Maxillary sinus floor elevation with autologous platelet derivatives and bone grafting techniques: a narrative review

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Abstract

This review explores the utilization of platelet-rich products—platelet-rich plasma (PRP), platelet-rich fibrin (PRF), and concentrated growth factors (CGF)—in maxillary sinus floor elevation (MSFE) as a means of enhancing bone regeneration for dental implant placement. Tooth extraction frequently leads to bone loss, making augmentation essential for the success of implant-supported rehabilitation. MSFE is a common approach to restoring bone volume in the atrophic posterior maxilla. Still, limitations like restricted graft availability and the risks associated with autogenous bone harvesting have spurred interest in alternative solutions. Platelet concentrates derived from the patient's blood, including PRP, PRF, and CGF, are abundant in growth factors such as VEGF, PDGF, and TGF-β1, which play critical roles in promoting osteogenesis, angiogenesis, and tissue repair. Among these, CGF, recognized as a third-generation platelet concentrate, exhibits superior regenerative capabilities for soft and hard tissues due to its denser fibrin matrix, surpassing PRP and PRF in performance. Combining platelet concentrates with bone graft materials has been shown to enhance regeneration, with studies highlighting the efficacy of PRP alongside xenografts or demineralized bovine bone. Furthermore, surgical techniques like the lateral window approach and adaptations such as Summer's osteotomy contribute significantly to procedural outcomes. Despite promising clinical results, further research is needed to optimize protocols, enhance cost-efficiency, and streamline procedures.

Keywords: Maxillary sinus augmentation, Platelet concentrates, Bone craft materials, Growth factors, Sinus lift technique, Bone regeneration

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Introduction

Maintaining a balance between bone resorption and formation is essential for preserving and regenerating alveolar bone, which serves as critical support for teeth and dental implants (1–7). Oral tissue regeneration involves intricate interactions between various cell types, signaling pathways, and extracellular matrix components (8–15). Severe bone deficiencies in areas targeted for implant placement present significant challenges, necessitating advanced techniques for effective bone regeneration (1,4,16–20).

Maxillary sinus floor elevation (MSFE) has emerged as a widely utilized procedure to enhance bone volume in the atrophic posterior maxilla (21–28). This method involves lifting the Schneiderian membrane and placing graft material in the space created within the maxillary sinus floor, increasing bone height to support implant integration (17,29–37).

Over time, numerous bone grafting approaches have been introduced to enhance the predictability of implant-supported restorations (35,38–47). Often considered the gold standard, autogenous bone grafts provide osteoinductive, osteoconductive, and immunogenic benefits (46,48–55). However, their use is associated with limitations such as donor site morbidity, limited availability, and potential bone resorption during extended healing periods (56–64). These challenges have spurred the exploration of alternative materials and regenerative methods (65–73).

Platelet-rich products derived from the patient's blood—namely platelet-rich plasma (PRP), platelet-rich fibrin (PRF), and concentrated growth factors (CGF)—have gained attention as viable alternatives (11,43,74–81). Platelets are critical in tissue repair and wound healing, as their granules are packed with growth factors and cytokines that drive regeneration in both hard and soft tissues (82–90). When activated, platelets form a fibrin matrix that releases key growth factors, including vascular endothelial growth factor (VEGF), platelet-derived growth factor (PDGF), and transforming growth factor-beta 1 (TGF-β1), which are crucial for cellular growth and tissue repair (32,49,86,91–97).

PRP, the first generation of platelet concentrates, is prepared by centrifuging blood to concentrate platelets in plasma (25,98–103). Although PRP has seen widespread clinical use, its anticoagulant properties may reduce its effectiveness in specific scenarios (40,104–114). PRF, a second-generation concentrate, was introduced to address these drawbacks. It enhances osteogenic potential by converting fibrinogen into fibrin without external additives like anticoagulants (115–124). This reduces the risk of postoperative complications and boosts regenerative outcomes (91,125–133).

Sacco developed the third-generation concentrated growth factor (CGF) in 2006, which offers significant advancements in tissue and bone repair (38,134–140). CGF is created through centrifugation at varying speeds, resulting in a denser and more robust fibrin matrix than PRP and PRF (1,141–147). This matrix, rich in growth factors, provides improved tissue healing and regeneration (148–158)support.

A novel technique, "sticky bone," builds on CGF's advantages by mixing it with bone graft materials such as calcium phosphate, BiOss, or dentin particles (55,134–136,159–165). This combination produces a cohesive and pliable material that is easy to place into defect sites (166–173). The mixture solidifies, creating a durable and regenerative scaffold. Adding a fibrin clot before the material gels further increases the concentration of growth factors, enhancing its therapeutic potential (114,137,143,174–177).

This review evaluates the current evidence on using autologous platelet concentrates (PRP, PRF, and CGF) in combination with bone grafts for maxillary sinus augmentation (178–191). Synthesizing research findings offers insights into the potential of these approaches to improve bone regeneration and implant outcomes, presenting a promising alternative to traditional bone grafting methods (123,192–202).

Materials and Methods

A comprehensive search was conducted using the terms PRP, PRF, CGF, oral surgery, sticky bone, and sinus lift, combined with the Boolean operator "AND." The search targeted publications in Scopus, Web of Science, and PubMed databases, restricted to articles in English.

The review focused on studies involving human participants, specifically clinical research and case reports.

The titles and abstracts of the retrieved studies were screened, and irrelevant articles were excluded. The remaining studies were then reviewed in full. Any discrepancies between reviewers were resolved through collaborative discussion to ensure consensus.

Reviewers carried out a comprehensive analysis, rating all qualifying records according to the subsequent inclusion standards: (1) randomized control trials (RCTs), randomized controlled clinical trials (RCTs), comparative studies, retrospective studies; (2) human participant studies; (3) full-text articles available for free; and (4) English-language publications. The following exclusion criteria were determined: (1) in vitro articles, (2) animal-related studies, and (3) articles not released in English.

Results

The search identified 2002 articles distributed across Web of Science (307), Scopus (362), and PubMed (1333). After removing 468 duplicates, 1534 unique studies were assessed. Of these, 1512 articles were excluded and did not meet the inclusion criteria. A total of 22 studies were included for detailed review and analysis.

Discussion

Platelet-derived products in dental treatments, particularly for maxillary sinus augmentation, have advanced considerably in recent years (72,203–210). Various platelet concentrates, including PRP, PRF, and CGF, are applied based on their unique properties and preparation methods (101,211–216, 291).

Types of Platelet Derivatives

Platelet-rich plasma (PRP) is a rich source of growth factors such as FGF, TGF-β, IGF, and PDGF, which are crucial for accelerating healing, tissue repair, and bone formation (70,217–223). It is produced through a two-step centrifugation process: the first spin at 2400 rpm for 10 minutes separates plasma from red blood cells, while the second spin at 3600 rpm for 15 minutes concentrates platelets (43,60,73,224–228). However, PRP's effectiveness can be limited due to the anticoagulants used during preparation, which inhibit clotting (229–236). Platelet-rich fibrin (PRF), developed by Choukroun in the early 2000s, offers an alternative (237–245, 292) to address this. Unlike PRP, PRF does not involve anticoagulants, enabling the formation of a fibrin matrix that supports the prolonged release of growth factors (245–249). PRF prepared through a single centrifugation process at 2700 rpm for 12 minutes, yields a fibrin clot enriched with platelets and leukocytes (2,50,250). As a second-generation platelet concentrate, L-PRF is particularly effective in regenerative dentistry due to its natural fibrin structure and ability to regulate inflammation and support tissue repair (251–255).

Concentrated growth factor (CGF), introduced by Sacco in 2006, represents a further advancement. Its denser fibrin matrix enhances regenerative outcomes (172,256–260). CGF is produced through a single centrifugation step at variable speeds (2400–2700 rpm for 12 minutes), resulting in three distinct layers: platelet-poor plasma at the top, CGF in the middle, and red blood cells at the bottom (261–265). CGF has shown significant benefits in stimulating bone formation and blood vessel growth, particularly in sinus lift procedures, where it outperforms other graft materials (266–270).

Platelet Derivatives Combined with Bone Grafts

Pairing platelet concentrates with bone graft materials is a preferred strategy for bone regeneration in sinus augmentation (271–274). Autogenous grafts remain the gold standard due to their osteogenic capabilities but are limited by donor site complications and finite availability (82,275–280). Platelet derivatives, especially PRF, are frequently combined with alternatives such as xenografts, allografts, and synthetic materials to enhance tissue repair (281,282).

PRP, enriched with growth factors like PDGF, TGF-β, and VEGF, stimulates bone cell activity, tissue regeneration, and collagen synthesis (283,284). Studies demonstrate that PRP combined with graft materials improves implant success and osseointegration. For example, research by Inchingolo et al. revealed that pairing PRP with deproteinized bovine bone (Bio-Oss) or beta-tricalcium phosphate enhanced bone quality and implant outcomes compared to grafts alone (285). However, using PRP without grafts has shown limitations; as Kempraj et al. observed, it may lead to inadequate bone height increases compared to xenografts (286).

Surgical Techniques in Sinus Augmentation with Platelet Derivatives

Surgical techniques for sinus augmentation, such as the lateral window approach, have evolved. Initially introduced by Tatum in 1976 and later refined by Boyne and James, the technique was adapted to facilitate earlier implant placement (287). Modifications like the transalveolar method and Summer's osteotomy have been introduced to minimize patient discomfort and improve healing.PRF has demonstrated effectiveness in sinus augmentation, whether alone or alongside bone grafts (288). PRF membranes protect the Schneiderian membrane, reducing the risk of perforation and enhancing tissue regeneration. PRF supports recovery and graft stabilization in cases where membrane perforation occurs, as noted in studies such as those by Chitsazi et al. Additionally, PRF alone has been successfully employed to elevate the sinus floor, yielding positive bone resorption and implant stability (289) results. (Figure1)

Integrating platelet concentrates (PRP, PRF, and CGF) with bone grafts offers a promising approach for improving bone regeneration in maxillary sinus augmentation. These products enhance healing, reduce inflammation, and improve bone quality, contributing to better clinical outcomes. Success depends on careful selection of materials, precise surgical techniques, and patient-specific considerations. Continued research and refinement of protocols will further optimize these methods, increasing their efficiency and long-term success rates (290).

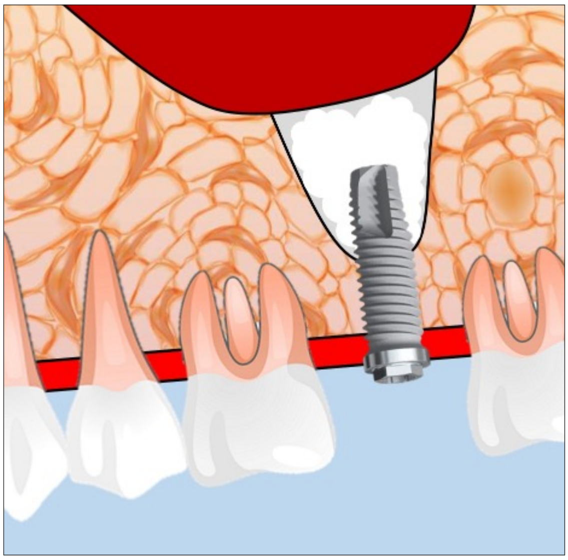

Figure 1. Maxillary Sinus Augmentation

Conclusions

Various surgical techniques are available to address peri- and pre-implant defects, including using zygomatic implants and biomaterials that promote bone regeneration. Tooth extraction often leads to bone loss, necessitating augmentation procedures to ensure successful implant-supported rehabilitation. Maxillary sinus floor elevation (MSFE) has become a widely practiced method for increasing bone volume in cases with insufficient levels, allowing for the placement of dental implants. Numerous biomaterials, such as synthetic options and autologous and heterologous grafts, have been explored to enhance bone regeneration.

Histological evidence indicates that growth factors significantly improve vascularization and accelerate early bone formation, especially when paired with bone grafts. PRF's pro-angiogenic properties support natural healing and enhance tissue regeneration, especially in areas with limited blood supply, such as the sinus. Additionally, PRP pre-treatment has been shown to strengthen initial implant stability and improve the outcomes of implant prosthetic rehabilitation.

Compared with other bone substitutes, using CGF in sinus augmentation has demonstrated similar implant survival rates and marginal bone level results as those achieved with demineralized bovine bone. Although further research is required, platelet-derived products such as PRF, PRP, and CGF have shown significant potential in enhancing clinical outcomes by boosting vascularization and expediting the healing process. Future advancements are anticipated to lower costs and simplify surgical procedures while increasing the consistency of results, making these techniques less reliant on the surgeon's expertise.

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Conflicts of Interest

The authors declare no conflict of interest.

Abbreviations:

FGF	Fibroblast growth factor
IGF	Insulin-like growth factor
L-PRF	Leukocyte-Platelet-Rich Fibrin
MSFE	Maxillary sinus floor elevation
PDGF	Platelet-derived growth factor
PRF	Platelet-Rich Fibrin
PRP	Platelet-Rich Plasma
TGF	Transforming growth factor
VEGF	Vascular endothelial growth factor

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