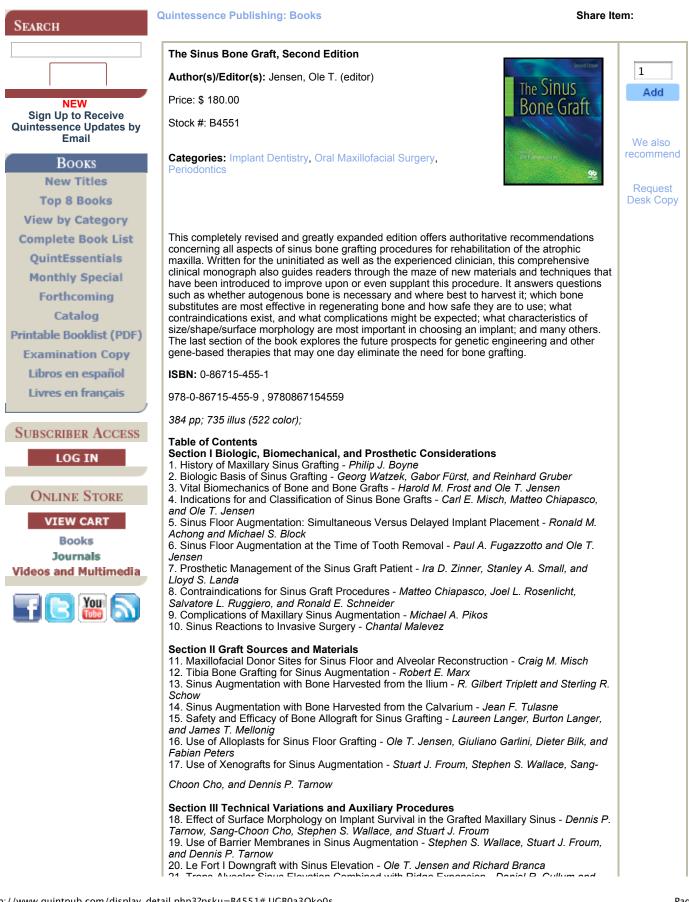
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## Preface

Inveni quod deficiens. . . .

Despite its relatively brief history, the sinus bone graft today constitutes one of the most popular and successful bone-grafting procedures undertaken in the maxillofacial region. Moreover, the maxillary sinus serves as the subject of more research, both in animal and clinical trials, than any other single bone-grafting site, culminating in a variety of modifications to the procedure and hence its role as the graft site most often used to establish efficacy for emerging dental implant technologies.

The sinus floor, and to a smaller extent the elevated sinus membrane, offers an ideal environment for bone formation. Though it would seem intuitively counterproductive to bone graft healing, especially if the sinus membrane becomes perforated during the course of graft placement, this area is instead remarkably forgiving of complication, infection, resorption, or rejection.

As we enter a new era and contemplate the likely reality of avoiding bone grafts altogether with CAT scan- derived treatment plans based on available bone, or the use of zygomaticus implants, or a return to cantilever prosthetics, one cannot help but wonder how the story of the history of sinus grafting will end.

This second edition subscribes to the concept inveni quod deficiens, "recover what is lost." The restorative dentist's charge is to reconstruct lost bone and restore lost function.

The as-yet unknowable potential of exogenous recombinants, cell-based therapies, genetransfer technology, and, ultimately, tooth-germ transplantation will likely be pursued beneath elevated sinus membrane. The sinus floor in "end times" will host bioengineered dental lamina; in place of polished titanium, gleaming enamel will re-emerge through gingiva.

To this end, I would like to acknowledge Dr Hilt Tatum for teaching me how to do a sinus graft, and Dr Per-Ingvar Brånemark for showing me how to do an implant. A book of this complexity and magnitude would not have been possible without the excellent work and diligent care of Lisa Bywaters, who helped edit and organize the manuscript into a coherent book.

I also express appreciation to Karen Shoop, my implant coordinator, the heart and soul of this 2-year experience.

I must also acknowledge my surgical assistants, Cindy Formaneck, Anna Dykes, and Kristin Stifflear, who during the course of this work assisted with both surgery and photographic documentation.

Research assistants who contributed to the book include Steve Tanberg, David Baer, and Brent Kimball.

Though section editors were avoided, I give special thanks to Drs Phil Boyne and Bo Rangert, who informally advised me at critical stages of the book.

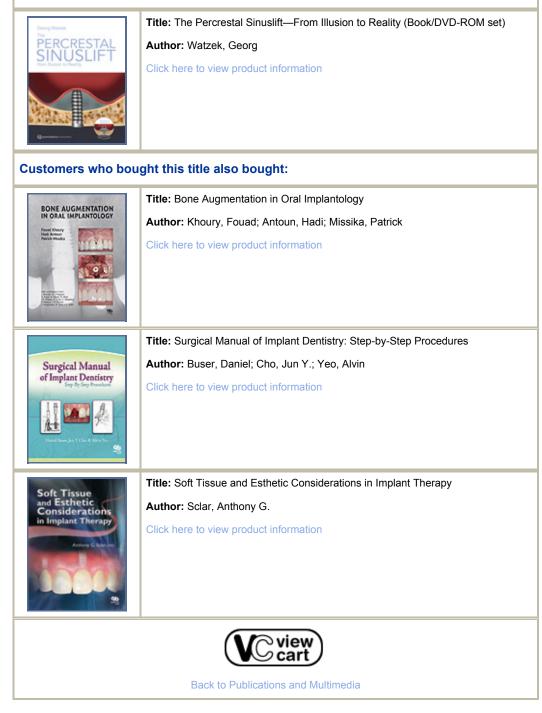
And of course I must thank my family as well: my wife Marty, my sons Sverre and Trygve, and my daughter Autumn—even my grandchildren, Abigail, Sierra, and Ole Tait, for whom it is I work.

Edited by Ole T. Jensen, DDs, MS Private Practice Oral and Maxillofacial Surgery Denver, Colorado

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