

immature bone formation. Subsequently, this newly-formed bone will undergo a remodeling process into lamellar bone, and, after ten years postoperatively, more than 90% of the graft is integrated^(1,20).

CONCLUSIONS

In cavitary defects, the use of grafts from bone libraries in its minced and impacted form represents the best way to apply

that graft, as well as the best results.

In segmental defects, whenever transforming a segmental defect into a cavitary one with the aid of a reinforcement mesh, and achieving a good reconstruction stability are possible, the minced and impacted graft on acetabulum provides the best results.

When using a minced graft is impossible, the use of a block graft is an alternative.

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