

Bone Grafting in Dentistry: Restoring Foundation for Oral Rehabilitation

LP Mendes*

Department of Pathology and Dental Clinic, Federal University of Piauí (UFPI), Brazil

Editorial

Received: 2 March, 2025, Manuscript No. jds-25-169102; **Editor Assigned:** 4 March, 2025, Pre QC No. P-169102; **Reviewed:** 15 March, 2025, QC No. Q-169102; **Revised:** 20 March, 2025, Manuscript No. R-169102; **Published:** 29 March, 2025, DOI: 10.4172/2320-7949.13.2.003

*For Correspondence

LP Mendes, Department of Pathology and Dental Clinic, Federal University of Piauí (UFPI), Brazil

E-mail: mendes@lp.br

Citation: Mendes LP, Bone Grafting in Dentistry: Restoring Foundation for Oral Rehabilitation. RRJ Dental Sci. 2025.13.003.

Copyright: © 2025 Mendes LP, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

INTRODUCTION

Bone is the structural foundation of the jaw that supports the teeth and surrounding tissues. When this foundation is compromised—due to tooth loss, periodontal disease, trauma, or congenital defects—it can lead to functional and aesthetic problems that complicate future dental treatments. Bone grafting is a surgical procedure that rebuilds and regenerates lost or deficient bone [1], most commonly in preparation for dental implants or to restore oral form and function.

Modern dental bone grafting techniques are highly predictable and have become an essential tool in oral surgery, periodontics, and implantology. As the demand for dental implants and full-mouth rehabilitation increases, so does the relevance and importance of bone grafting procedures..

What is Bone Grafting?

Bone grafting involves placing natural or synthetic bone material into the jawbone to stimulate the body's own ability to regenerate new bone tissue. The goal is to augment the height, width, or volume of the alveolar ridge (jawbone) to support prosthetic restoration or enhance facial structure.

Bone grafts can either be autogenous (from the patient's own body), allogenic (from a human donor), xenogenic (from animal sources), or alloplastic (synthetic materials).

Indications for Bone Grafting in Dentistry

Bone grafting is commonly indicated for:

Dental Implant Placement

Insufficient bone volume can prevent the stable placement of implants.

Grafts provide a solid base for long-term implant success [2].

Ridge Preservation

After tooth extraction, grafts are placed to preserve the socket and minimize bone loss.

Sinus Lifts

In the posterior upper jaw, grafts are placed to raise the sinus floor when bone height is inadequate.

Periodontal Defects

In cases of advanced gum disease, grafts help regenerate bone lost around teeth.

Trauma or Congenital Defects

Grafts restore bone structure lost due to injury or developmental issues.

Cyst or Tumor Removal

Large bone defects after surgical removal of lesions may require grafting for regeneration.

Types of Bone Grafts

Autograft (Autogenous Bone Graft)

Bone harvested from the patient, typically from the chin, jaw, or hip.

High success rate due to biocompatibility and presence of living cells [3].

Allograft

Bone obtained from a human donor (cadaver), processed and sterilized.

Eliminates the need for a second surgical site.

Xenograft

Bone derived from animal sources, usually bovine (cow).

Acts as a scaffold for natural bone regeneration.

Alloplast

Synthetic materials such as hydroxyapatite, calcium phosphate, or bioactive glass.

Biocompatible and commonly used for minor grafts.

The Bone Grafting Procedure

Evaluation and Planning

Clinical exam and imaging (CBCT scans, X-rays) assess the extent of bone loss.

Health status and treatment goals are considered.

Anesthesia

Local anesthesia or sedation is used for patient comfort [4].

Graft Placement

The graft material is placed into the defect site and shaped accordingly.

A membrane may be placed over the graft to promote healing and prevent soft tissue invasion (guided bone regeneration).

Suturing and Healing

The site is sutured, and the patient is given post-operative care instructions.

Healing typically takes 4–9 months before implant placement or further procedures.

Post-Operative Care and Healing

Following bone grafting, patients may experience mild swelling, discomfort, or bruising, which is manageable with medication and cold compresses. Key aftercare steps include:

Avoiding pressure or trauma to the graft site

Maintaining oral hygiene with gentle rinsing and prescribed antimicrobial mouthwash

Eating soft foods and avoiding smoking or alcohol

Attending follow-up appointments for monitoring

Healing involves bone remodeling, during which the graft is gradually replaced by the patient's own bone.

Success Rates and Outcomes

Success rates for dental bone grafts are generally high, especially with proper technique and patient compliance. Factors that affect success include:

Smoking (delays healing)

Poor oral hygiene

Systemic conditions (e.g., uncontrolled diabetes)

Infection or trauma to the surgical site

When successful, bone grafting enables implant placement in previously unsuitable sites and greatly enhances both functional and cosmetic results [5].

Advances in Bone Grafting Technology

Growth factors such as Platelet-Rich Plasma (PRP) and Bone Morphogenetic Proteins (BMPs) promote faster and more predictable healing.

3D printing and custom grafts allow for personalized treatment in complex cases.

Tissue engineering and stem cell therapies are being explored for future applications.

CONCLUSION

Bone grafting is a transformative procedure in dental medicine that restores lost bone and opens the door to effective oral rehabilitation. Whether preparing for implants, correcting deformities, or managing periodontal damage, bone grafting provides a reliable foundation for restoring health, function, and aesthetics. With continuous advances in materials and techniques, dental professionals can offer patients minimally invasive, safe, and successful grafting solutions tailored to their individual needs.

REFERENCES

1. Schünemann HJ. Using systematic reviews in guideline development: The GRADE approach. *Res Synth Methods*. 2022;424-448.
2. GRADEpro GD. GRADEpro guideline development tool [software]. McMaster University. 2015;435.
3. Sterne JA, et al. ROBINS-I: A tool for assessing risk of bias in non-randomised studies of interventions. *Bmj*. 2016; 355.
4. Prakash A, et al. Systematic review and meta-analysis of effectiveness and safety of favipiravir in the management of novel coronavirus (COVID-19) patients. *Indian J Pharmacol*. 2020; 52:414-421.
5. Tetzlaff J, Page M, Moher D. PRISMA 2020 statement: Development of and key changes in an updated guideline for reporting systematic reviews and meta-analyses. *Value in Health*. 2020; 23:S312-S313.