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This chapter focuses on the structure and development of the skeleton. The skeleton is a complex association of metabolically active cells attached to, embedded in, or surrounded by a mineralized matrix. The bone is a highly specialized form of connective tissue that acts as an internal support system in all higher vertebrates.

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(1-10) It replaces the 1960 paradigm of skeletal physiology in which effector cells (chondroblasts, fibroblasts, osteoblasts, osteoclasts, etc.) regulated by non-mechanical agents determined the architecture, strength and health of bones. Biomechanical and tissue level phenomena had no roles in that paradigm.

Bone mineral provides mechanical rigidity and load-bearing strength to bone, whereas the organic matrix provides elasticity and flexibility. Bone mineral is initially deposited in "hole" zones between the ends of collagen fibrils .

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Sinus lift procedures are a commonly accepted method of bone augmentation in the lateral maxilla

with clinically good results. Nevertheless the role of the Schneiderian membrane in the bone-reformation process is discussed controversially. Aim of this study was to prove the key role of the sinus membrane in bone reformation in vivo.

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Estrogens regulate osteoblast-mediated bone formation and osteoclast-mediated bone resorption at multiple levels, including progenitor cell recruitment, proliferation, differentiation, and programmed cell death. In contrast to estrogen, the role of progesterone in bone physiology is less well understood.

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The pelvic girdle consists of two large, sturdy hip bones. Each hip bone consists of three fused bones namely the ilium, ischium and the pubis. The ilium is the largest of the three and forms the upper part of the hip bones. The sacrum fits like a wedge posteriorly between the two hip bones.

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