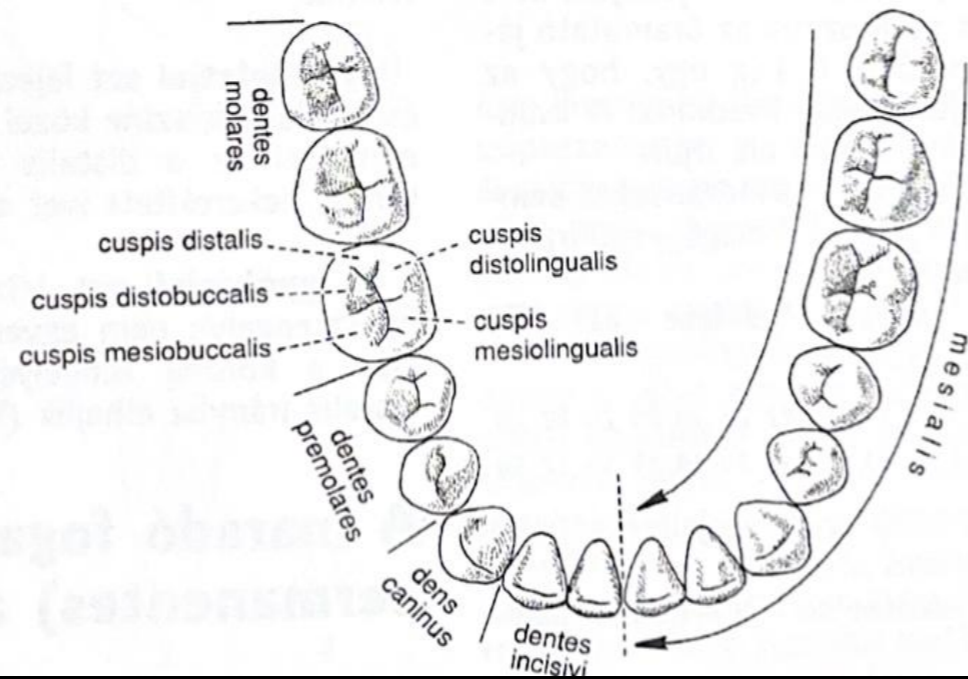
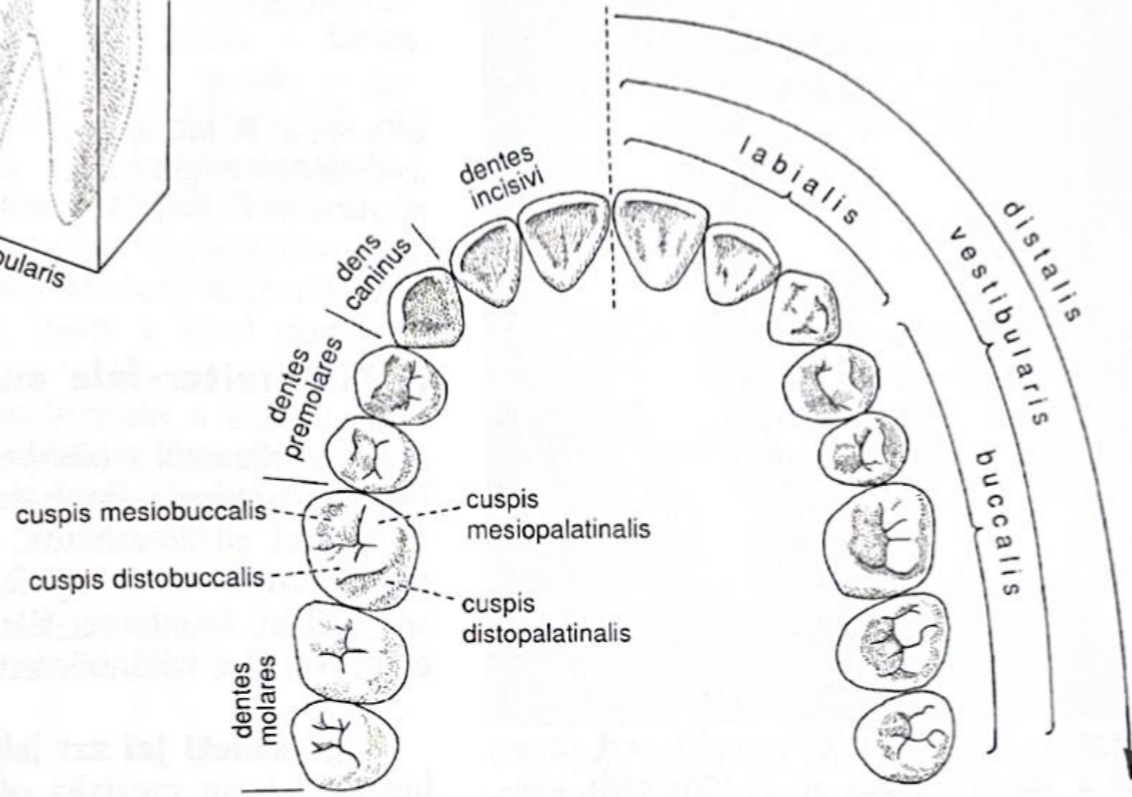


# A fog részei





a

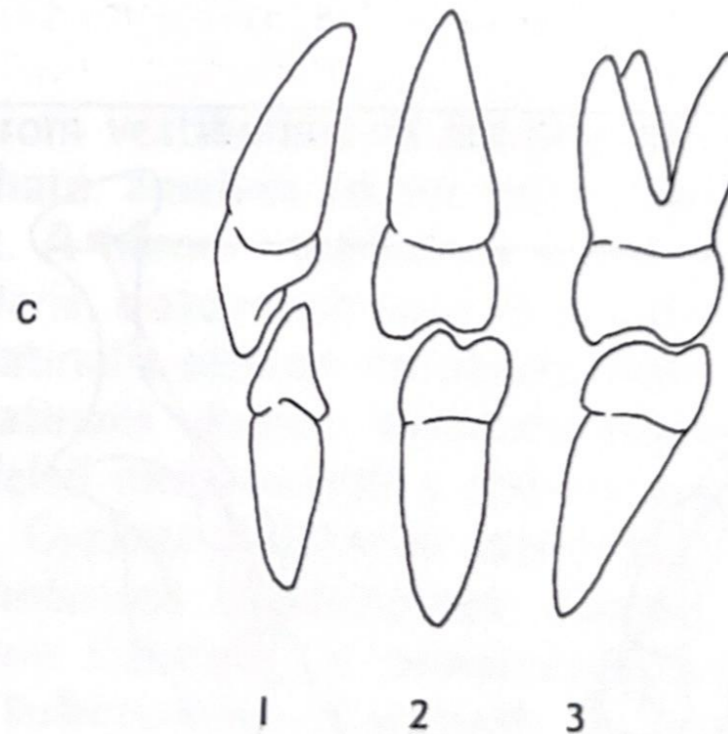
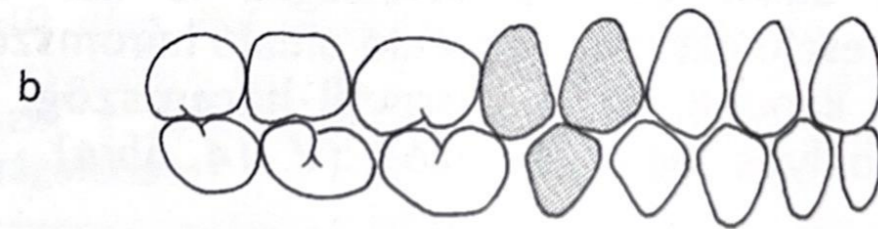
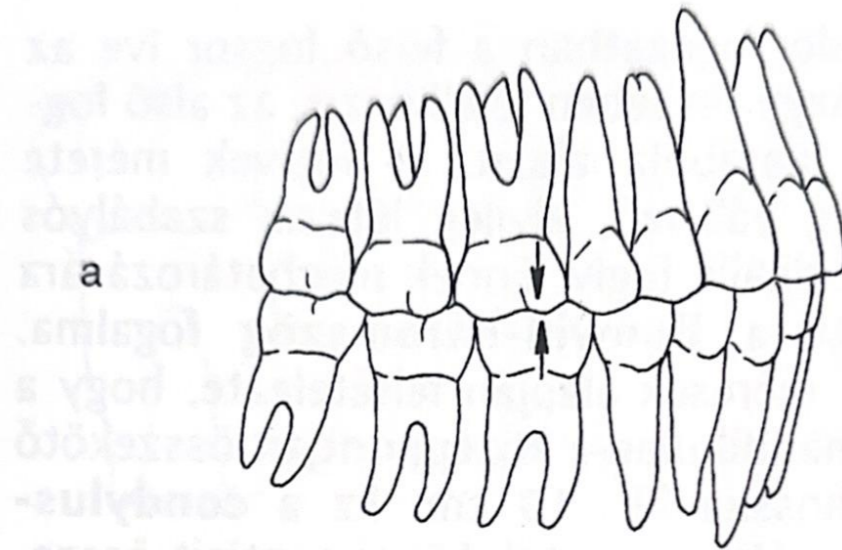


b

- Occlusiós egységek

- 3 fog alkotja

(kv.:42,31,18,28)





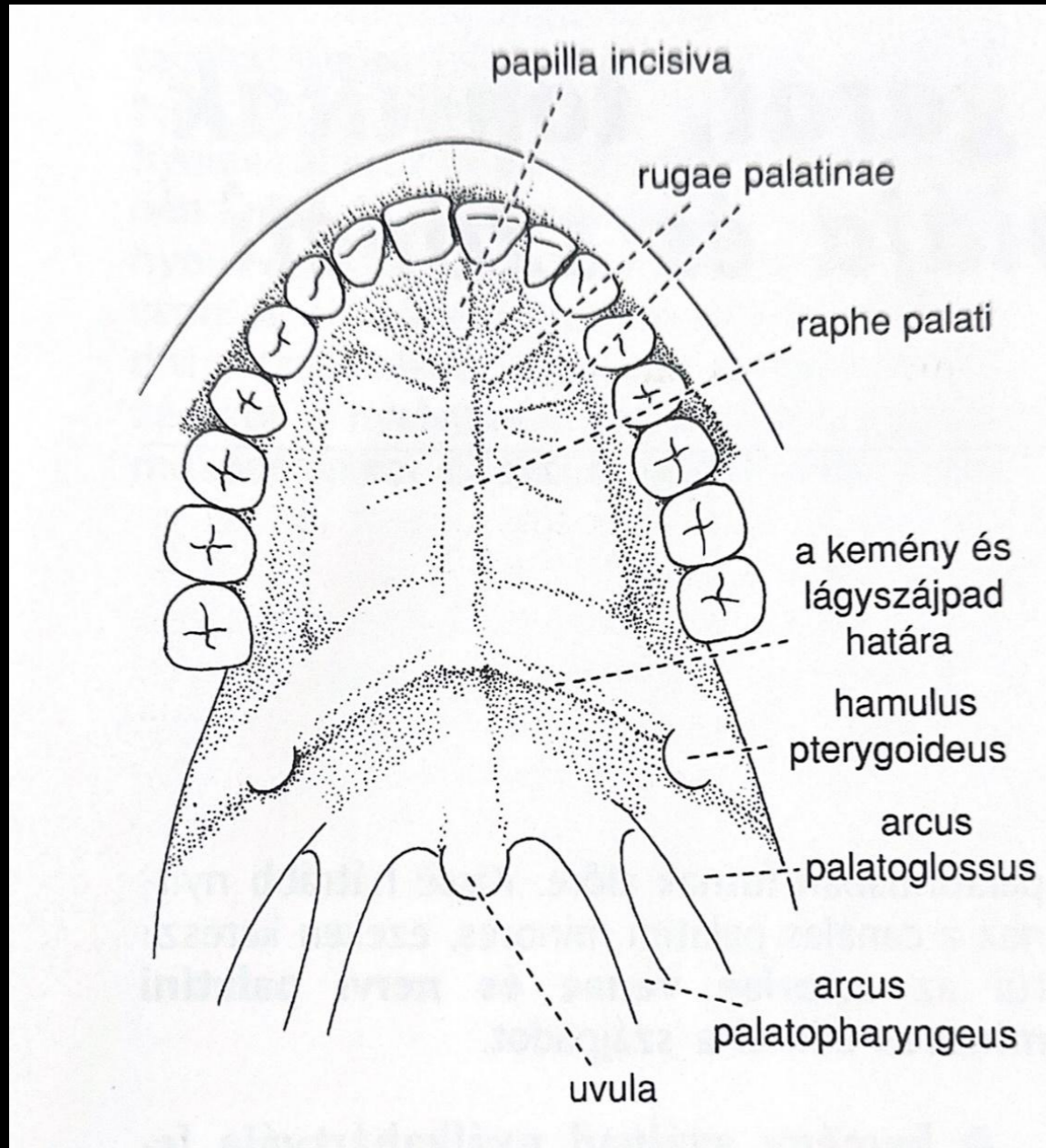
# Íny-gingiva



17/530



# Kemény és lágy szájpad képletei



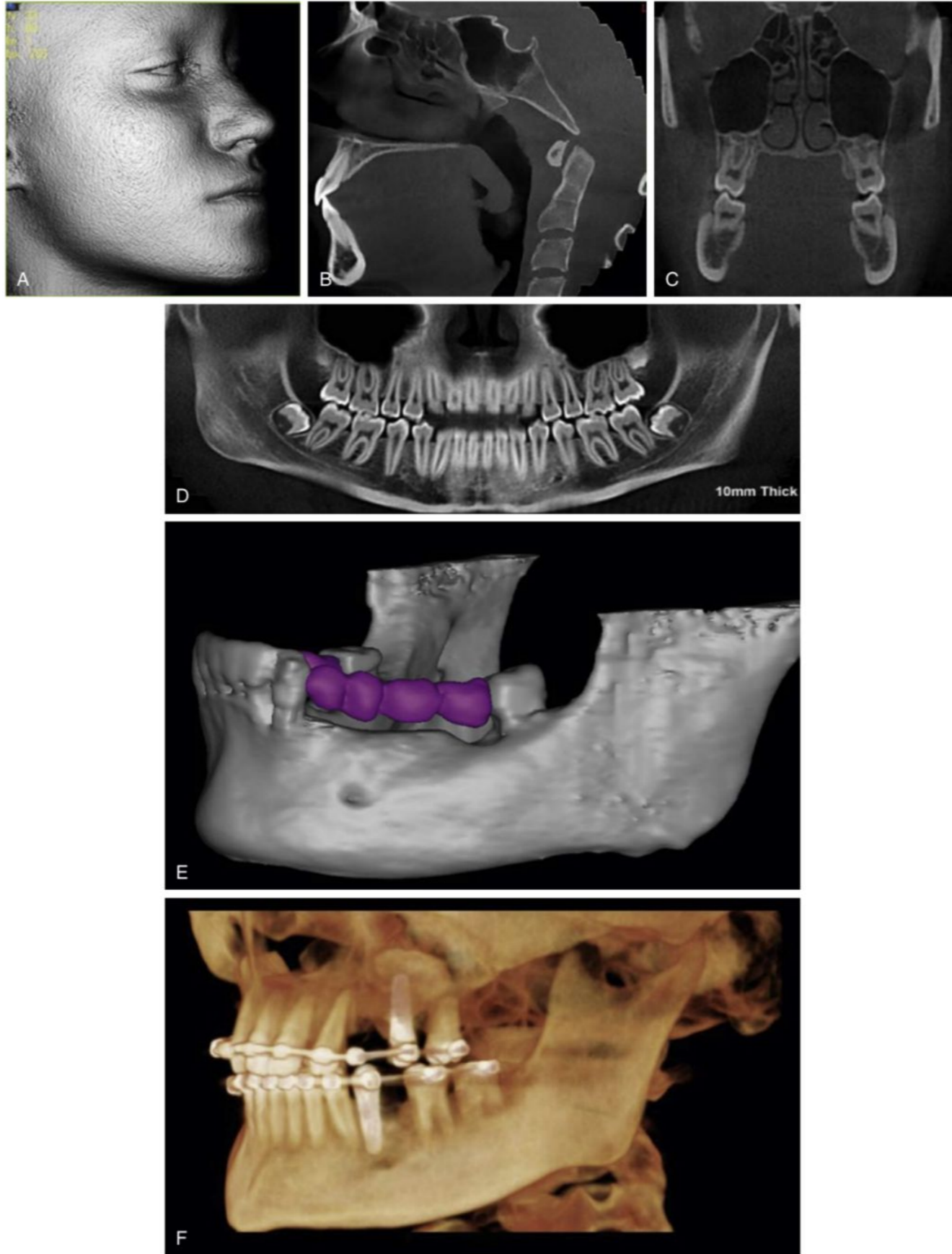
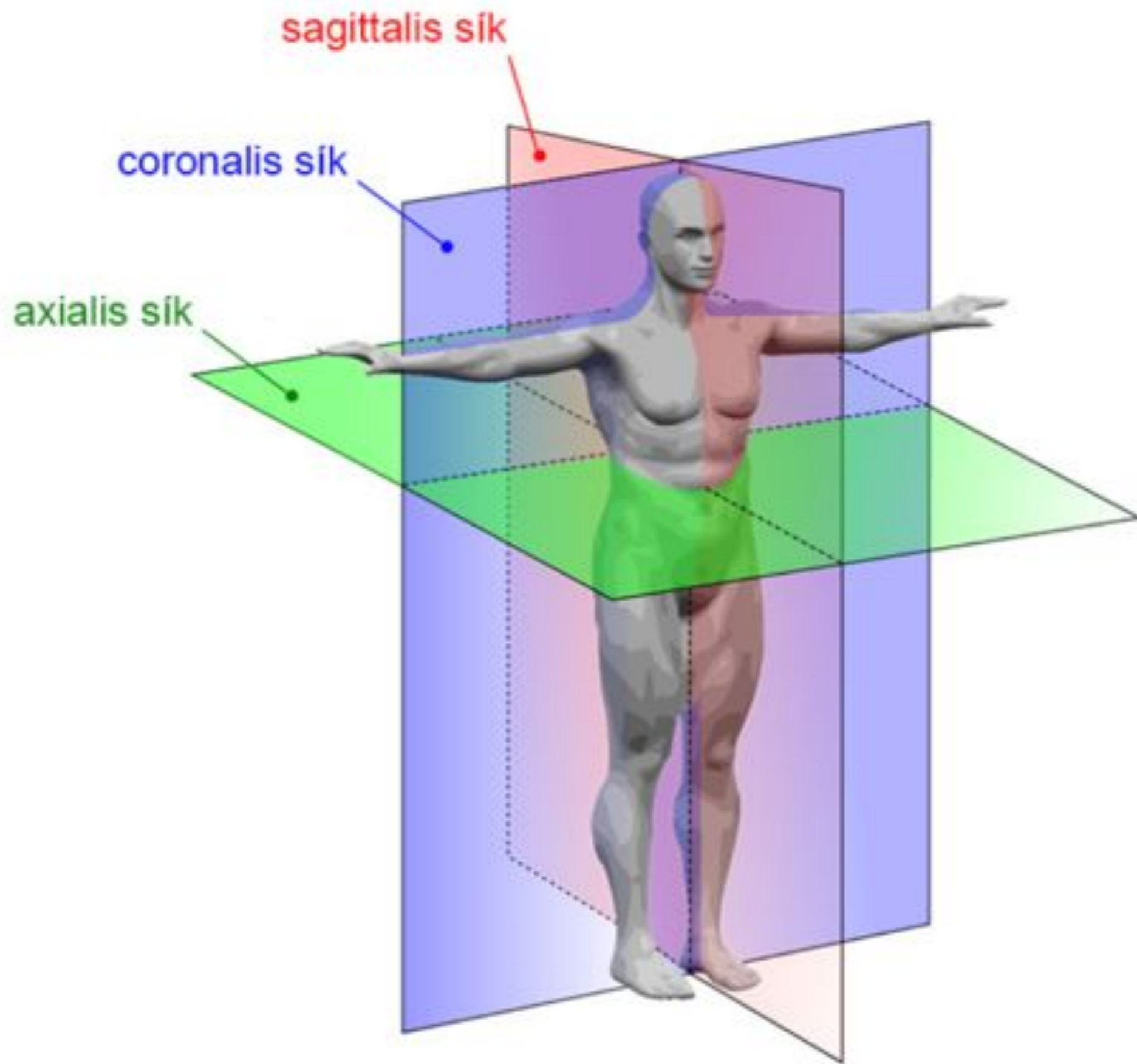
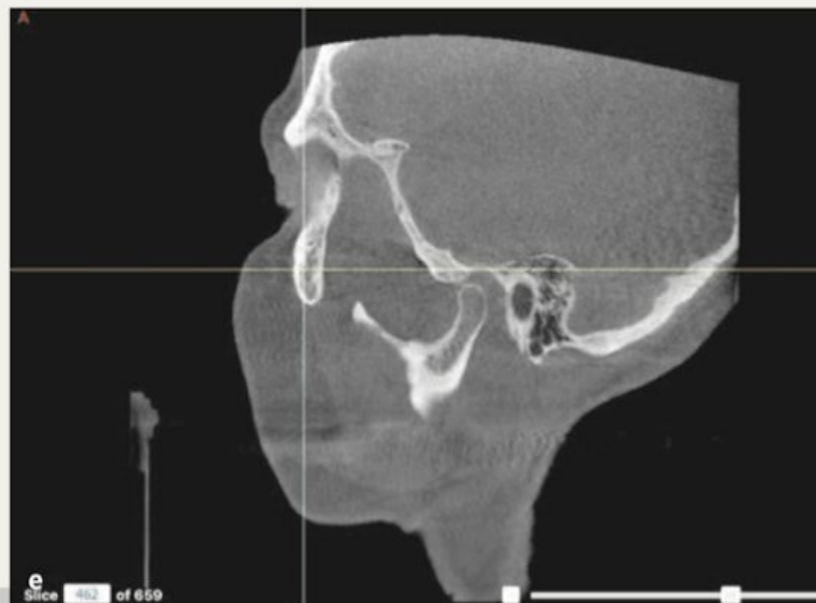
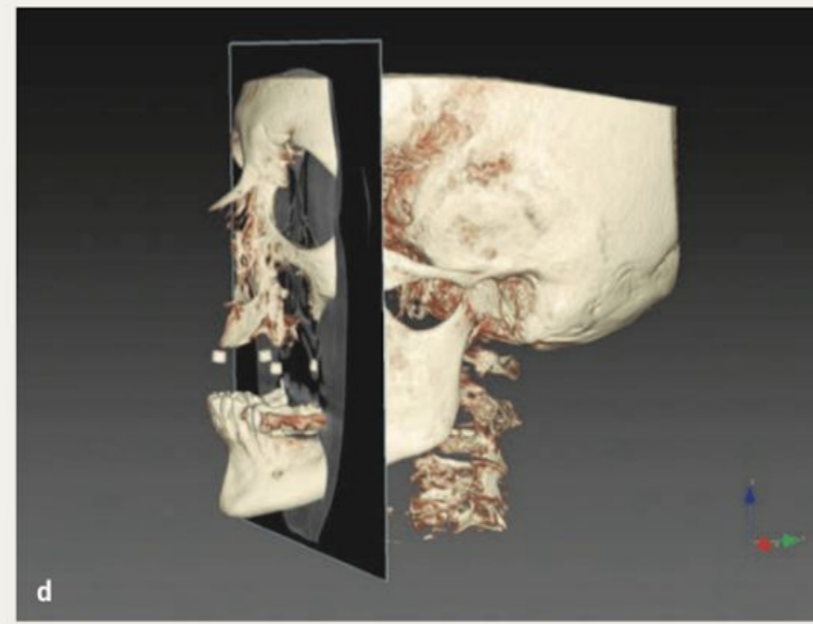
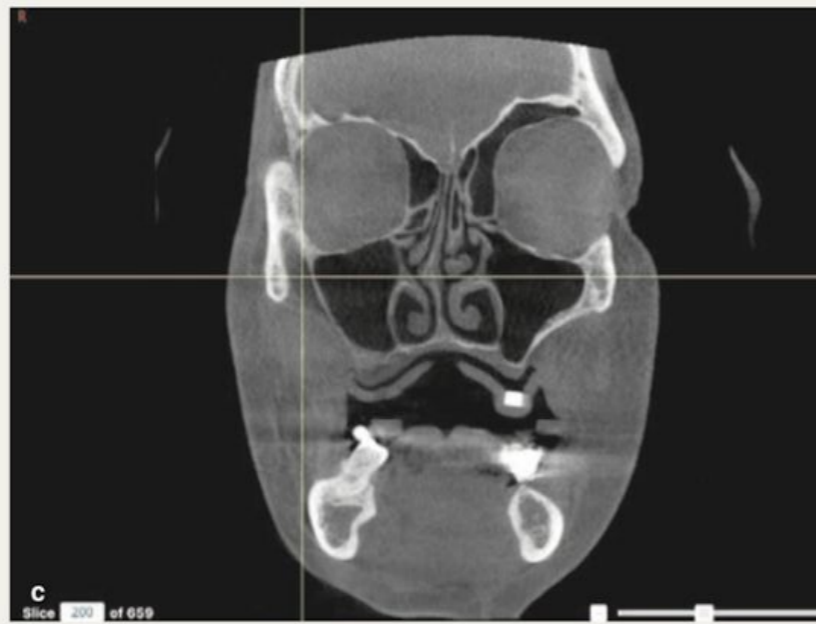
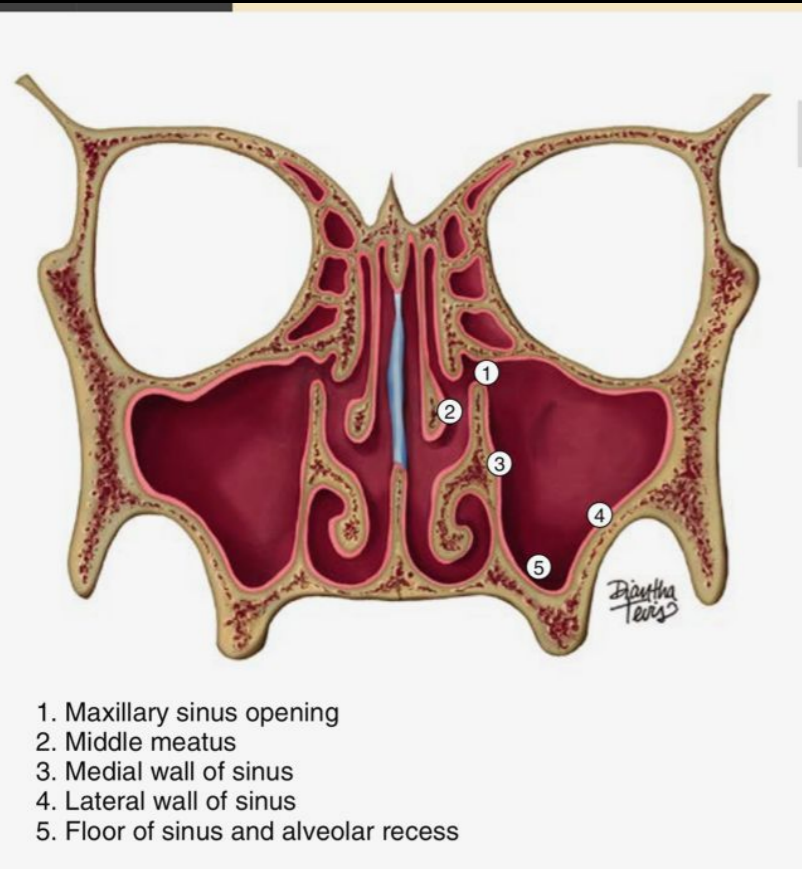


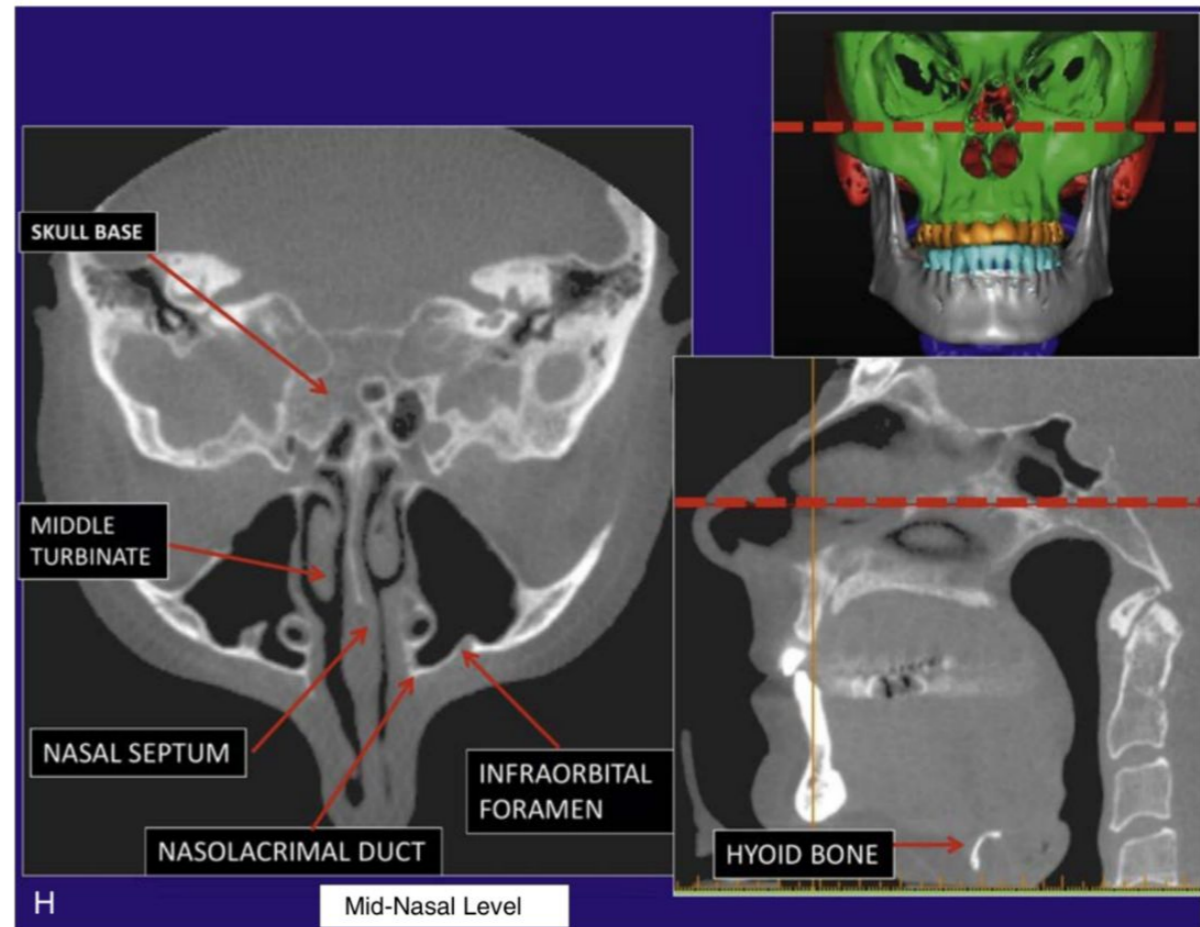
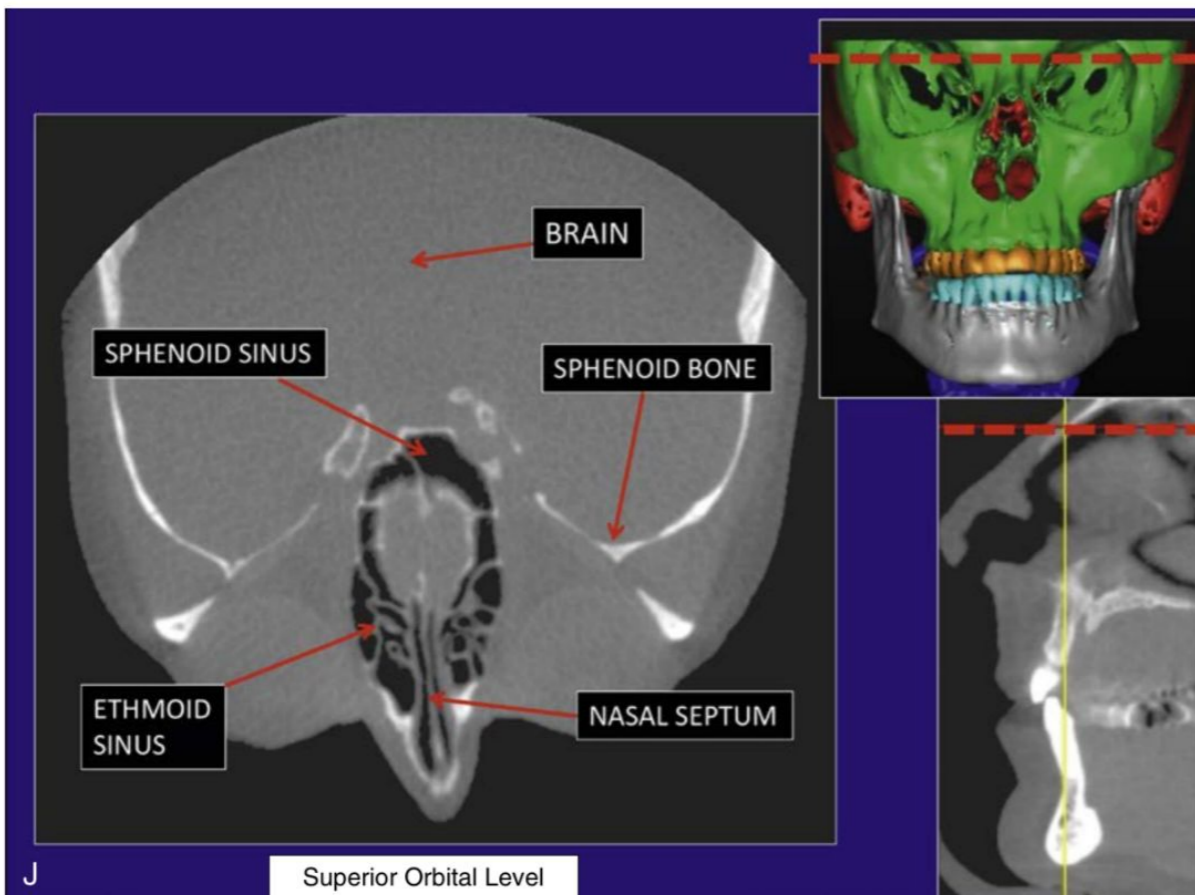
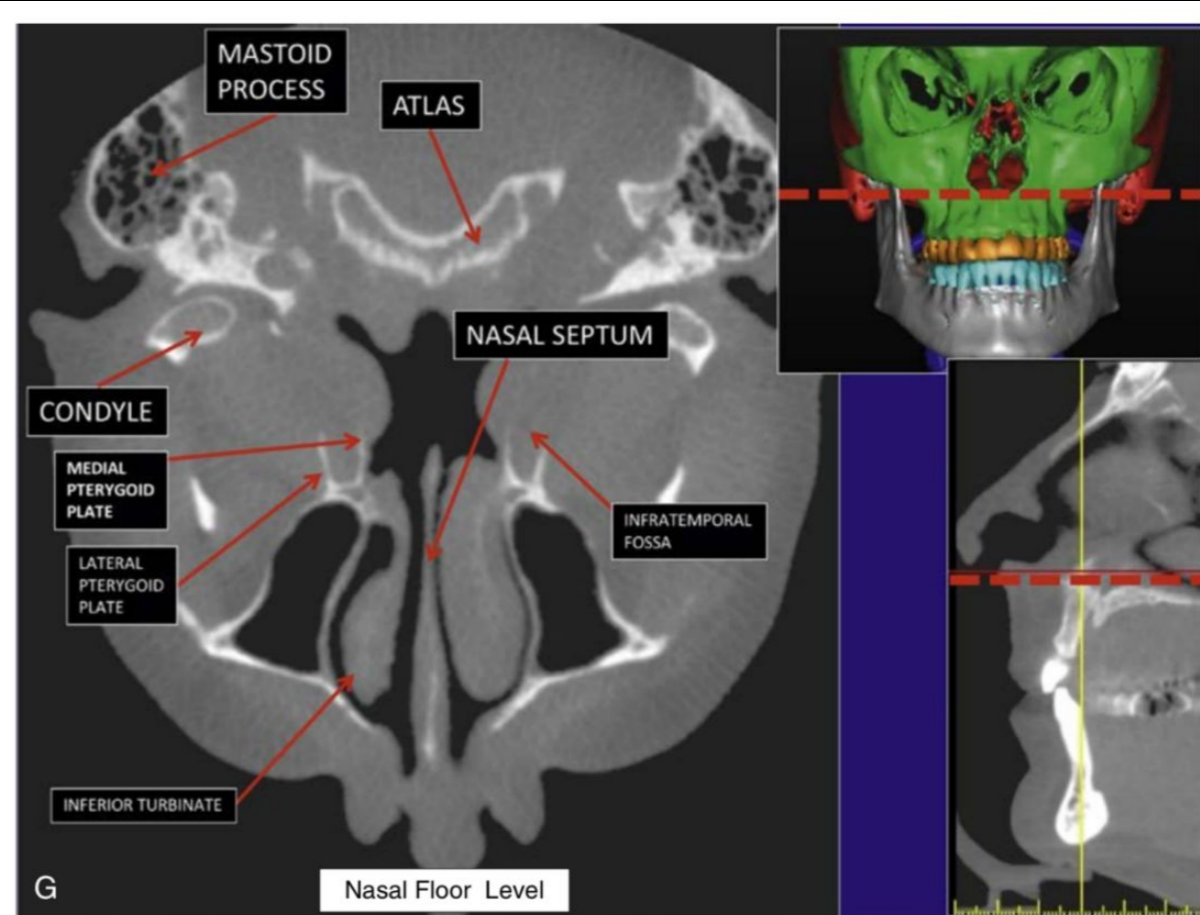
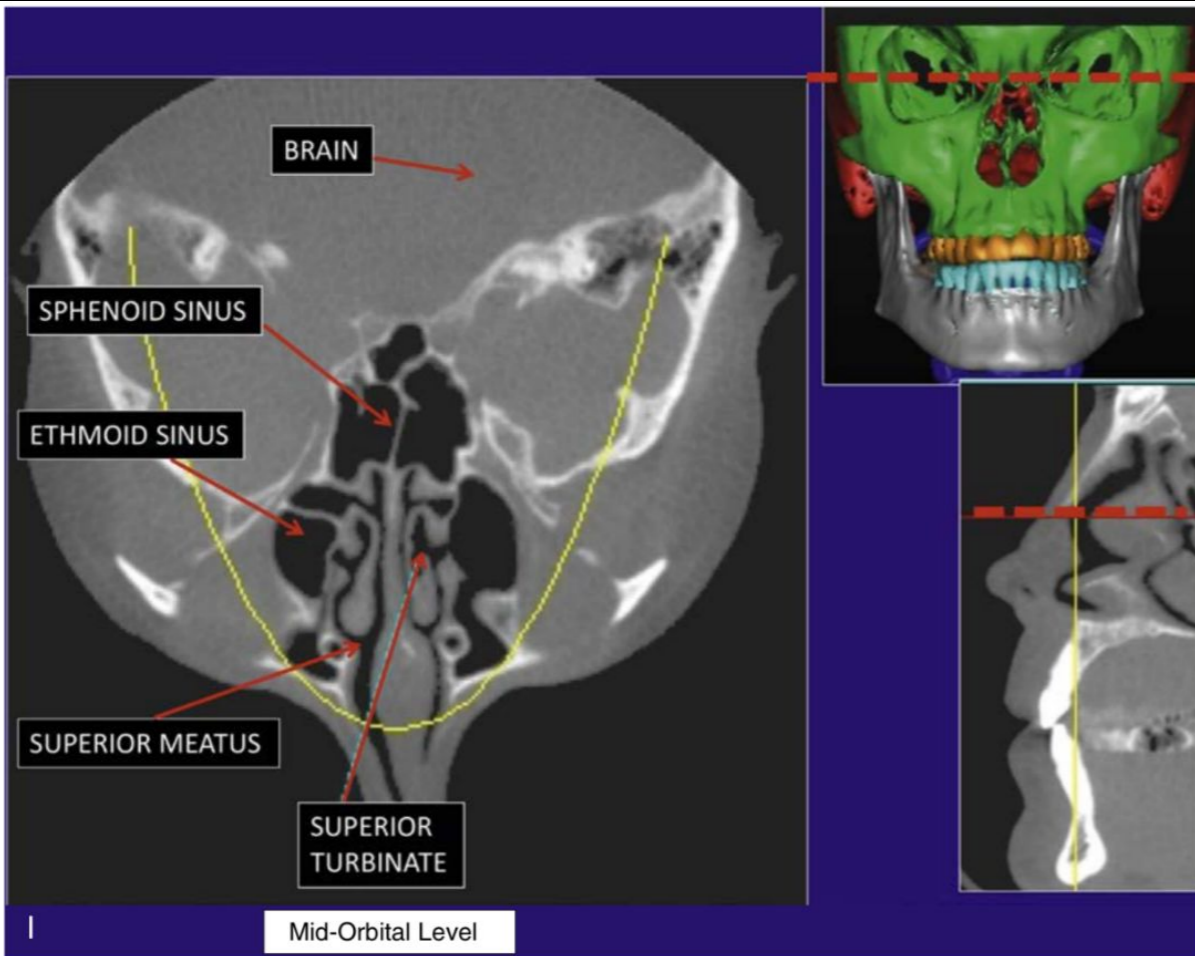
FIG. 10. Cleft Lip and Palate. (A) The clinical presentation of the patient. (B) Sagittal cephalometric radiograph. (C) Frontal cephalometric radiograph. (D) Panoramic radiograph. (E) 3D CT reconstruction of the maxilla. (F) 3D CT reconstruction of the maxilla with a surgical archwire and brackets in place.



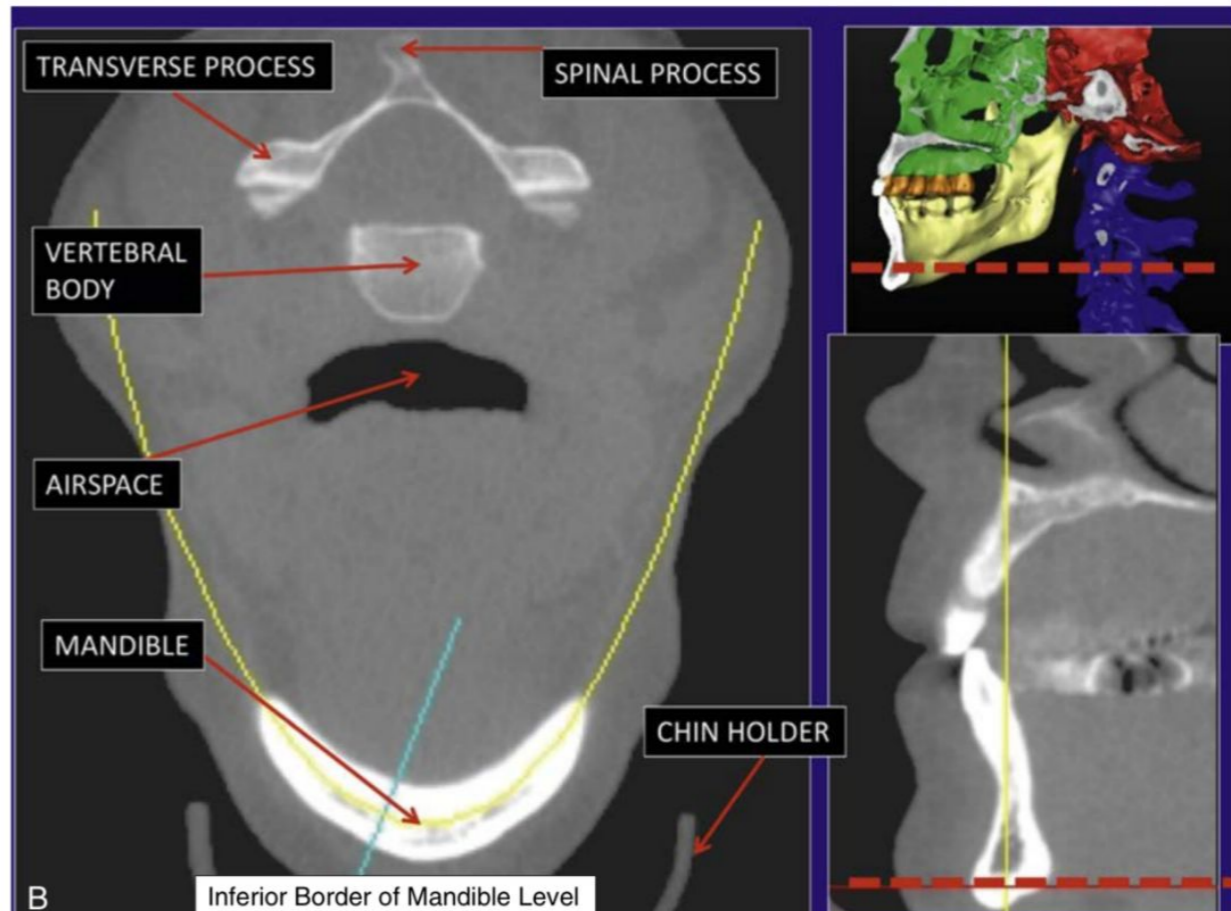
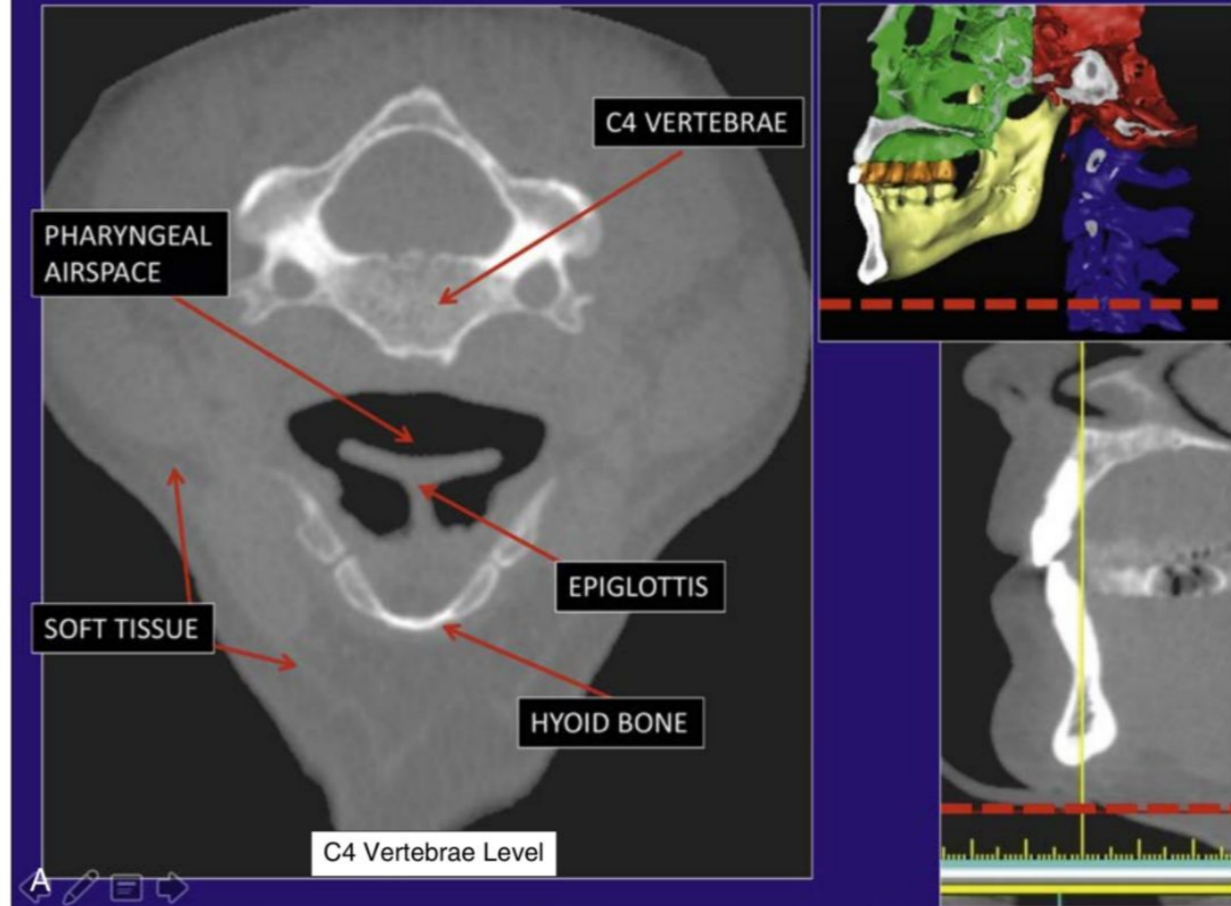
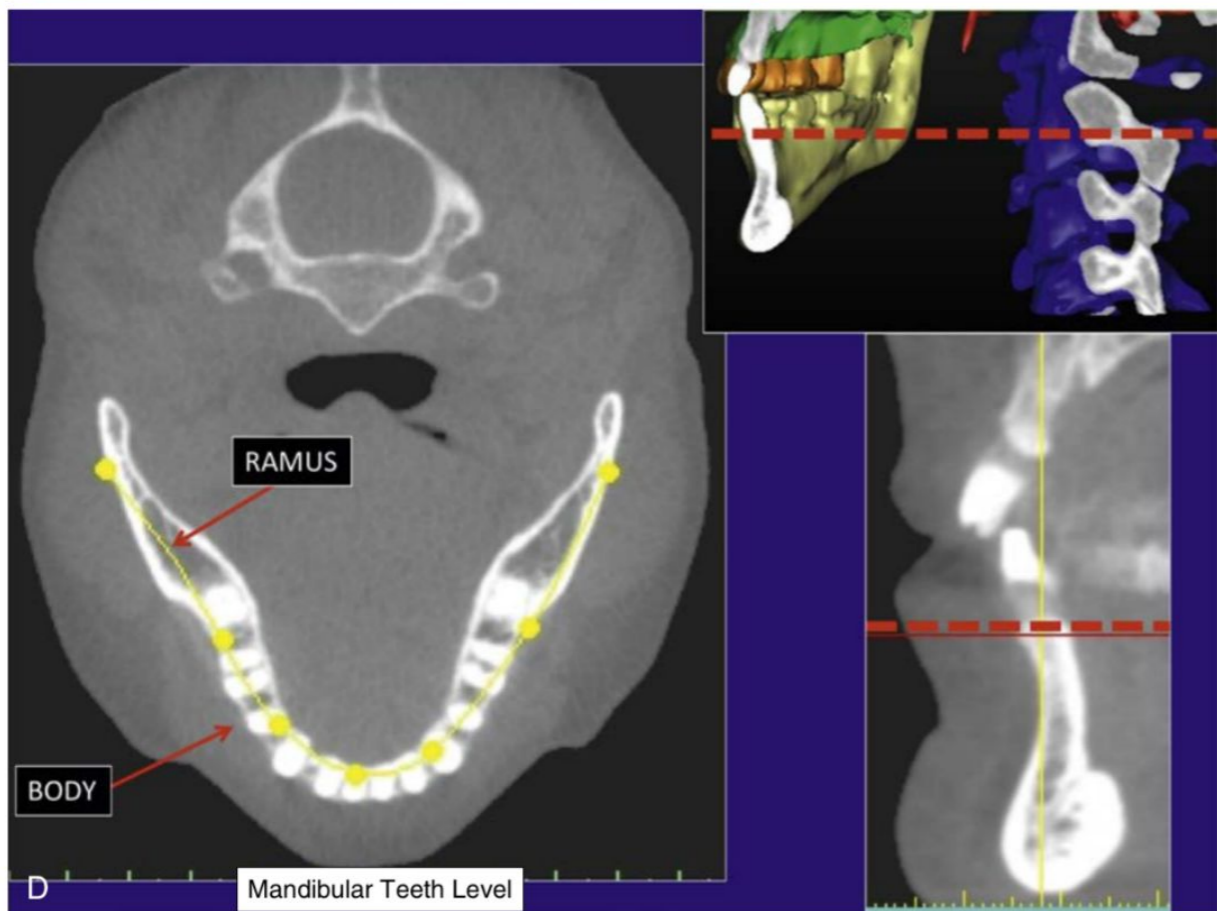
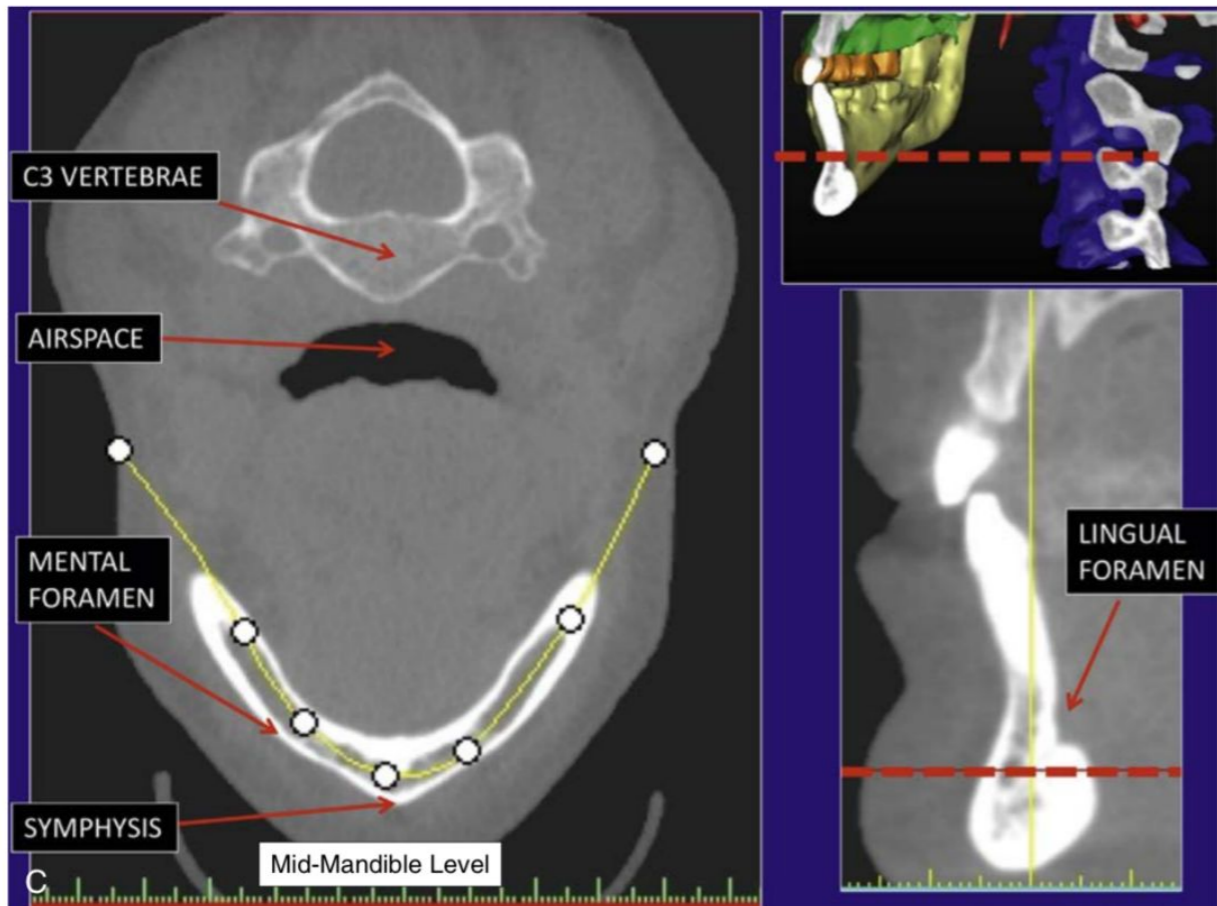
**Axialis  
Coronalis  
Sagittalis**

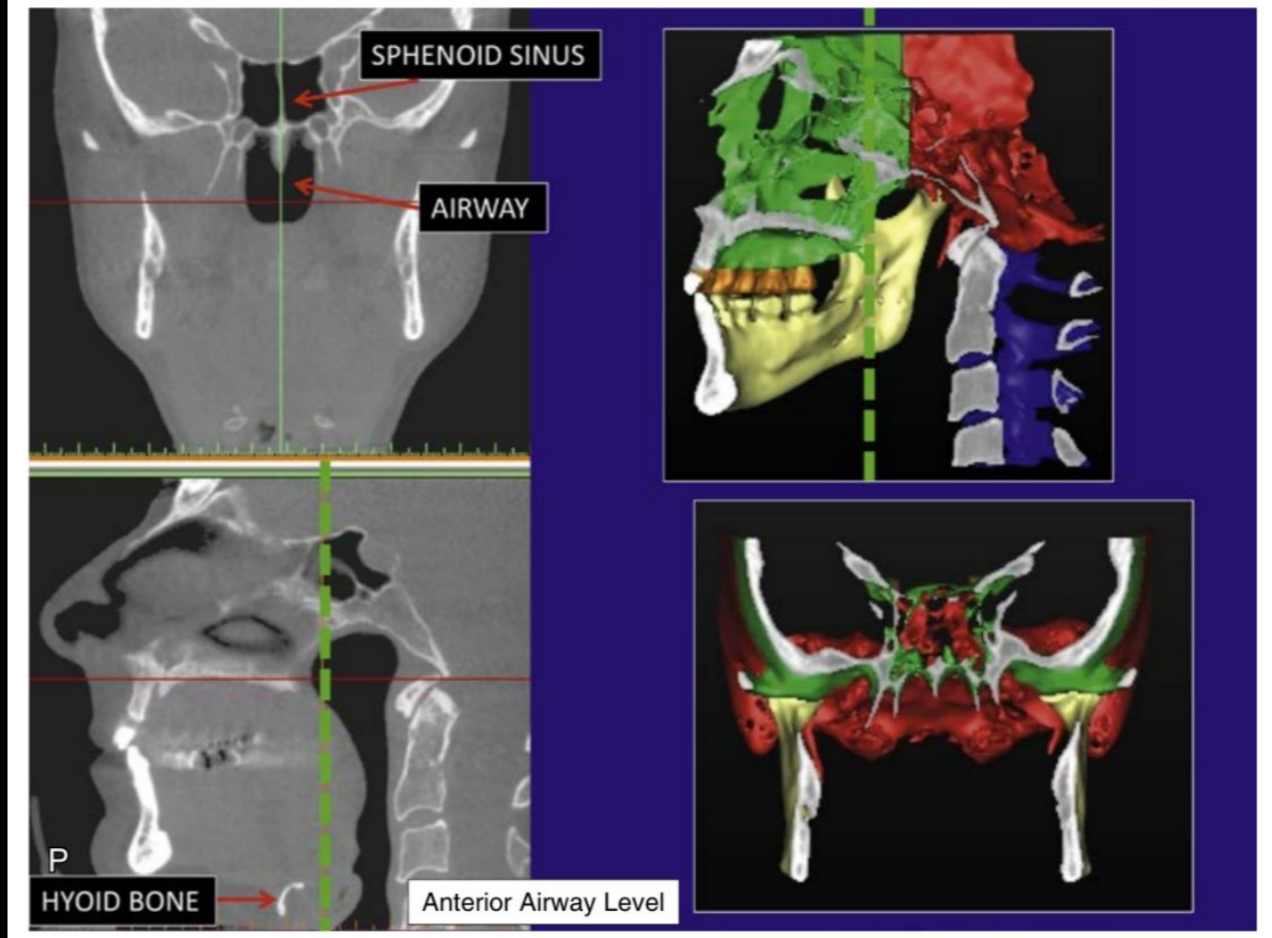
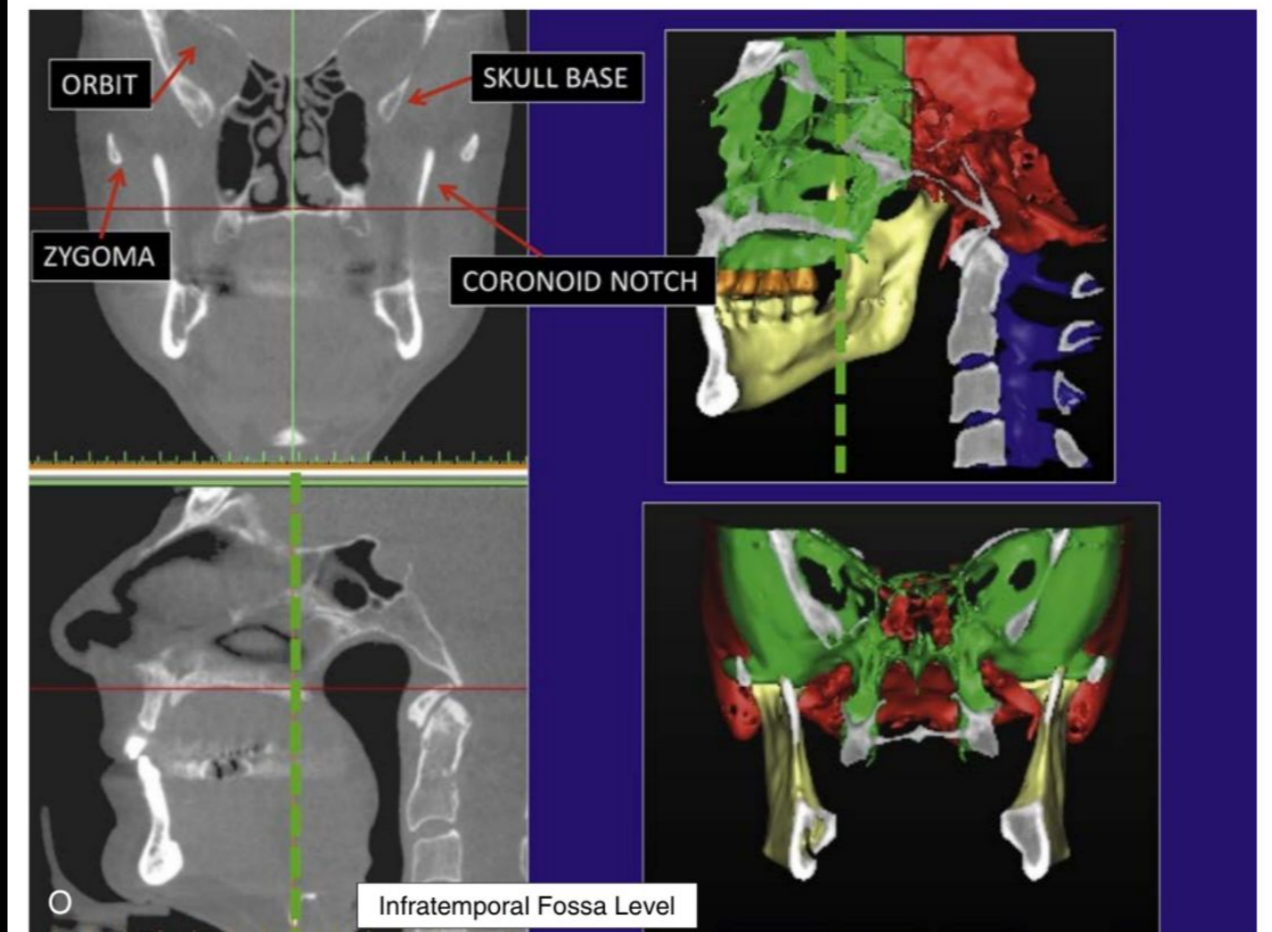
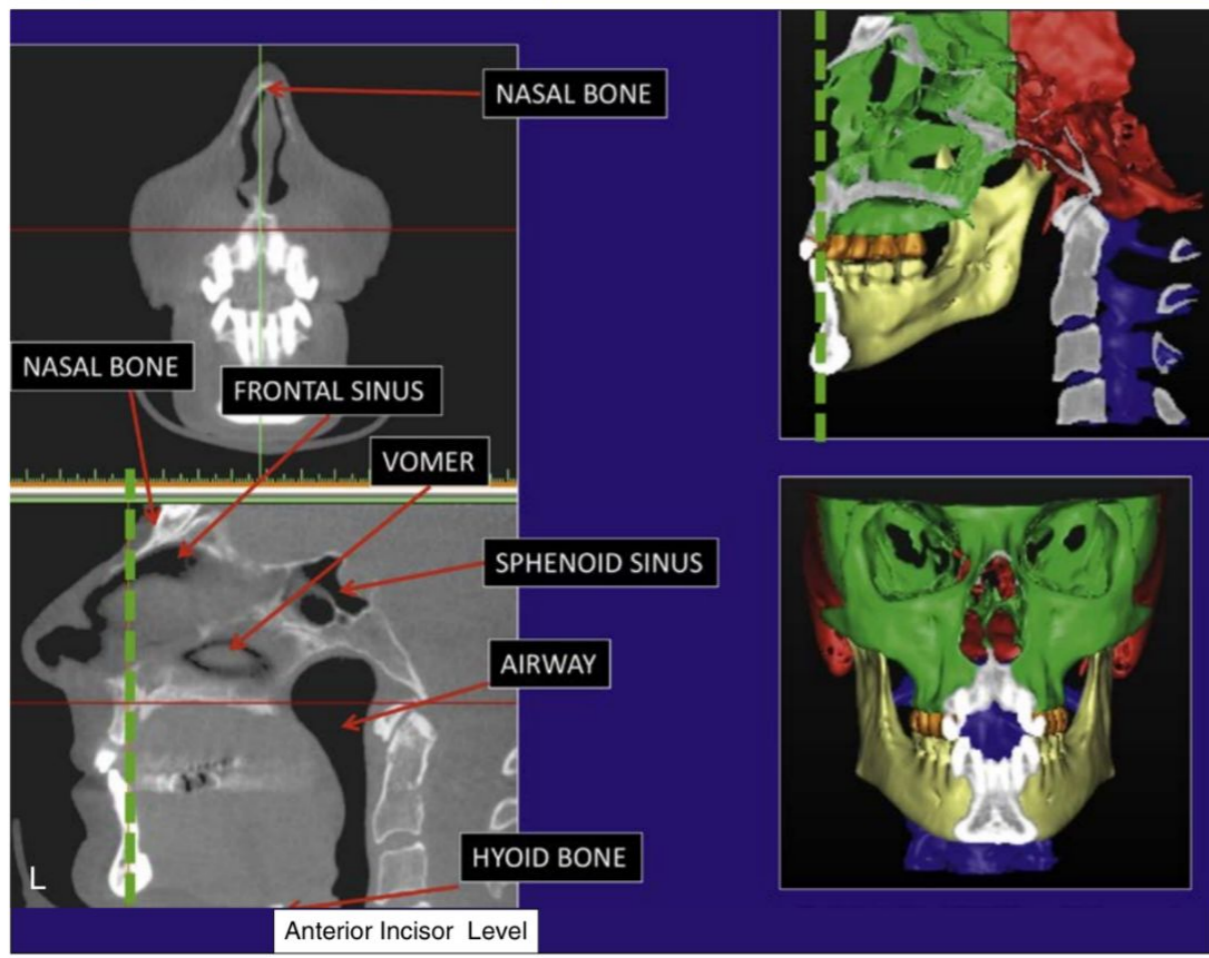
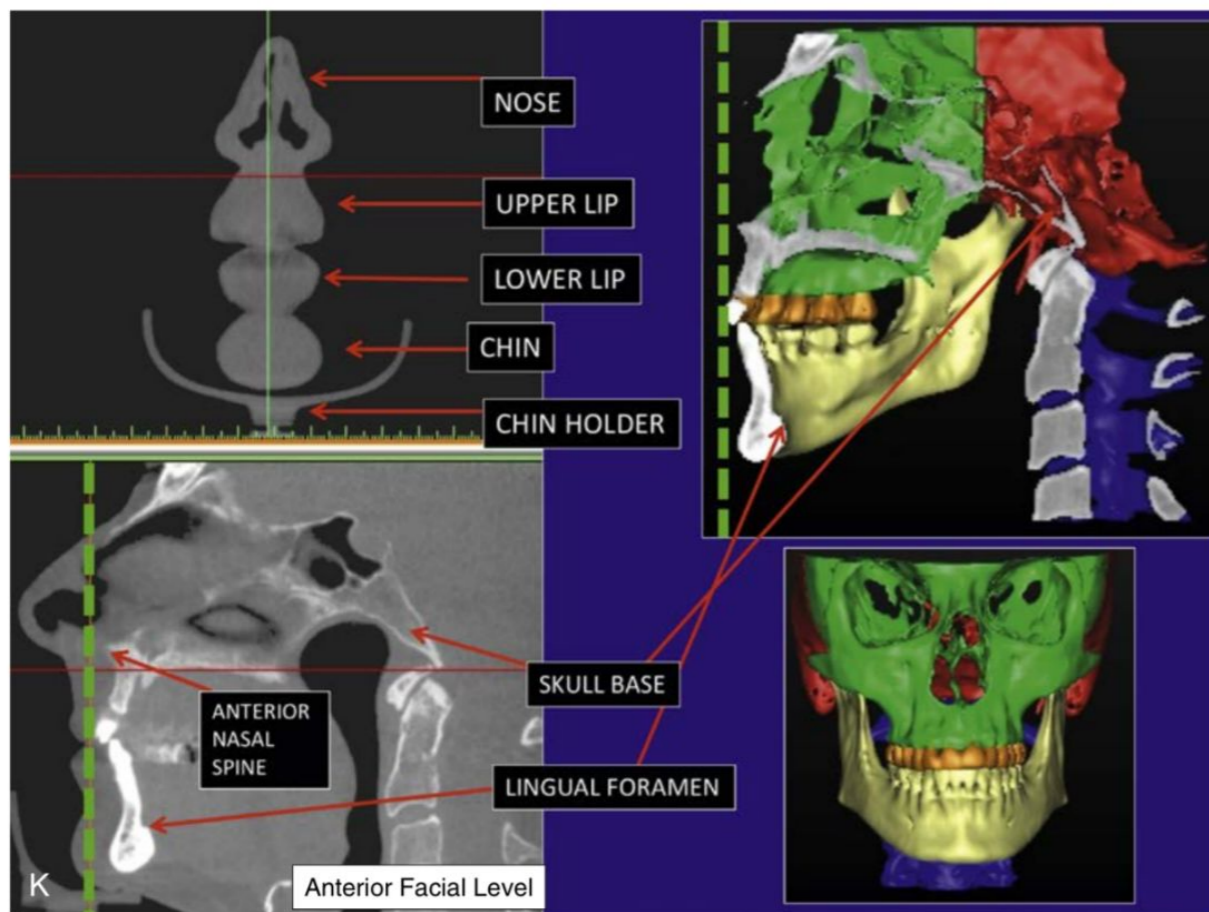


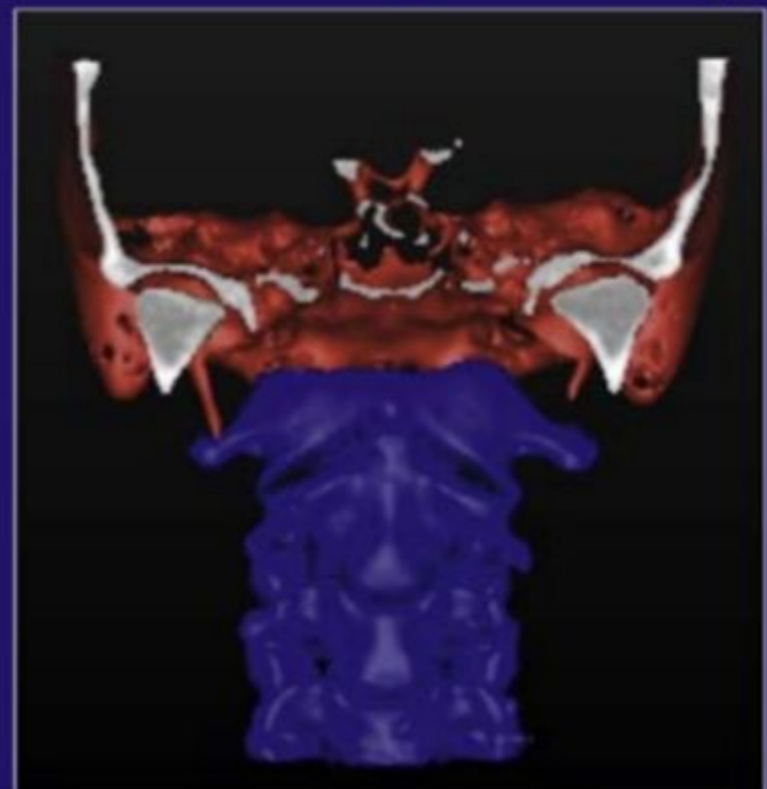
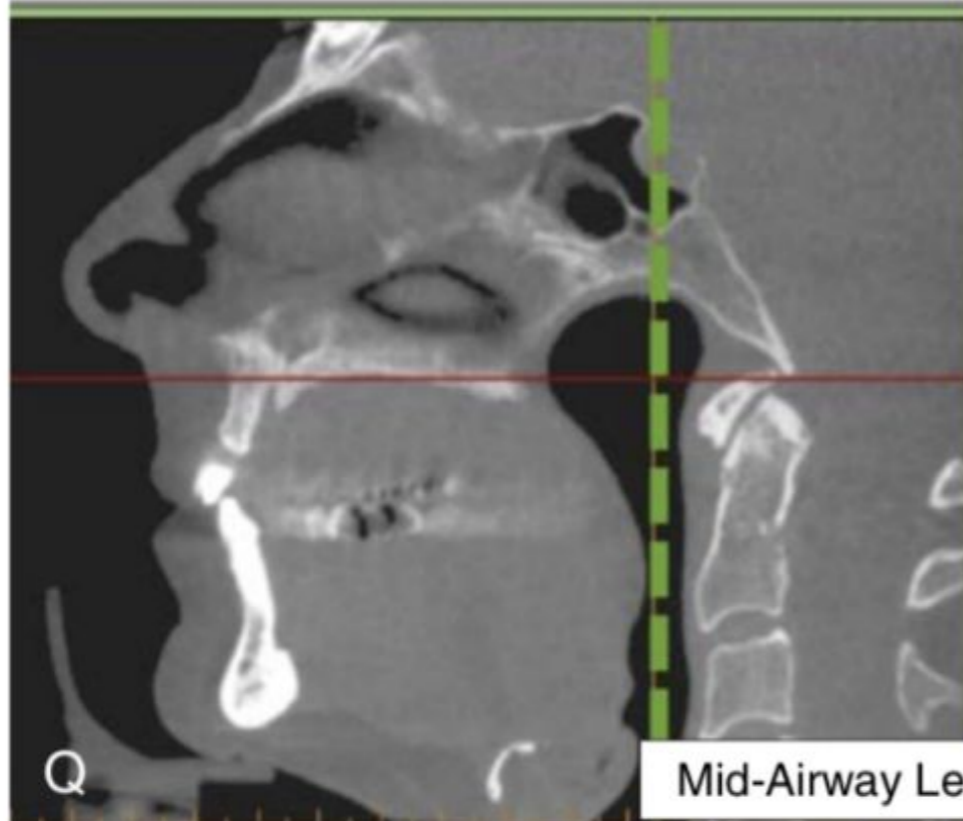
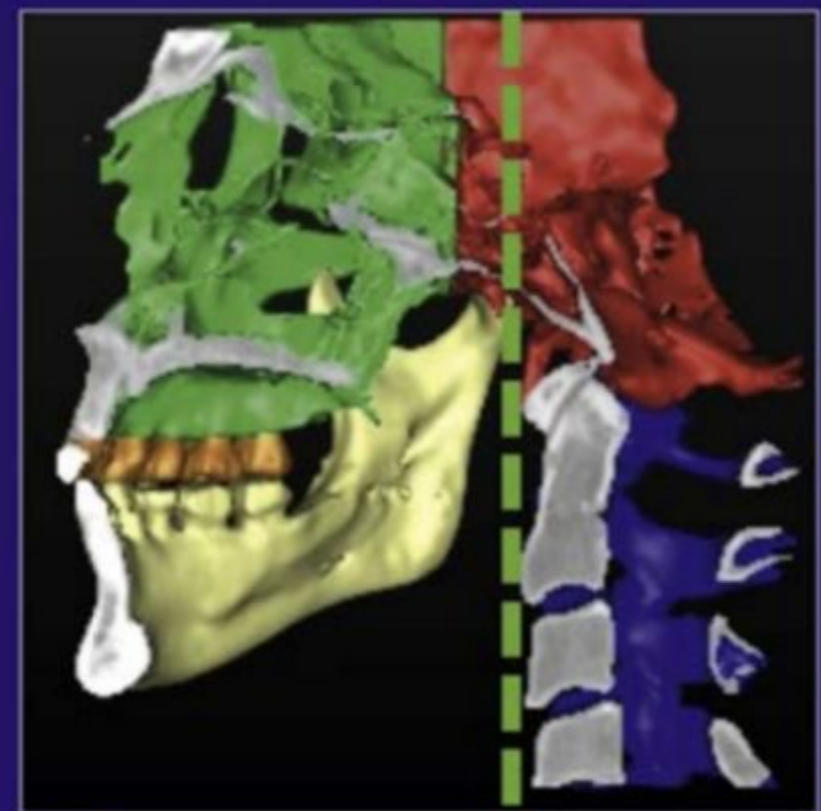
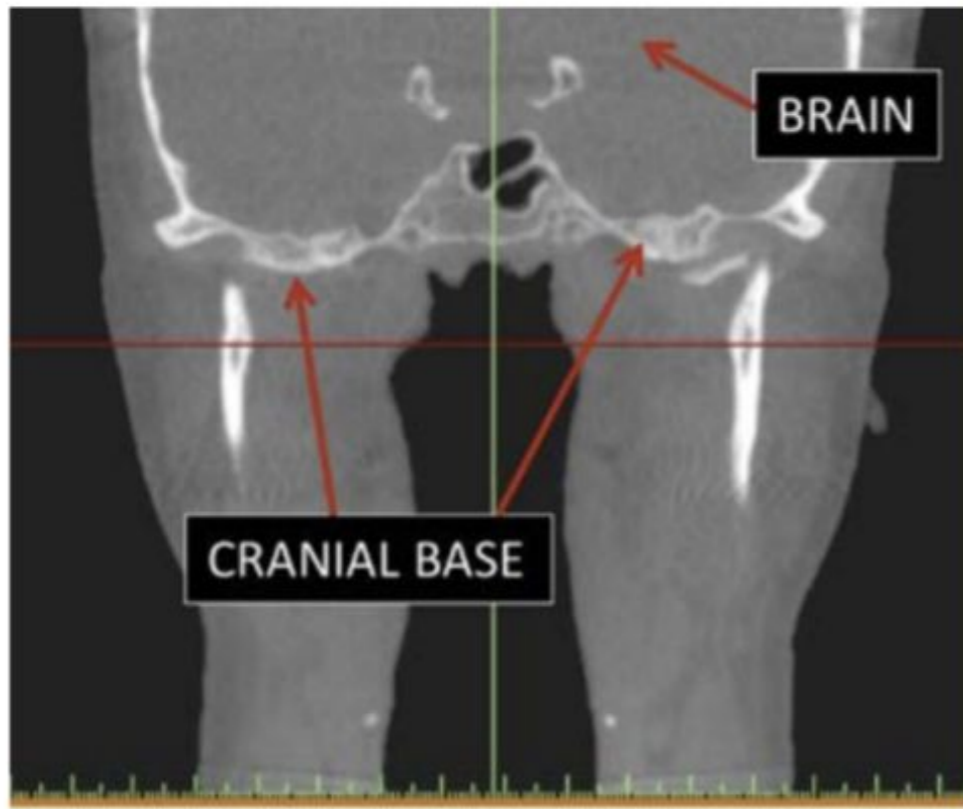




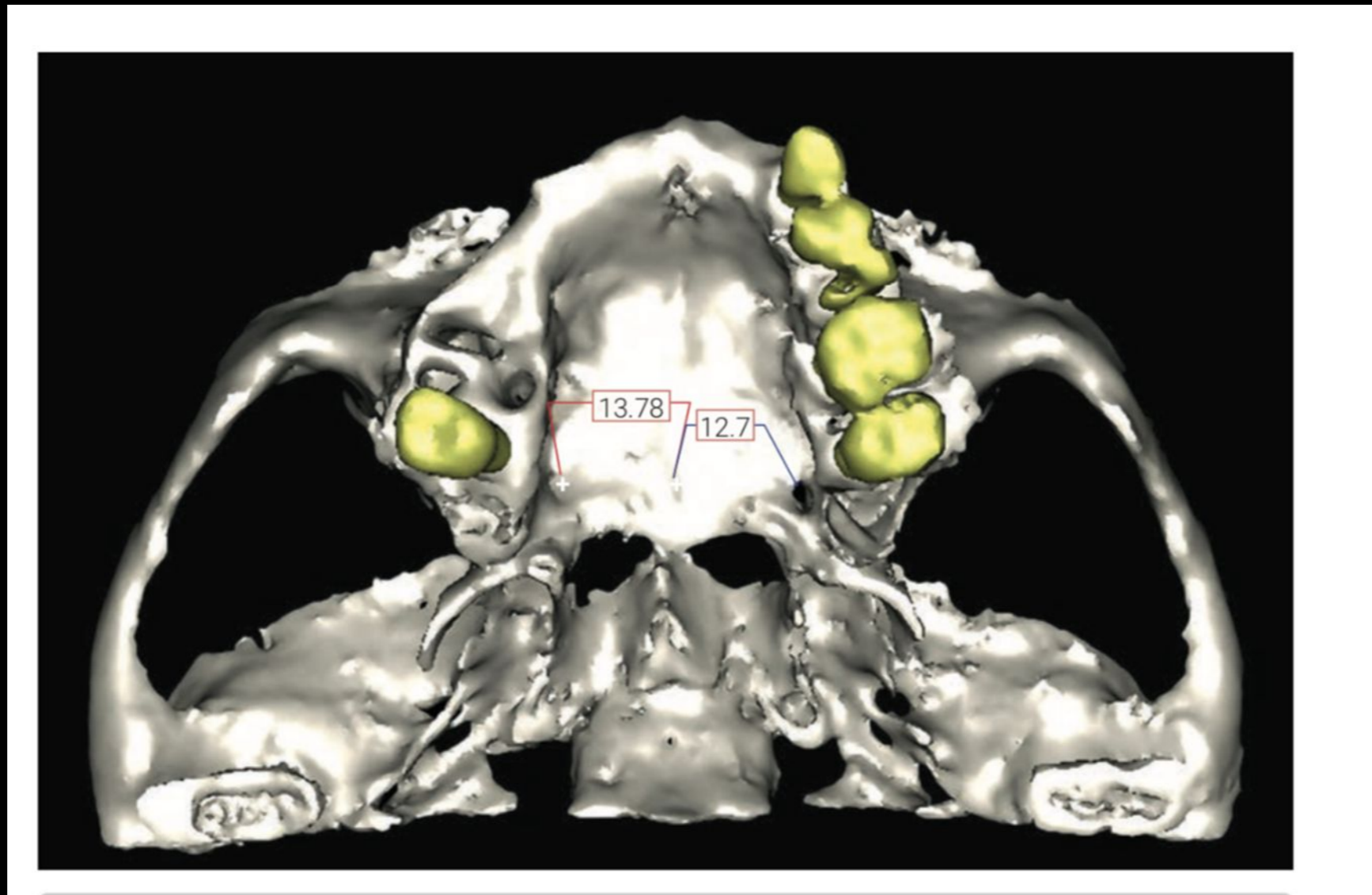


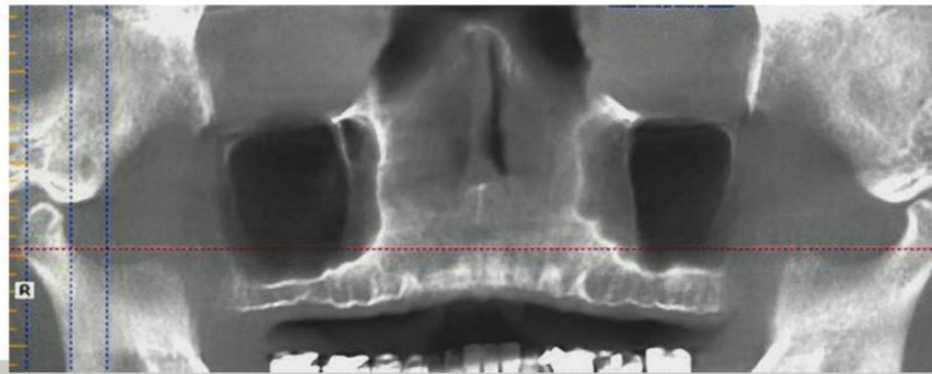




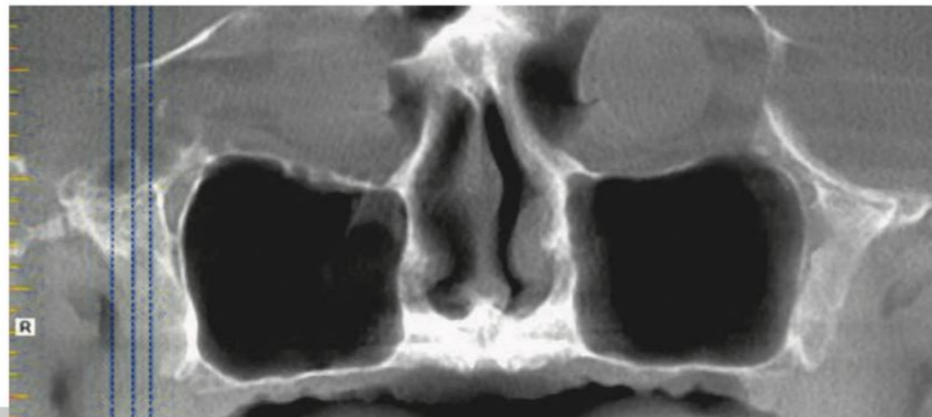


# Csontos képletek

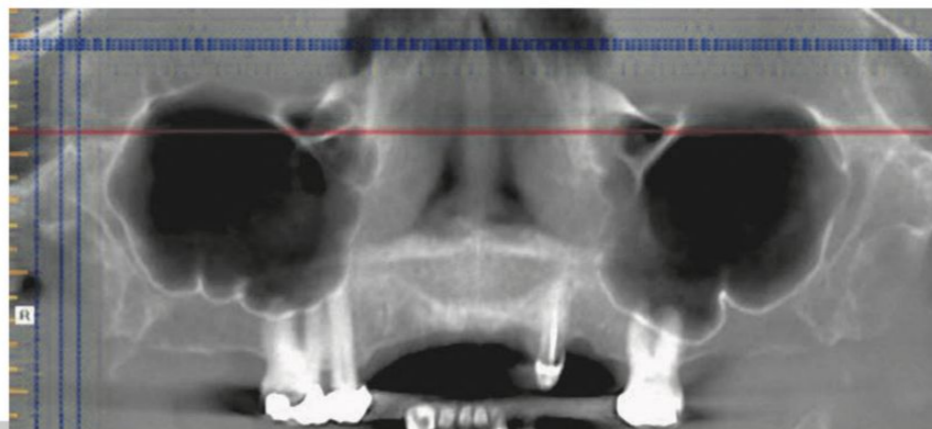




**FIG 3-33** Compromised bony height under the sinus floor. After measuring the bony height under the sinus floor, a decision can be made as to the technique of the sinus augmentation. Sinus augmentation through the osteotomy should be performed when there is at least 5 mm of available bone; the lateral window technique should be used when there is less than 5 mm of bone available.



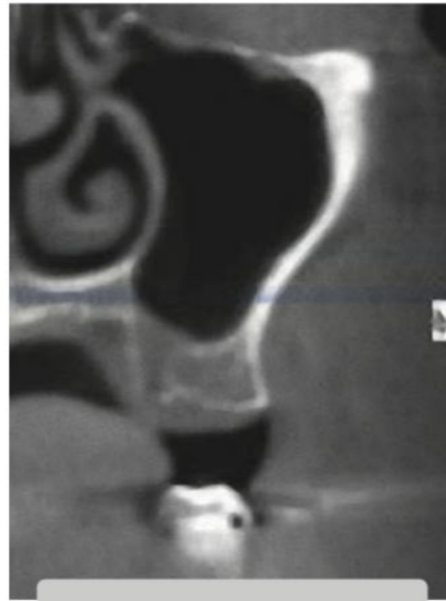
**FIG 3-34** Severe bone loss under the sinus floor without pathology or septa that might complicate the lateral window sinus augmentation technique.



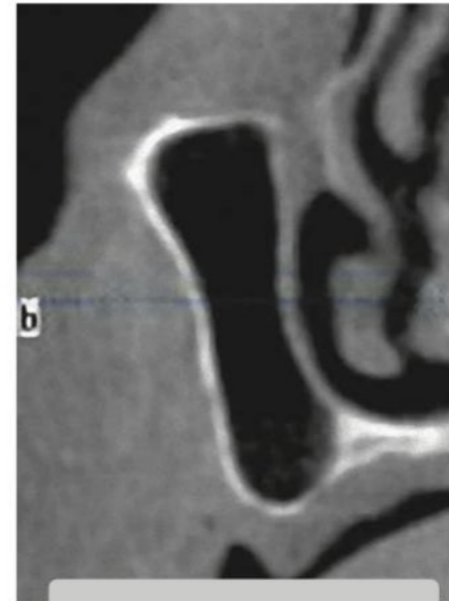
**FIG 3-35** Compromised bony height under the sinus floor with basal perpendicular septa in both sinuses.



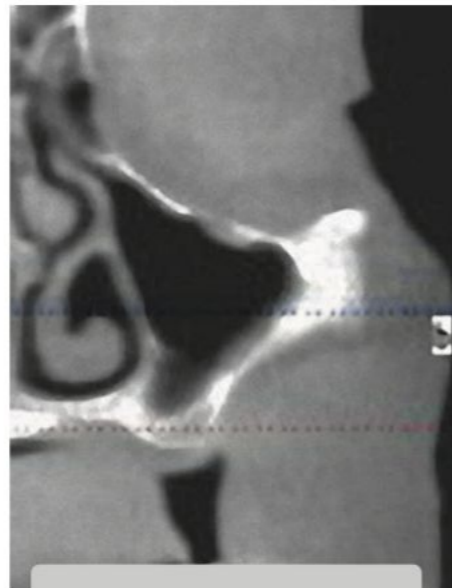
**FIG 3-27** Wide maxillary sinus.



**FIG 3-28** Wide maxillary sinus with compromised alveolar height underneath it.



**FIG 3-29** Narrow maxillary sinus with a very thin floor.



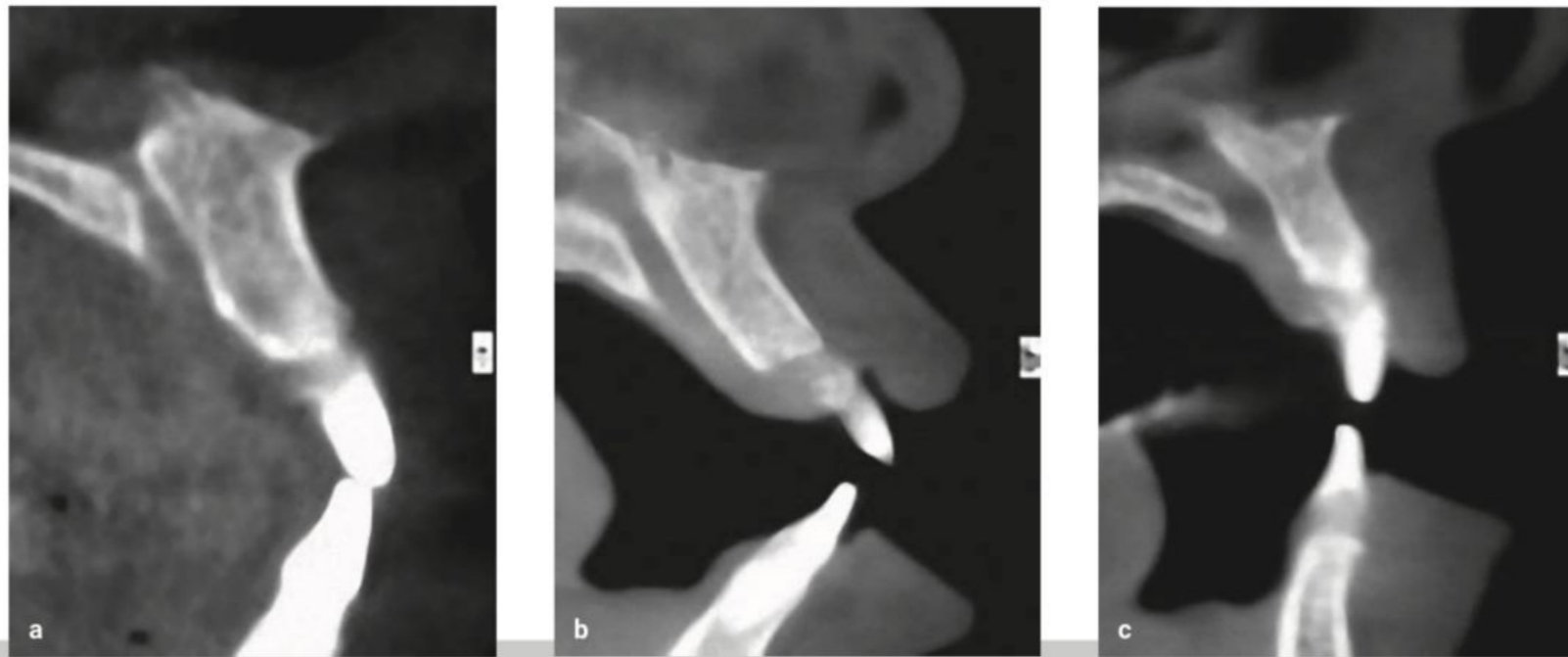
**FIG 3-30** On this image, the ostium of the sinus can be evaluated.



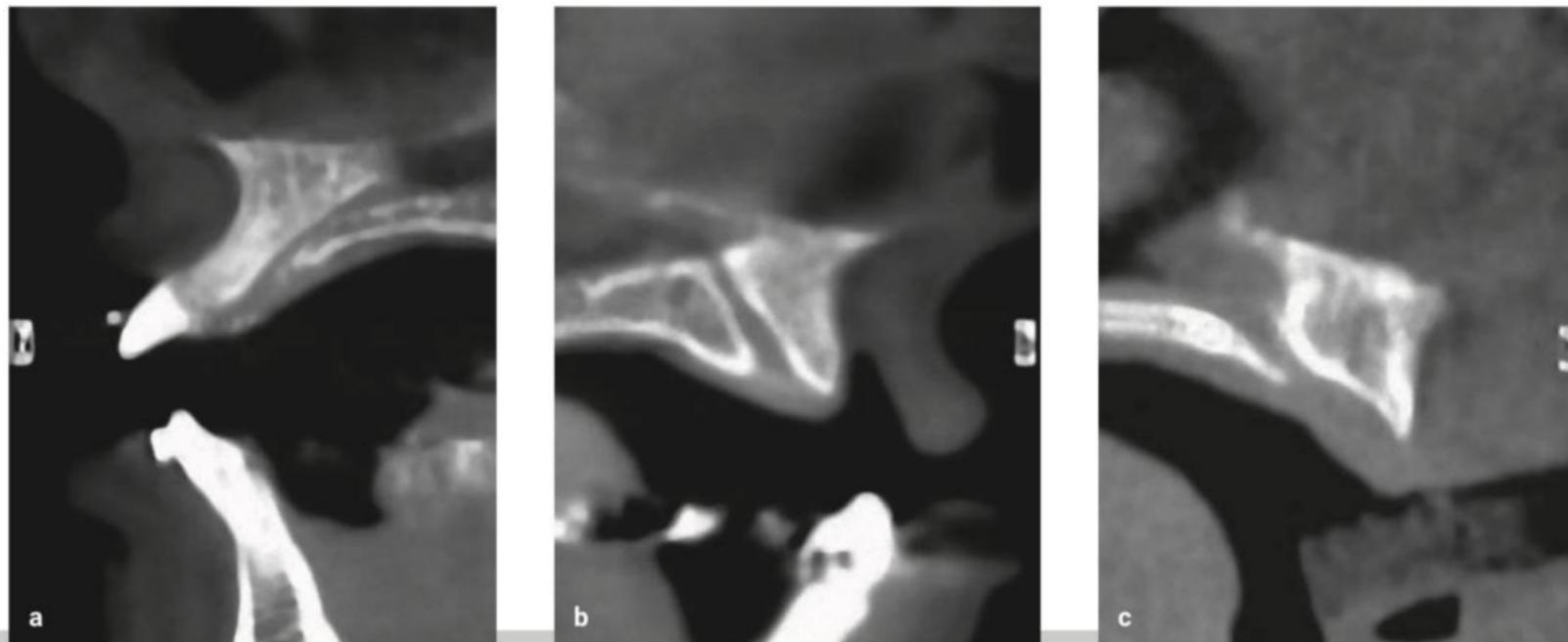
**FIG 3-31** Soft tissue pathology of the maxillary sinus (acute sinusitis).



**FIG 3-32** Soft tissue pathology of the maxillary sinus (chronic sinusitis).



**FIG 5-13** (a to c) Various locations of the incisive foramen relative to the crestal ridge level.



**FIG 5-14** (a) Unusually narrow maxillary incisive canal. (b and c) The close proximity between the incisive foramen and the crestal ridge, with c being more severe.

# Idegekek

- Nervus alveolaris inferior
- Nervus mentalis
- Nervus incisivus
- Nervus palatinus major



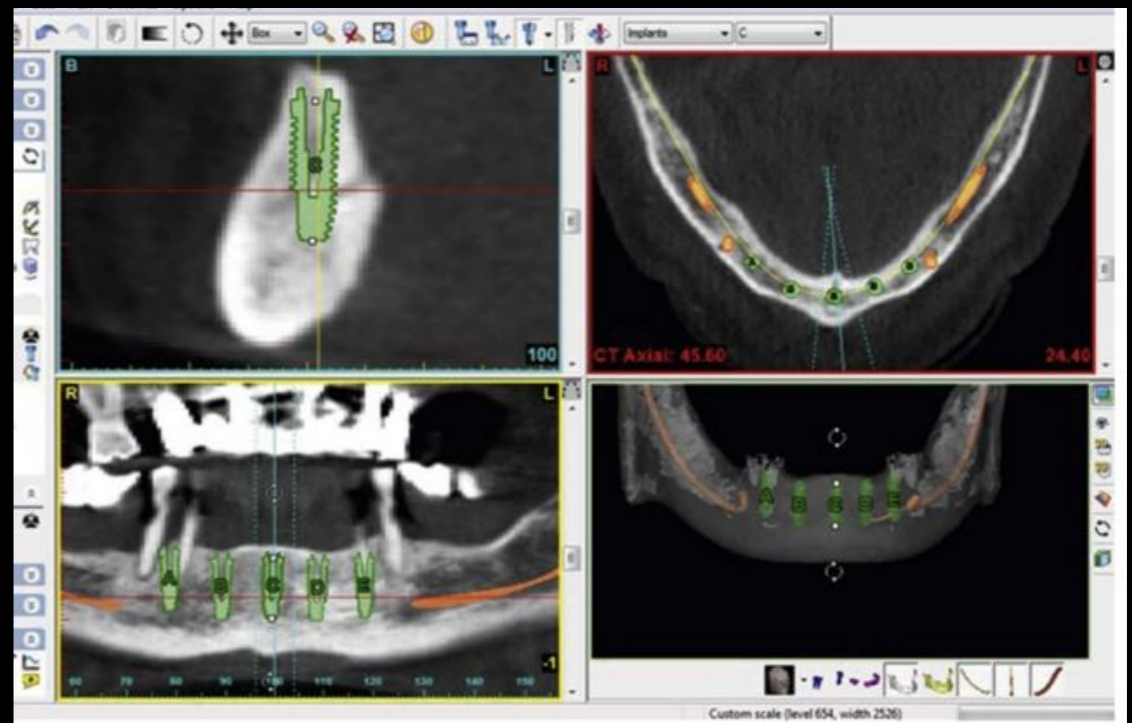
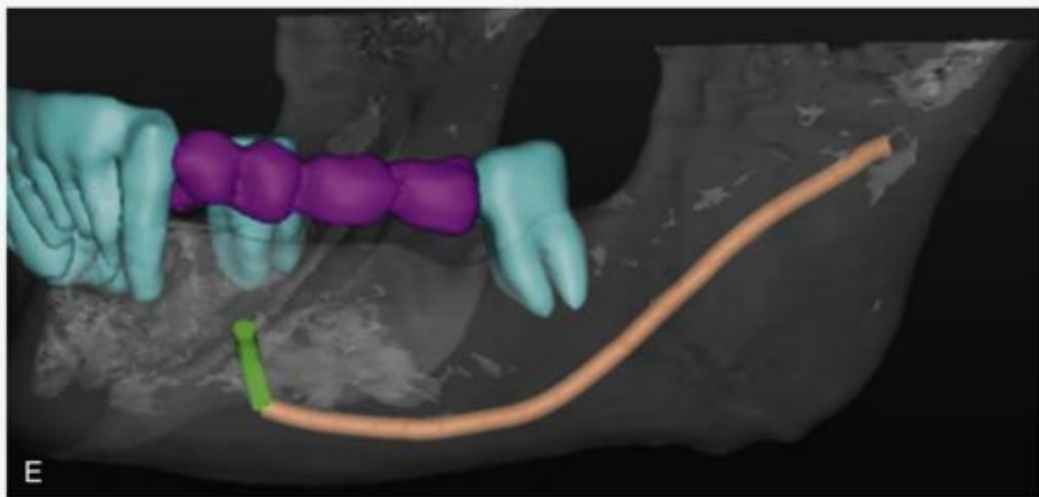
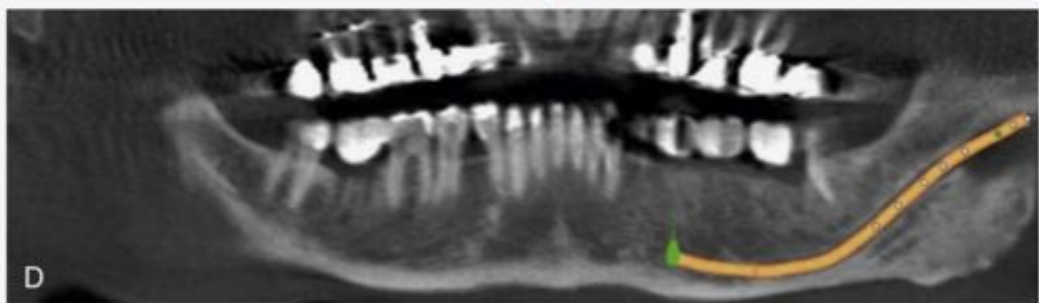
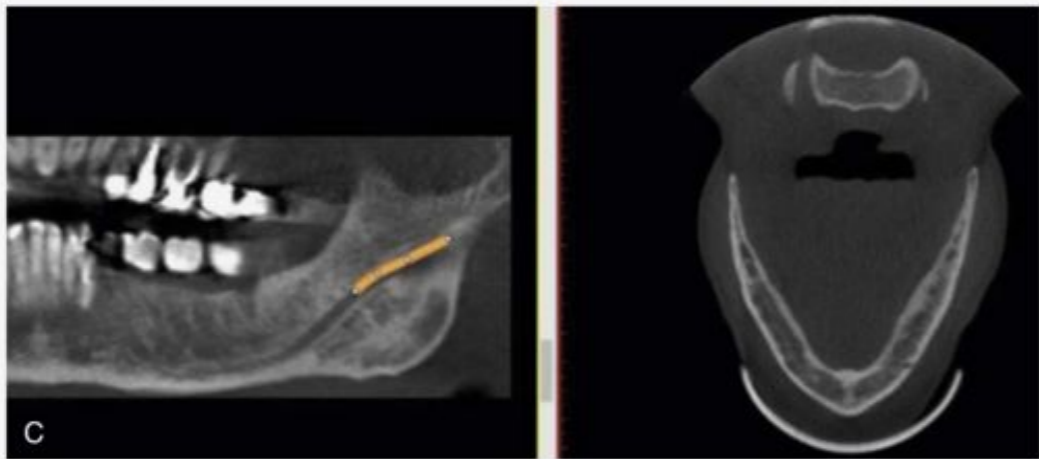
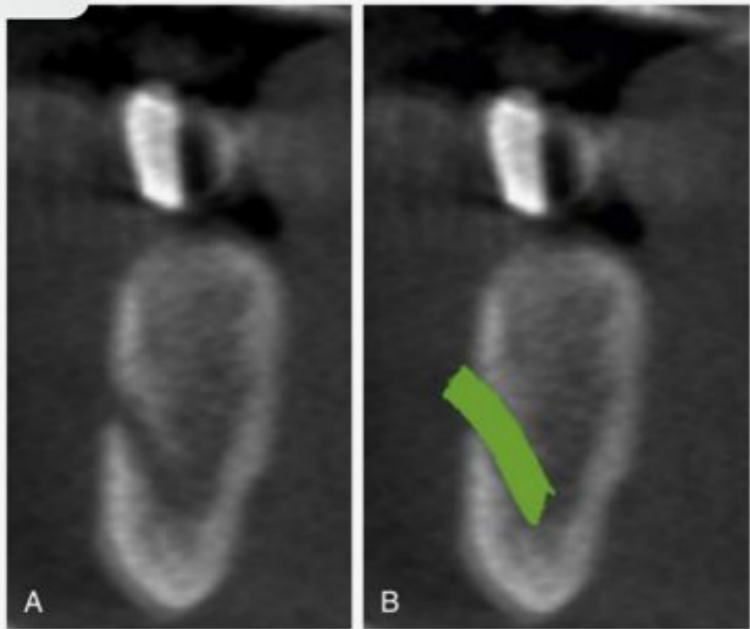
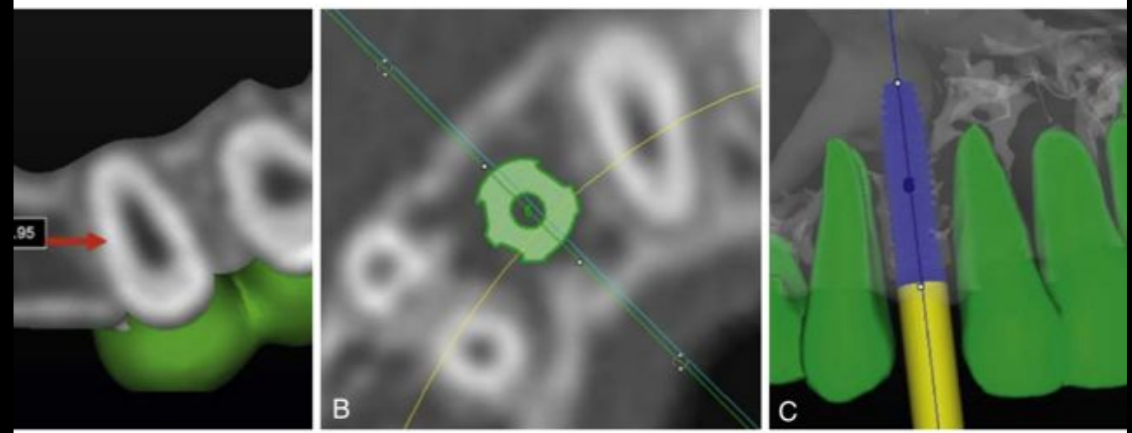
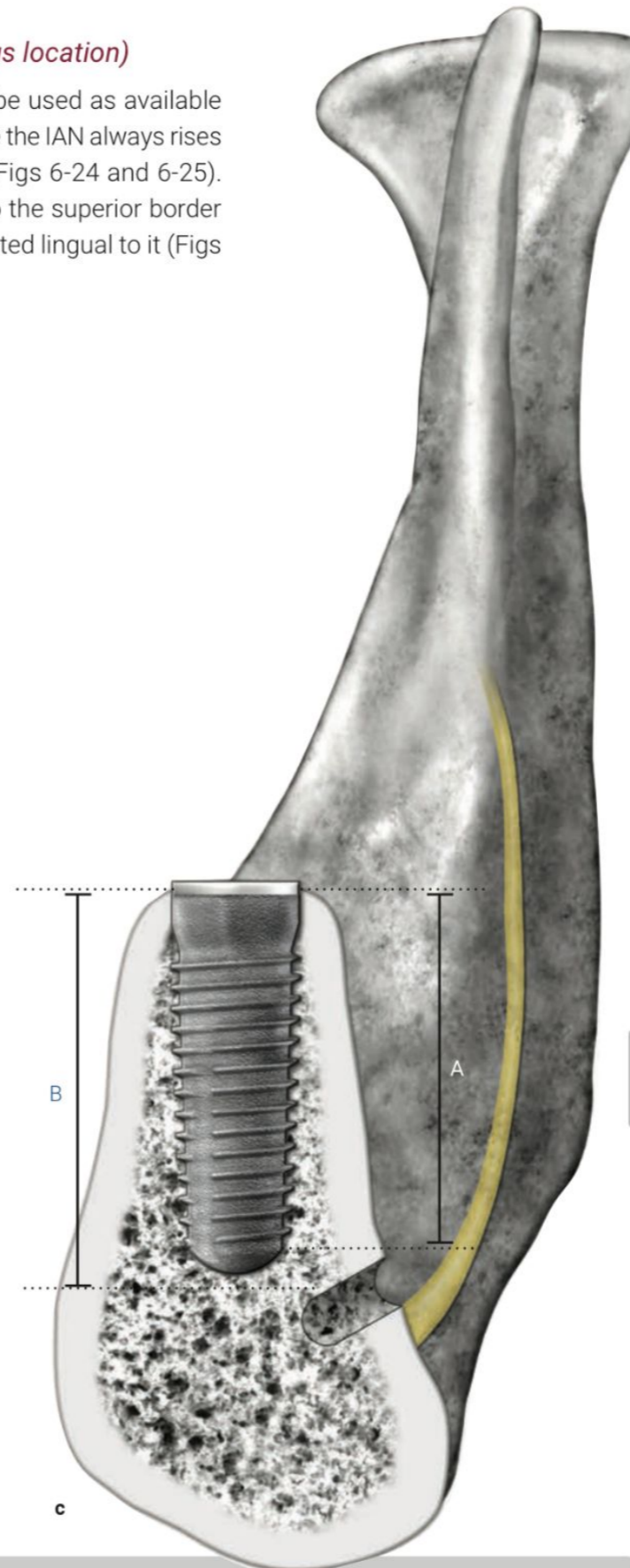
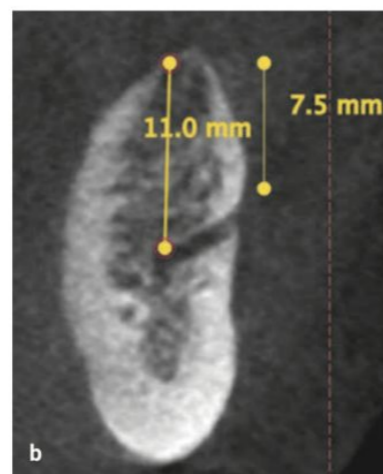


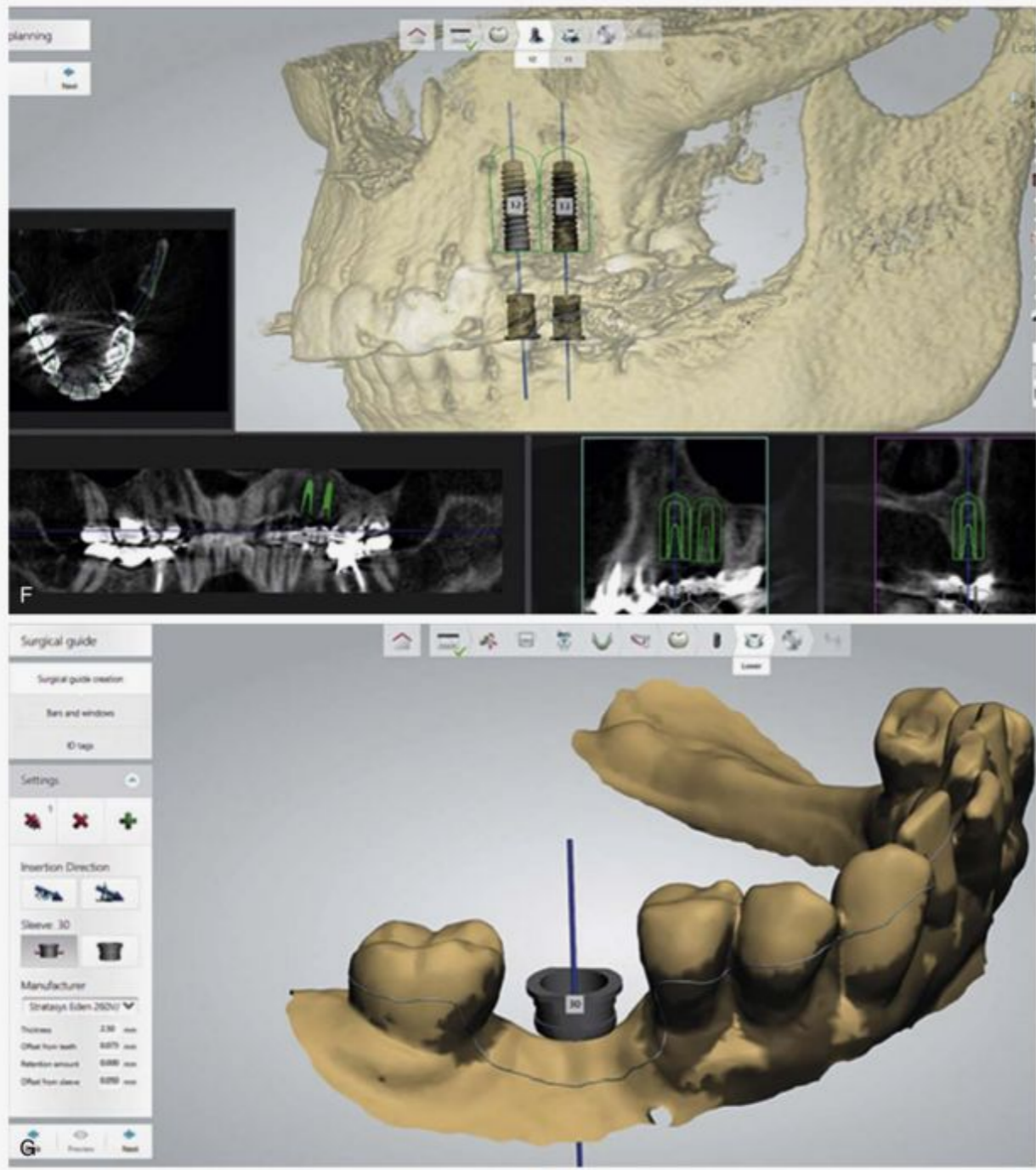
Fig. 15.12 Virtual Implant Placement. Mesial-distal space evaluated and measured.



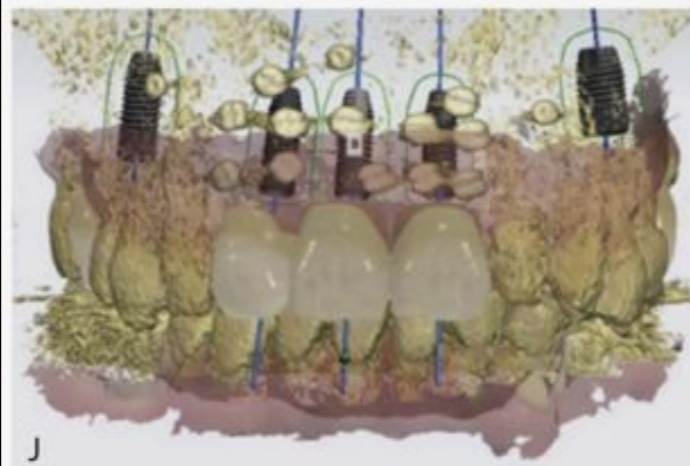
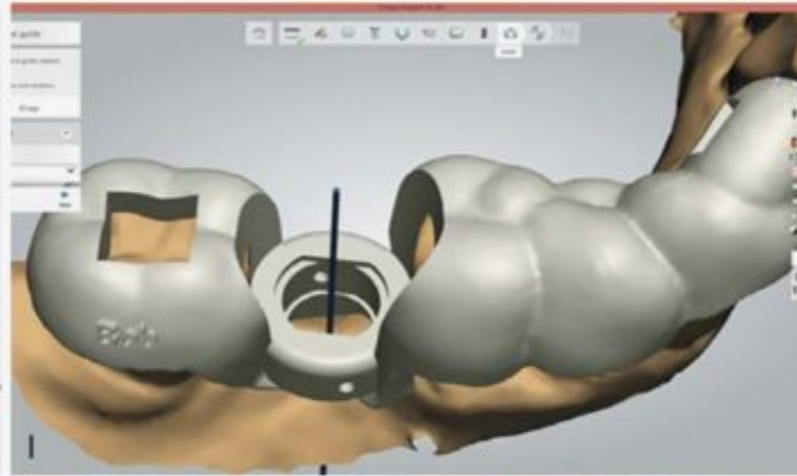
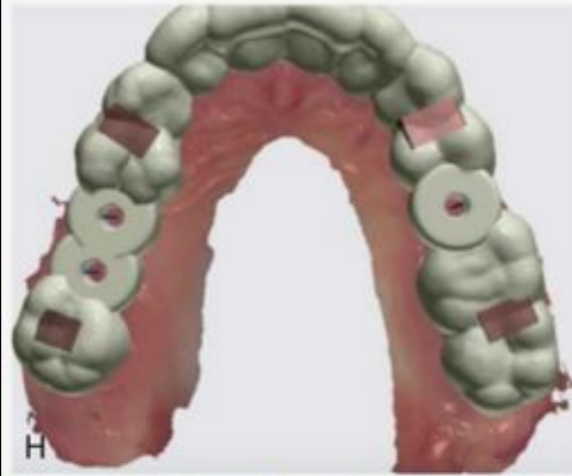
**Mental foramen height  
(buccal plate location vs intraosseous location)**

The height of the mental foramen can be used as available bone height without surgical risk because the IAN always rises as it approaches the mental foramen (Figs 6-24 and 6-25). So even if the implant is placed close to the superior border of the mental foramen, it will still be located lingual to it (Figs 6-26 and 6-27).





• Fig. 15.31, cont'd



# Hivatkozás-képanyag

- **Louie Al-Faraje: Clinical anatomy for oral implantology (2nd edition)**
- **Bart W. Silvermann, Richard J. Miron: Modern Implant Dentistry**
- **Randolph R. Resnik: Misch's Contemporary Implant Dentistry (4th edition)-Elsivier**
- **Daniele Cardaropoli, Paolo Casentini: Soft Tissue & Pink Esthetic in Implant Therapy**