

Autologous bone graft

Autologous bone (or autogenous) **grafting** involves utilizing bone obtained from the same individual receiving the graft. Bone can be harvested from non-essential bones, such as from the **iliac crest**, or more commonly in oral and maxillofacial surgery, from the mandibular symphysis (chin area) or anterior mandibular ramus (the coronoid process); this is particularly true for block grafts, in which a small block of bone is placed whole in the area being grafted. When a block graft will be performed, autogenous bone is the most preferred because there is less risk of the graft rejection because the graft originated from the patient's own body.

Such a graft would be osteoinductive and osteogenic, as well as osteoconductive. A negative aspect of autologous grafts is that an additional surgical site is required, in effect adding another potential location for post-operative pain and complications.

Autologous bone is typically harvested from intra-oral sources as the chin or extra-oral sources as the iliac crest, the fibula, the ribs, the mandible and even parts of the skull.

Autologous bone has been widely used as the graft material of choice, despite the risk of donor-site morbidity associated with harvesting the bone, possibly because very low fusion rates were reported with posterior allograft cervical fusions in children several decades ago. Higher overall fusion rates using allograft in adults, associated with improvements in internal fixation techniques and the availability of osteoinductive substances such as **bone morphogenetic protein** (BMP), have led to heightened enthusiasm for the use of bank bone during pediatric **posterior cervical fusion** (PCF).

see [Autologous bone flap cranioplasty](#).

see [Cortical iliac crest autograft](#)

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