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<th>Bone regeneration goal in sight</th>
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Bone regeneration goal in sight

HONG KONG - Engendering natural bone regeneration to plug small bony defects in the oral cavity instead of using onlay bone grafts is the ultimate goal of Dr A-Bakr M Rabie.

He also hopes to be able to enhance the integration of bone grafts, as well as pinpoint the underlying mechanisms involved in bone integration.

Dr Rabie is a lecturer in the Department of Children's Dentistry and Orthodontics at the University of Hong Kong, Prince Philip Dental Hospital. “While the routine replacement of some damaged or diseased tissues appears to be nearing realization, the replacement of lost bone by autogenous grafting is seldom practiced in orthodontics,” he told Asian Medical News.

X-rays indicate that three weeks after bone grafting, integration is taking place, and just a “shadow” exists between the graft and host bone.

Six weeks later the shadow has faded, and three months post-surgery, the graft cannot be distinguished on the X-ray (This patient had lost bone with a tooth extraction). Teeth can then be moved successfully into the graft site.

Fixation of the graft is essential, Dr Rabie said, explaining that without fixation, “micro-wriggling” occurs, leading to the rupture of blood vessels and bone resorption.

Dr Rabie is trying to identify the specific factors released by the membranous bone which encourage blood vessel induction, and believes this is the key to eliminating the need for a bone graft.

“If we know exactly what factors are being released (from the bone graft), we can extract them and mix them with the BMP and the tissue trimmings from the patient,” and the bone should regenerate naturally, Dr Rabie said.

Dr Rabie came to Hong Kong six months ago, from Northwestern University's Department of Orthodontics and Oral Biology in Chicago, USA, attracted by the greater opportunity of securing research grants.

Recurrent CYSTITIS and women at repeated risk

The Urinary Quinolone for Effective Prophylaxis of Recurrent Cystitis in Females

The urinary tract is a source of recurrent infections, mostly in women. While many women are familiar with antibiotics as a treatment, prophylaxis can be a safer option in certain cases.

Dr. Rabie, a renowned orthodontist, has conducted research on the use of urinary quinolones for prophylaxis.

The proposed dosage for prophylaxis is as follows:
- **General Prophylaxis of Recurrent Cystitis**
  - 1 capsule at bedtime for 6 months
- **Prophylaxis of Recurrent Cystitis Triggered by Sexual Intercourse**
  - 1 capsule in the morning
  - 1 capsule immediately before sexual intercourse

The benefits of using urinary quinolones include:
- Reduced risk of recurrence
- Minimization of antibiotic resistance

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