

cortico-cancellous bone graft obtained from the iliac crest provides a suitable amount of bone with osteogenic potential which can be fixated to the bones with a simple and rigid fixation, we also obtained approximately normal looking contour of the defect sites. Our success rate was 85 %. In our study if we analyze the causes of failure in the three cases (15 %) we can say that for the mandible the cause of failure is due to inflammation due to the osteomesh which is regarded as a foreign body (Fig. 4). For the alveolar cleft the cause probably was due to the use of only cancellous bone without any means of fixation and breakdown of one of the sutures exposing the grafts and causing infection and therefore became a sequestra acting as a foreign body, therefore we suggest using a cortical bone graft and fixed with a micro-plates then we insert a cancellous bone and a water tight seal closure and instruction about good oral hygiene with chlorhexidine mouth wash. For zygomatic bone graft the cause might be due to infection by a maxillary sinus communication that might occur later.

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