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Sinus lifting: Towards a simplification of protocols**Bouayad Mohssine**

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The aim of this study is to simplify the protocol of the bone crest volume augmentation, using the piezo surgery and Mineralized Plasmatic Matrix (MPM). The alveolar ridge of atrophic posterior maxilla is a difficult site for oral rehabilitation with putting dental implants due to insufficient bone volume. Various surgical techniques have been reported for the reconstruction of the atrophic alveolar ridge and maxillary sinus for the establishment of the implants. The goal is to make the sinus surgery less invasive, reproducible with minimal post-operative suites. This presentation demonstrates that this augmentation surgery sinus volume in 2D and 3D is predictable and reproducible. After this presentation the participant must be able to: Understand the interest of the piezo surgery in the sinus surgical protocol; understand the advantages of piezo surgery compared with conventional bone grafting; understand the risk benefit ratios of the sinus augmentation without bone graft; understand the procedures of Piezo Hydrodynamic Surgery (PHS) minimally invasive and; understand the ease of the ridge augmentation using the mineralized plasmatic matrix. It is anatomical areas that we do not totally proficient with anatomical obstacles that must be addressed include the alveolar antral artery. With new technology and the evolution of piezo surgery, sinus lift has become easier and more accessible, the act is predictable and reproducible with simpler postoperative.

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Cone-beam computed tomography evaluation of maxillary sinusitis**Bouguezzi Adel, Chokri Abdellatif, Hentati Hajer, Sioud Sameh and Selmi Jamil**

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Dental pain originating from the maxillary sinuses can pose a diagnostic problem. Periapical lesion development eliciting inflammatory changes in the mucosal lining can cause the development of a sinusitis. The purpose of this paper was to describe the radiographic characteristics of odontogenic maxillary sinusitis as seen on cone-beam computed tomography (CBCT) scans and to determine whether any tooth or any tooth root was more frequently associated with this disease. CBCT scans previously identified as showing maxillary sinus pathosis were examined for sinusitis of odontogenic origin in both maxillary sinuses. Maxillary sinusitis instances with possible odontogenic origin were detected. Of these, sinusitis occurrences were from odontogenic and nonodontogenic causes. Changes in the maxillary sinuses appear associated with periapical pathology in greater than 50% of the cases. Maxillary first or second molar teeth are most often involved and individual or multiple roots may be implicated in the sinusitis. The use of CBCT scans can provide the identification of changes in the maxillary sinus and potential causes of the sinusitis.

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