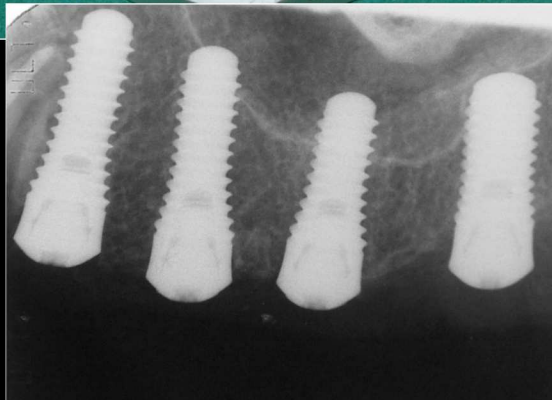
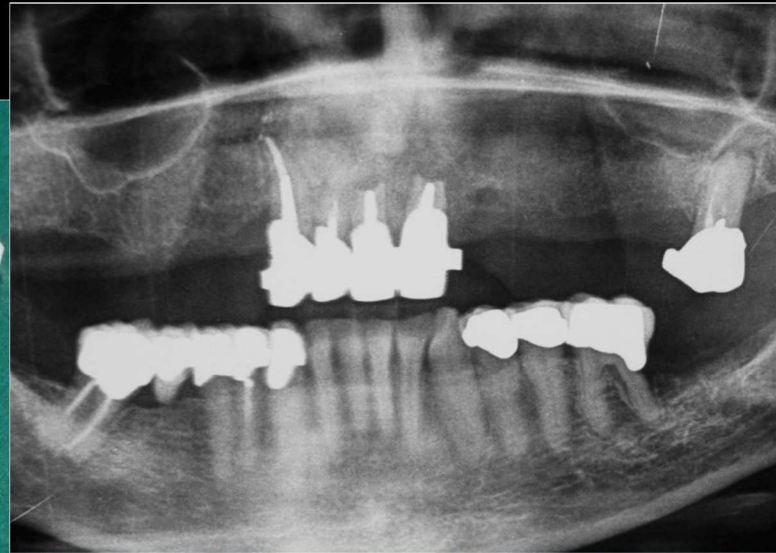
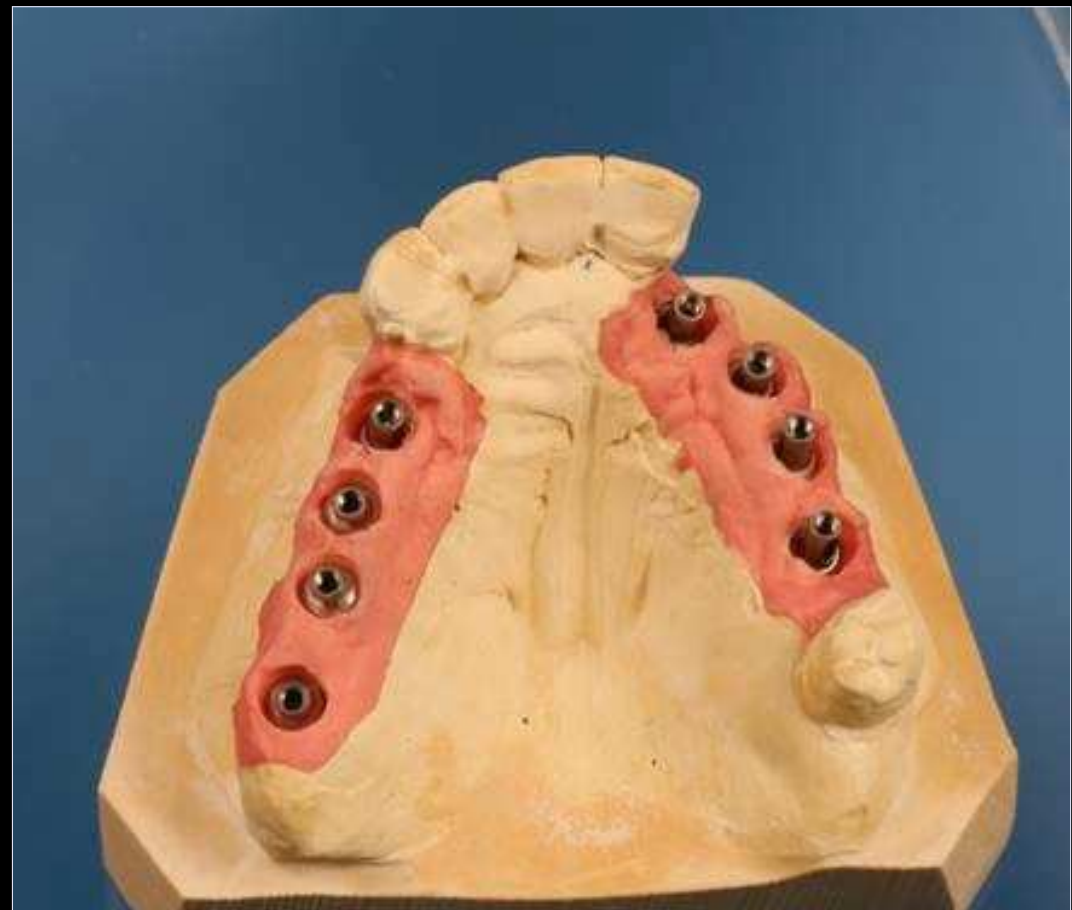
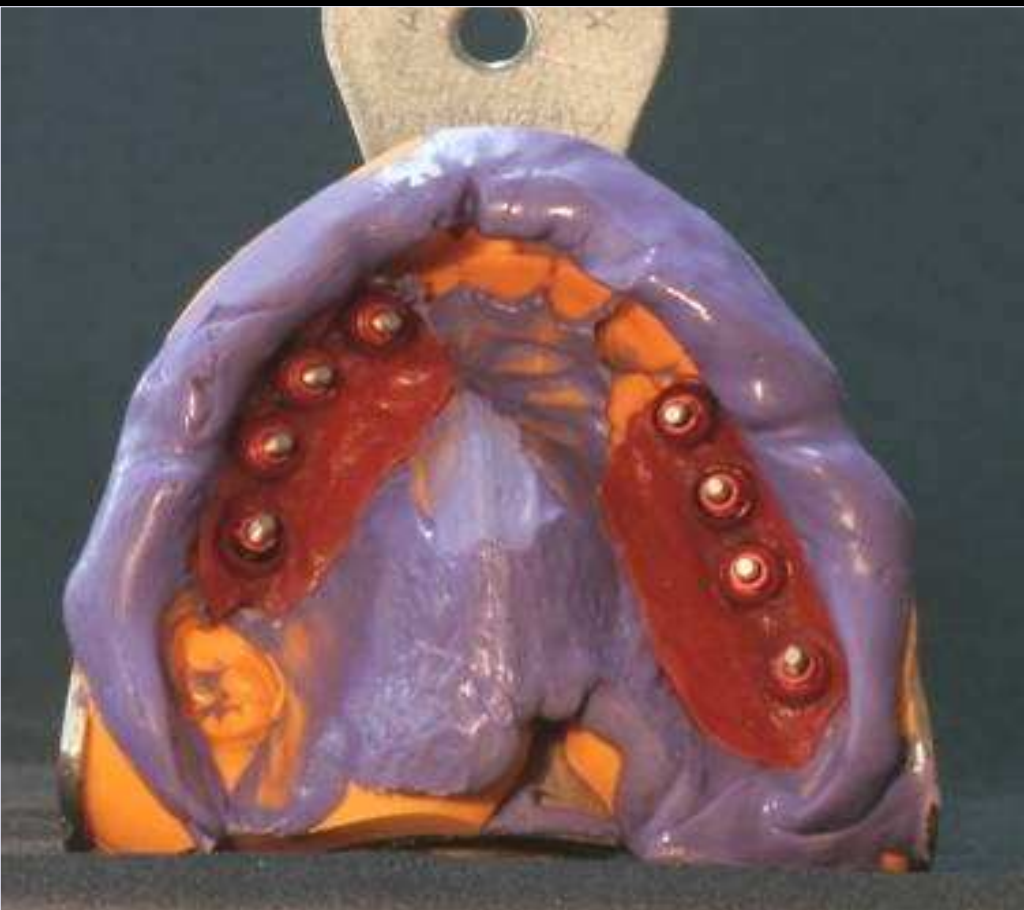


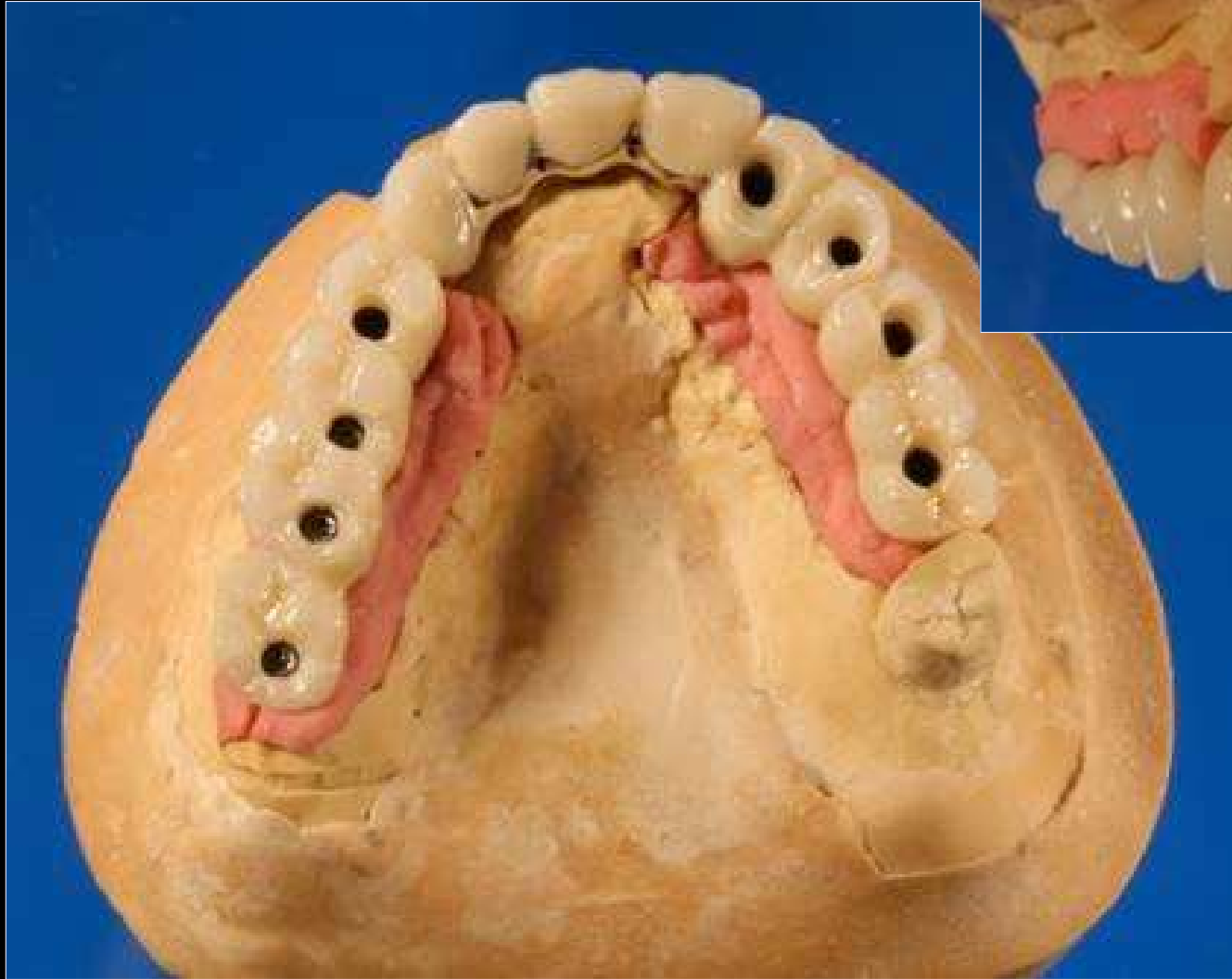


GIG NEI CASI STAGED APPROACH



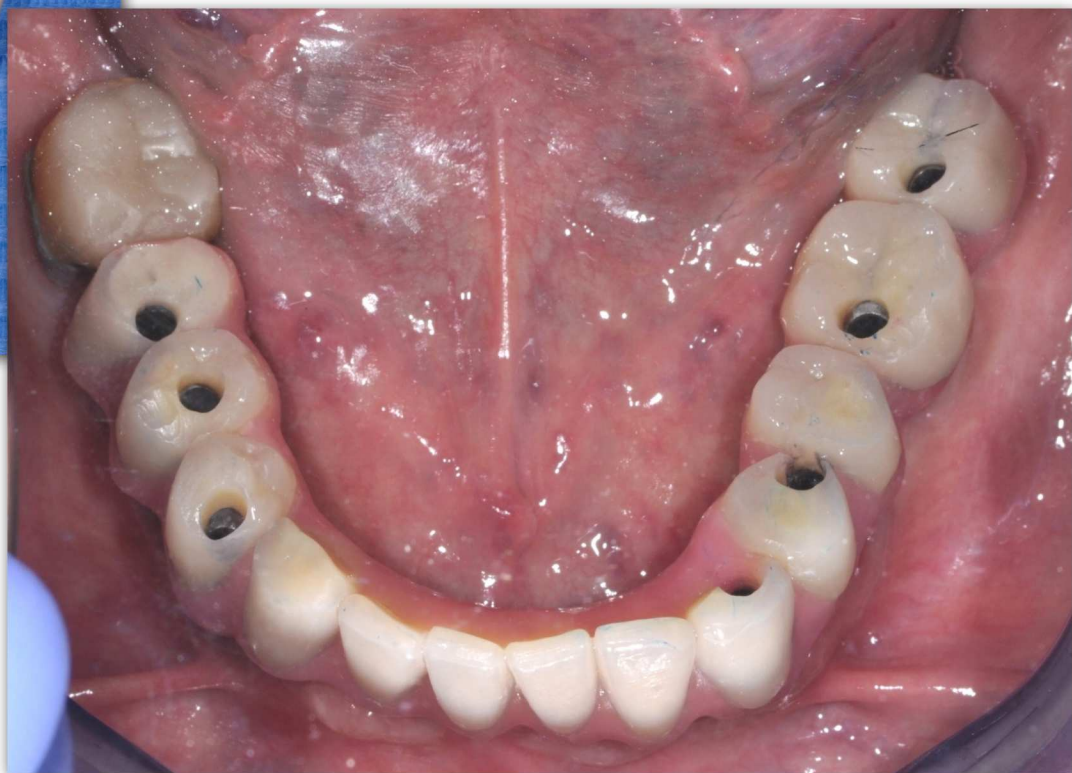




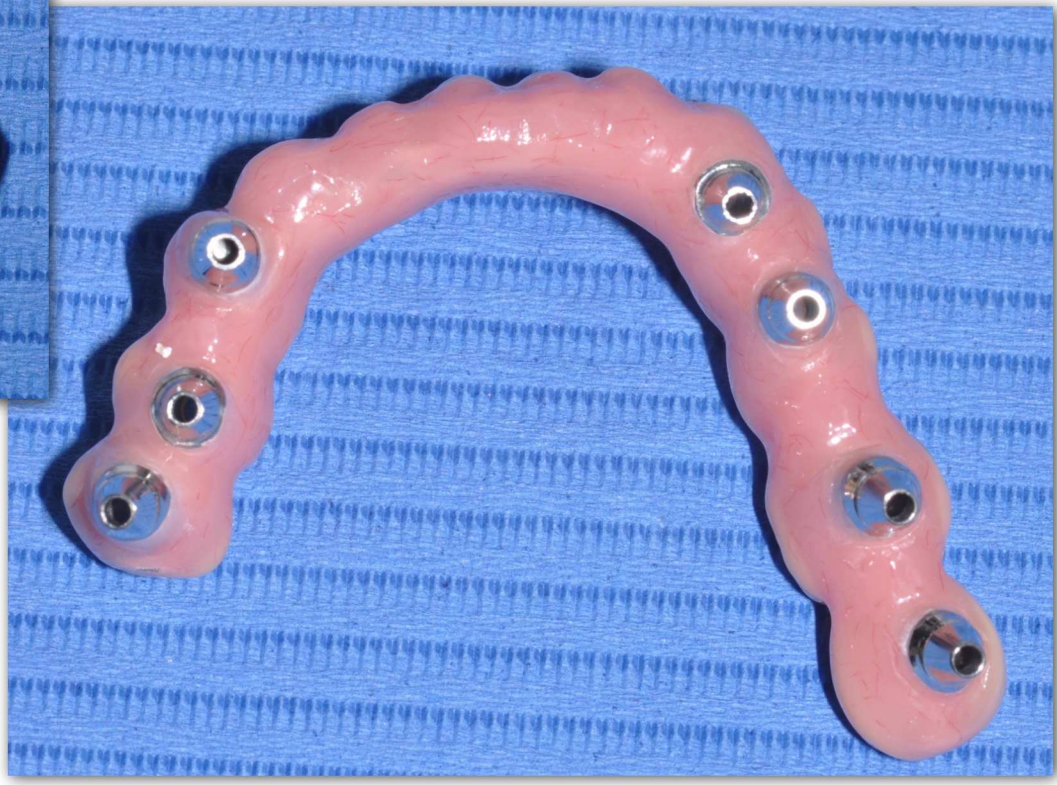


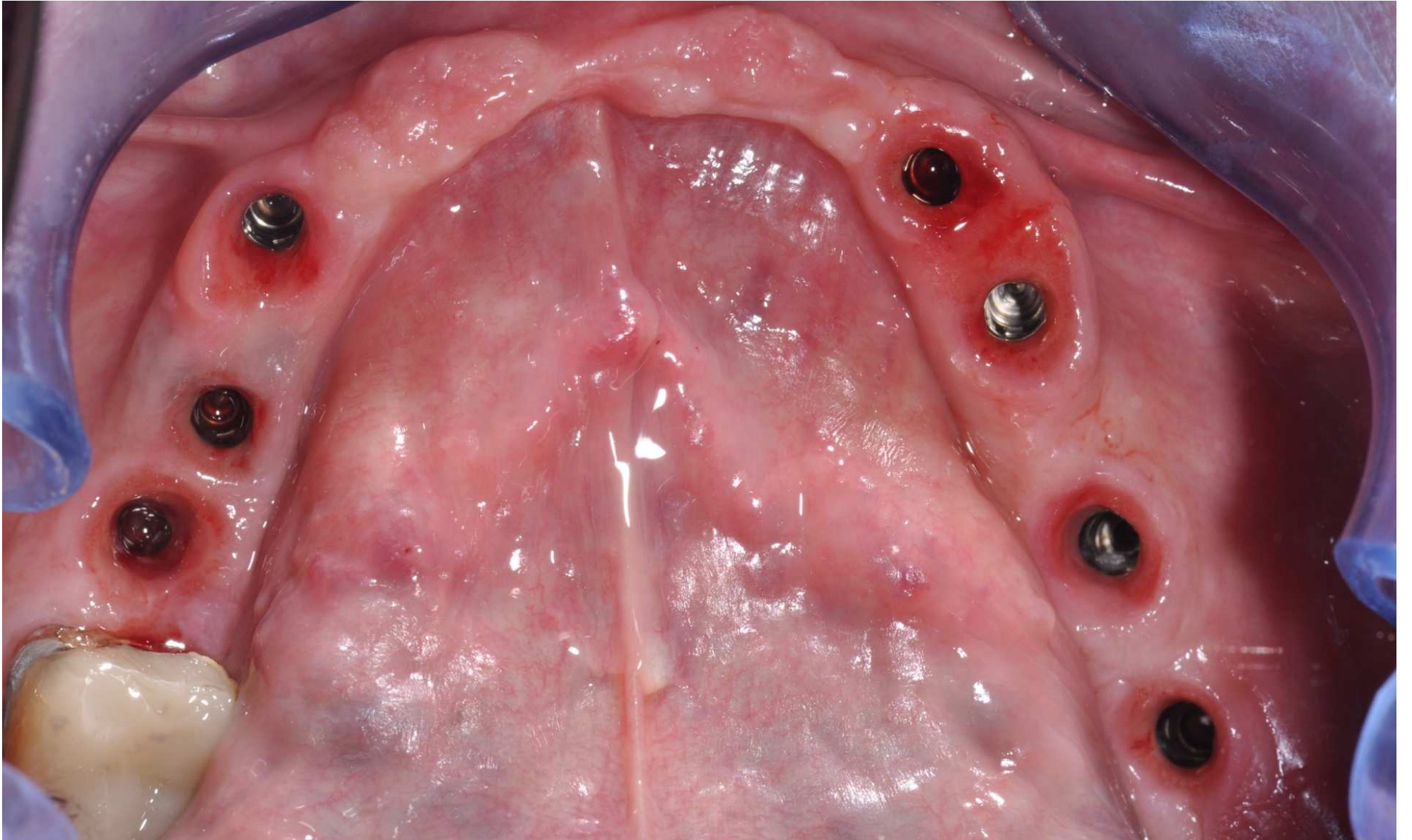


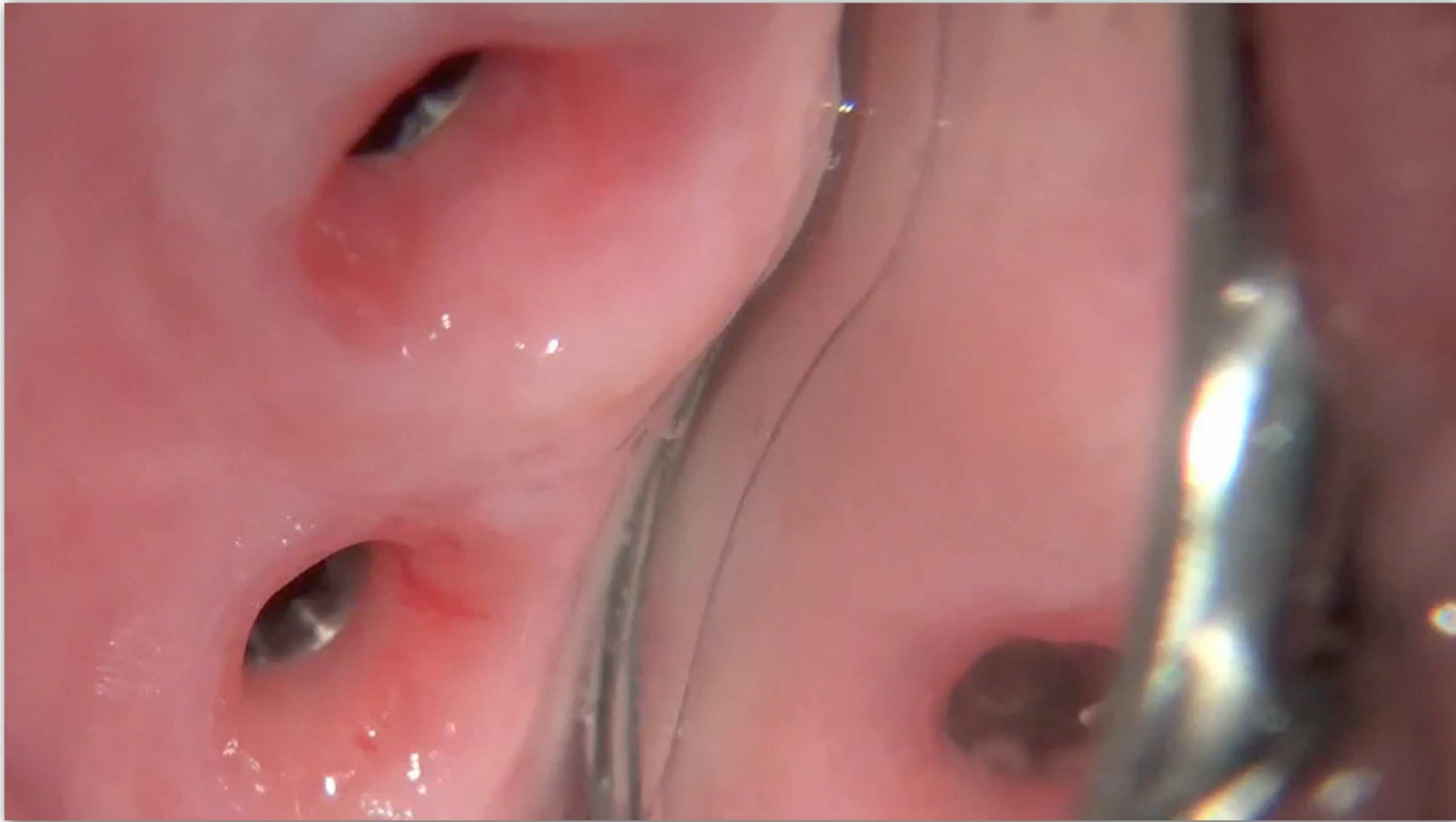






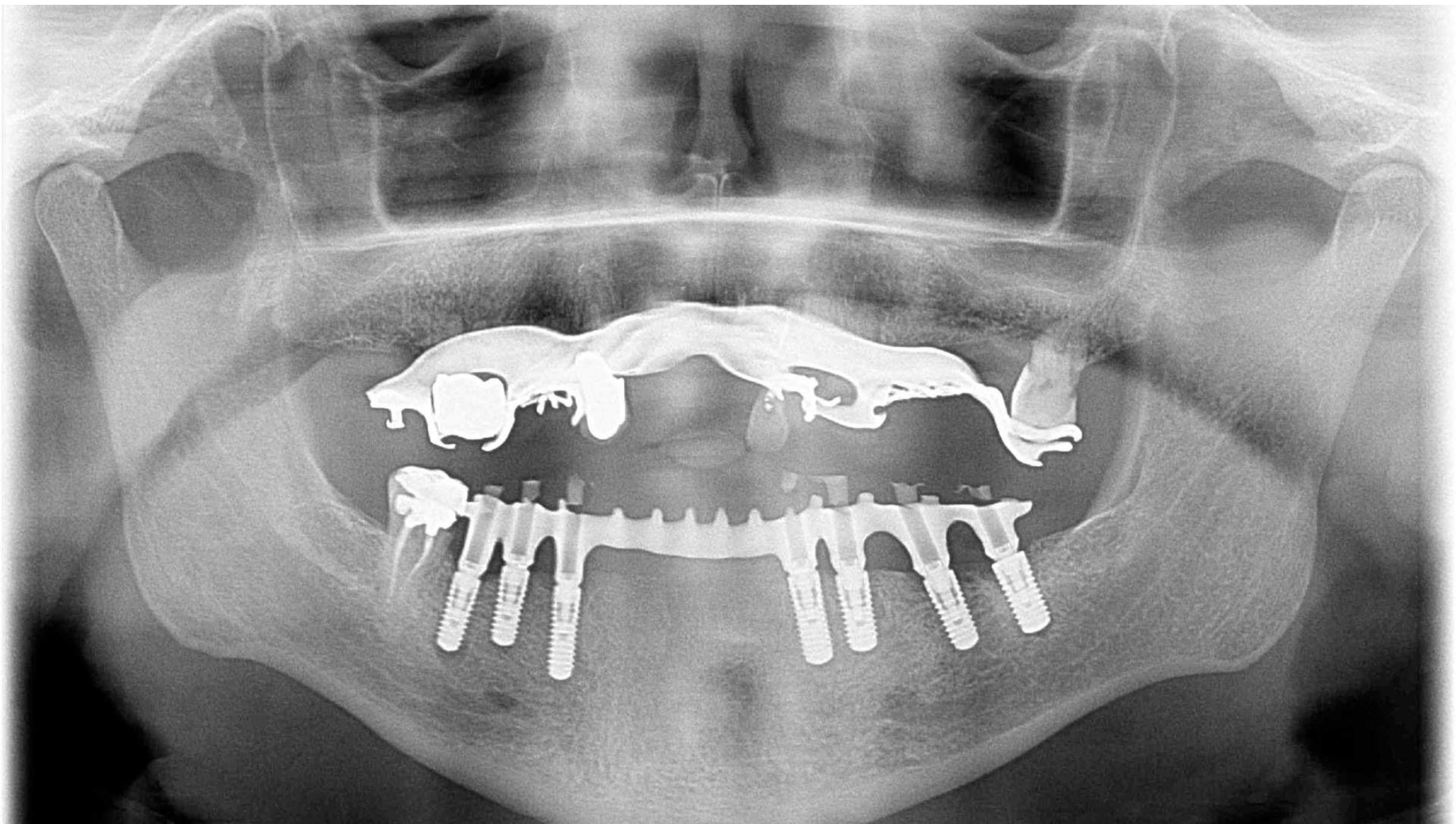






Consegna







restauro immediato
immediate restoration

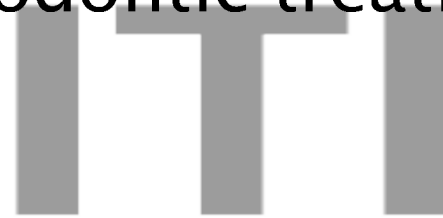


Definizione:

realizzazione di un restauro indipendentemente dai carichi masticatori. detto anche carico immediato non funzionale

DECISION MAKING

- Scientific documentation
- Benefit for the patient (compliance, expectations)
- Risk of complications
- Difficulty level of prosthodontic treatment
- Cost-effectiveness



International
for Implantology

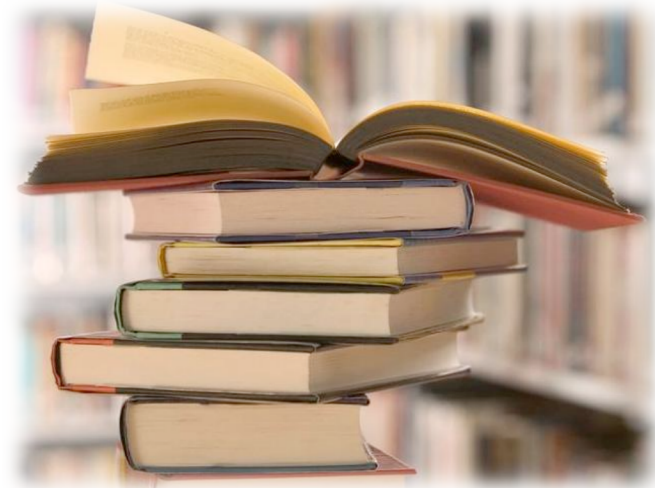
Int J Oral Maxillofac Implants. 2014;29 Suppl:222-38. doi: 10.11607/jomi.2014suppl.g4.1.

Loading protocols for single-implant crowns: a systematic review and meta-analysis.

Benic GI, Mir-Mari J, Hämmerle CH.

CONCLUSIONS:

Immediately and conventionally loaded single-implant crowns are equally successful regarding implant survival and marginal bone loss. This conclusion is primarily derived from studies evaluating implants inserted with a **torque ≥ 20 to 45 Ncm** or an implant stability quotient (ISQ) ≥ 60 to 65 and with no need for simultaneous bone augmentation. Immediately and conventionally loaded implants do not appear to differently affect the papilla height during the first year of loading. Due to the heterogeneity of the time point of baseline measurements and contradictory findings in the studies, it is difficult to draw clear conclusions regarding the recession of the buccal mucosa. **With respect to the assessment of esthetic outcomes and patient satisfaction, the data available remain inconclusive.**



Cochrane Database Syst Rev. 2009 Jan 21;(1):CD003878.

Interventions for replacing missing teeth: different times for loading dental implants.

Esposito M, Grusovin MG, Achille H, Coulthard P, Worthington HV.



AUTHORS' CONCLUSIONS:

It is possible to successfully load dental implants immediately or early after their placement in selected patients, though not all clinicians may achieve optimal results. It is unclear whether it is beneficial to avoid occlusal contacts during the osseointegration phase. Trends suggest that **immediately loaded implants fail more often than those conventionally loaded, but less commonly than those loaded early**. If a clinician wishes to load the implants early, it might be wiser to load them immediately (within 1 week) rather than waiting for 1 or 2 months. **A high degree of primary implant stability (high value of insertion torque) seems to be one of the prerequisites for a successful immediate/early loading procedure.**

Table 1 Protocols for Implant Placement in Extraction Sockets and Their Advantages and Disadvantages

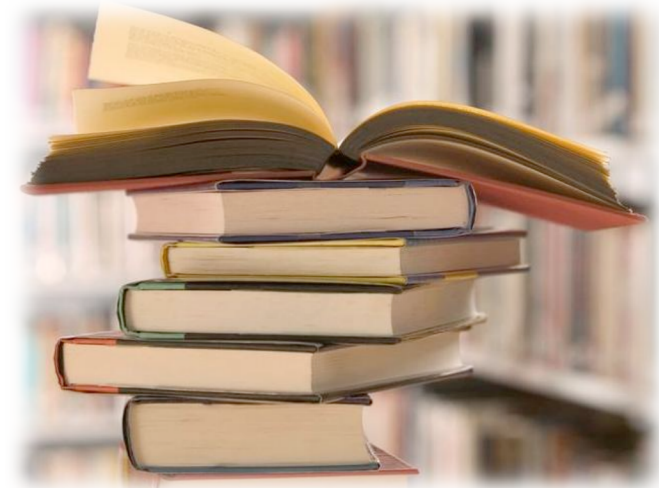
Classification	Definition	Advantages	Disadvantages
Type 1	Implant placement immediately following tooth extraction and as part of the same surgical procedure	<ul style="list-style-type: none"> • Reduced number of surgical procedures • Reduced overall treatment time • Optimal availability of existing bone 	<ul style="list-style-type: none"> • Site morphology may complicate optimal placement and anchorage • Thin tissue biotype may compromise optimal outcome • Potential lack of keratinized mucosa for flap adaptation • Adjunctive surgical procedures may be required • Procedure is technique-sensitive
Type 2	Complete soft tissue coverage of the socket (typically 4 to 8 wk)	<ul style="list-style-type: none"> • Increased soft tissue area and volume facilitates soft tissue flap management • Resolution of local pathology can be assessed 	<ul style="list-style-type: none"> • Site morphology may complicate optimal placement and anchorage • Treatment time is increased • Socket walls exhibit varying amounts of resorption • Adjunctive surgical procedures may be required • Procedure is technique-sensitive
Type 3	Substantial clinical and/or radiographic bone fill of the socket (typically 12 to 16 wk)	<ul style="list-style-type: none"> • Substantial bone fill of the socket facilitates implant placement • Mature soft tissues facilitate flap management 	<ul style="list-style-type: none"> • Treatment time is increased • Adjunctive surgical procedures may be required • Socket walls exhibit varying amounts of resorption
Type 4	Healed site (typically more than 16 weeks)	<ul style="list-style-type: none"> • Clinically healed ridge • Mature soft tissues facilitate flap management 	<ul style="list-style-type: none"> • Treatment time is increased • Adjunctive surgical procedures may be required • Large variations are present in available bone volume

Dimensional ridge alterations following tooth extraction. An experimental study in the dog.

Authors: Araújo MG, Lindhe J.

CONCLUSIONS: The resorption of the buccal/lingual walls of the extraction site occurred in two overlapping phases. **During phase 1, the bundle bone was resorbed and replaced with woven bone. Since the crest of the buccal bone wall was comprised solely of bundle this modelling resulted in substantial vertical reduction of the buccal crest.** Phase 2 included resorption that occurred from the outer surfaces of both bone walls. The reason for this additional bone loss is presently not understood

Source: J Clin Periodontol. 2005 Feb;32(2):212-8.



Clin Oral Implants Res. 2011 Oct;22(10):1168-71. doi: 10.1111/j.1600-0501.2010.02086.x. Epub 2011 Feb 15.

Dimension of the facial bone wall in the anterior maxilla: a cone-beam computed tomography study.

Januário AL, Duarte WR, Barriviera M, Mesti JC, Araújo MG, Lindhe J.

MATERIAL AND METHODS:

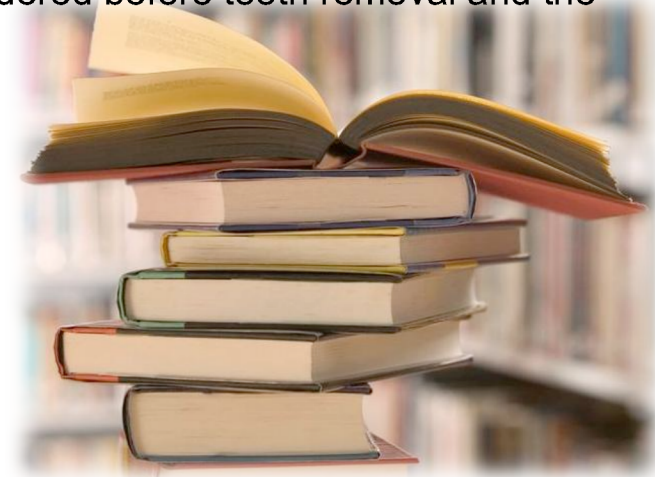
Two-hundred and fifty subjects, aged between 17 and 66 years, with all maxillary front teeth present were included. Written informed consents were obtained.

RESULTS:

The measurements demonstrated that (i) the distance between the CEJ and the facial bone crest varied between 1.6 and 3 mm and (ii) the facial bone wall in most locations in all tooth sites examined was ≤ 1 mm thick and that close to 50% of sites had a bone wall thickness that was ≤ 0.5 mm.

CONCLUSION:

Most tooth sites in the anterior maxilla have a thin facial bone wall. Such a **thin bone wall may undergo marked dimensional diminution following tooth extraction**. This fact must be considered before tooth removal and the planning of rehabilitation in the anterior segment of the dentition in the maxilla.

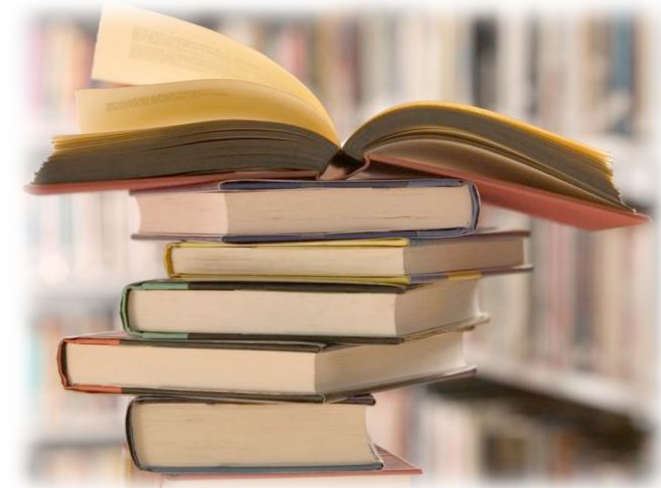


Clin Oral Implants Res. 2010 Sep;21(9):885-90. Epub 2010 May 9.

Hard tissue formation adjacent to implants of various size and configuration immediately placed into extraction sockets: an experimental study in dogs.

Caneva M, Salata LA, de Souza SS, Bressan E, Botticelli D, Lang NP.

CONCLUSIONS: The installment of root formed wide **implants immediately into extraction sockets will not prevent the resorption of the alveolar crest. In contrast, this resorption is more marked both at the buccal and lingual aspects of root formed wide than at standard cylindrical implants.**

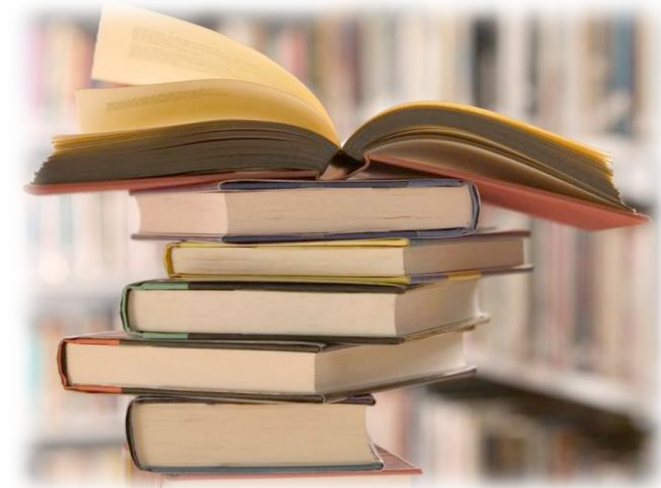


Clin Oral Implants Res. 2010 Jul 18. [Epub ahead of print]

Flap vs. "flapless" surgical approach at immediate implants: a histomorphometric study in dogs.

Caneva M, Botticelli D, Salata LA, Souza SL, Bressan E, Lang NP.

Conclusions: **"Flapless" implant placement into extraction sockets did not result in the prevention of alveolar bone resorption** and did not affect the dimensional changes of the alveolar process following tooth extraction when compared with the usual placement of implants raising mucoperiosteal flaps.

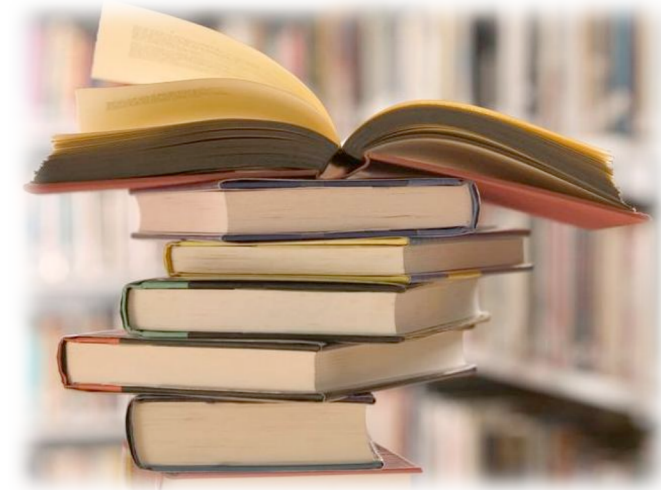


Clin Oral Implants Res. 2010 Jan;21(1):43-9.

Influence of implant positioning in extraction sockets on osseointegration: histomorphometric analyses in dogs.

Caneva M, Salata LA, de Souza SS, Baffone G, Lang NP, Botticelli D.

CONCLUSIONS: From a clinical point of view, **implants installed into extraction sockets should be positioned approximately 1 mm deeper than the level of the buccal alveolar crest and in a lingual position in relation to the center of the alveolus in order to reduce or eliminate the exposure above the alveolar crest** of the endosseous (rough) portion of the implant.



Immediate or early placement of implants following tooth extraction: review of biologic basis, clinical procedures, and outcomes.

Authors: Chen ST, Wilson TG Jr, Hämmerle CH.

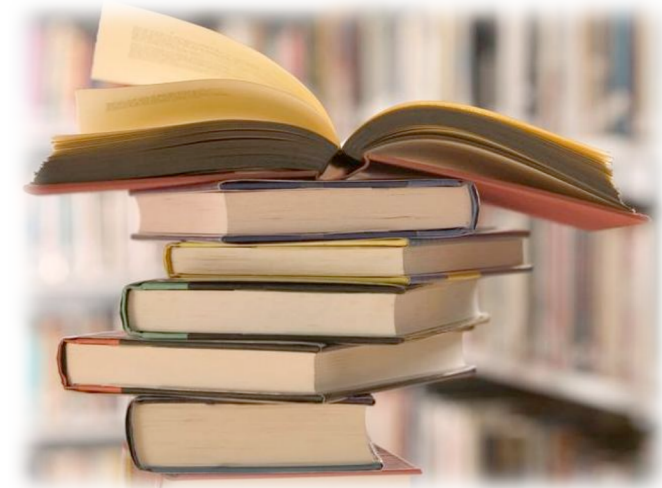
Source: Int J Oral Maxillofac Implants. 2004;19 Suppl:12-25.

Sites with **horizontal defects (HD) of 2 mm or less healed by spontaneous bone fill** when implants with rough surfaces were used. In the presence of HDs **larger than 2 mm, or when socket walls were damaged, concomitant augmentation procedures with barrier membranes and bone grafts were required.** **Delayed implant placement allowed for resolution of local infection and an increase in the area and volume of soft tissue for flap adaptation.**

However, these advantages were diminished by simultaneous buccolingual ridge resorption and increased requirements for tissue augmentation.

Immediate and delayed immediate implants appear to be predictable treatment modalities, with survival rates comparable to implants in healed ridges.

Relatively few long-term studies were found.



estrazione di un elemento

sede estetica

possibile stabilità
primaria elevata

restauro
immediato



assenza forze
laterali significative

vite guarigione
personalizzata



compliance

soluzioni
alternative



stato dei tessuti
mollini e duri

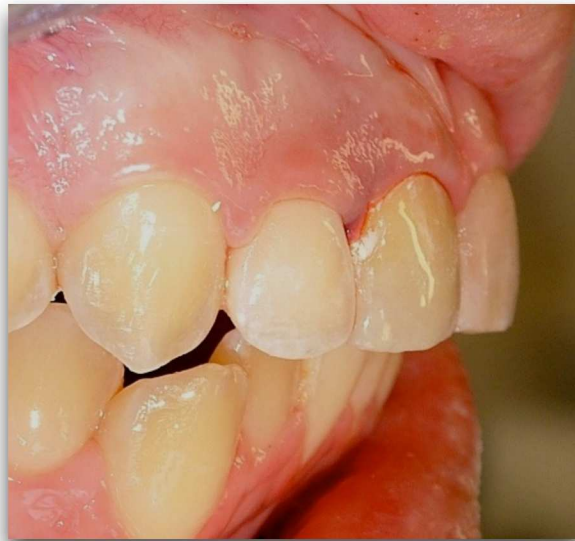
sede non
estetica

provvisorio
tradizionale o assente





Type 1

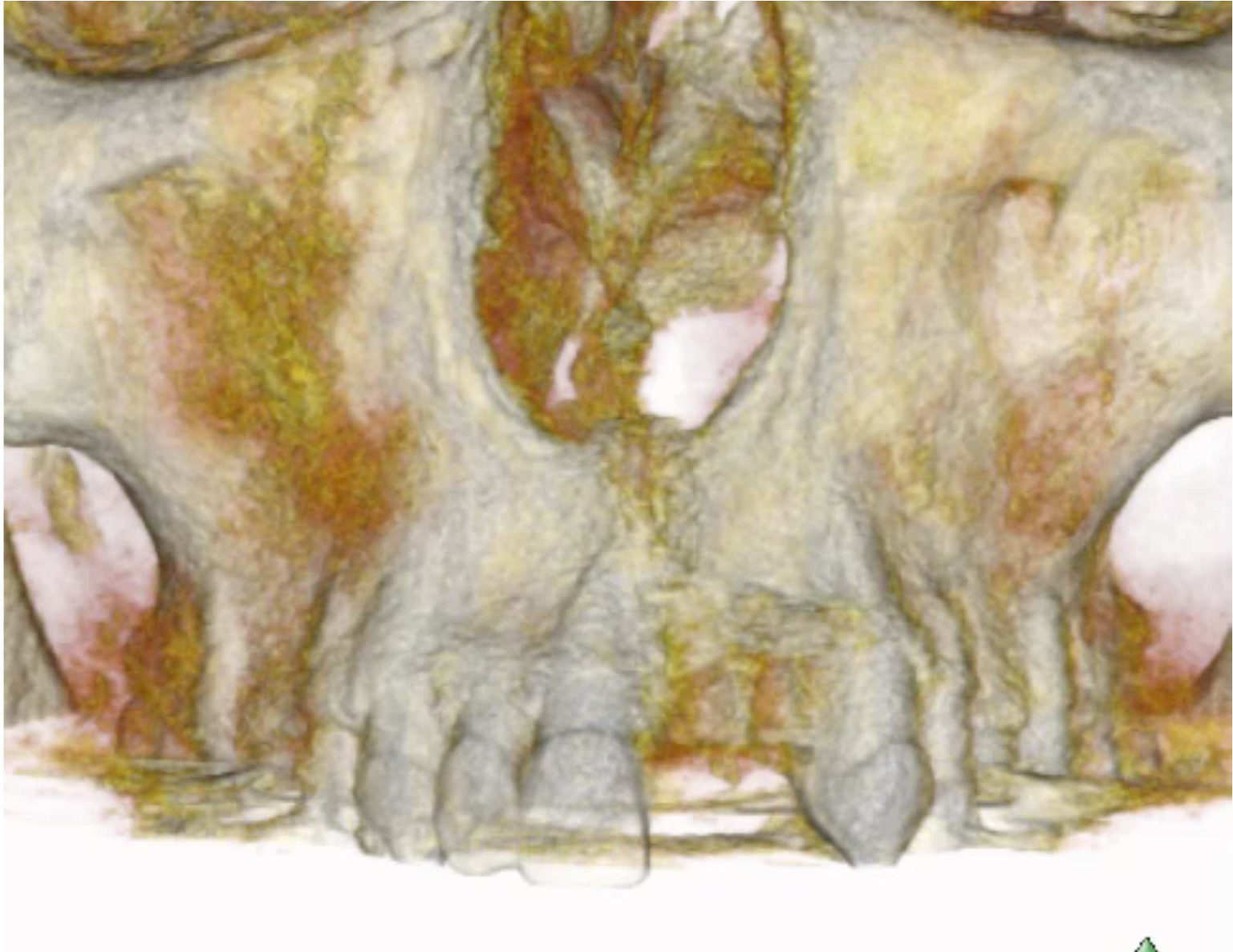




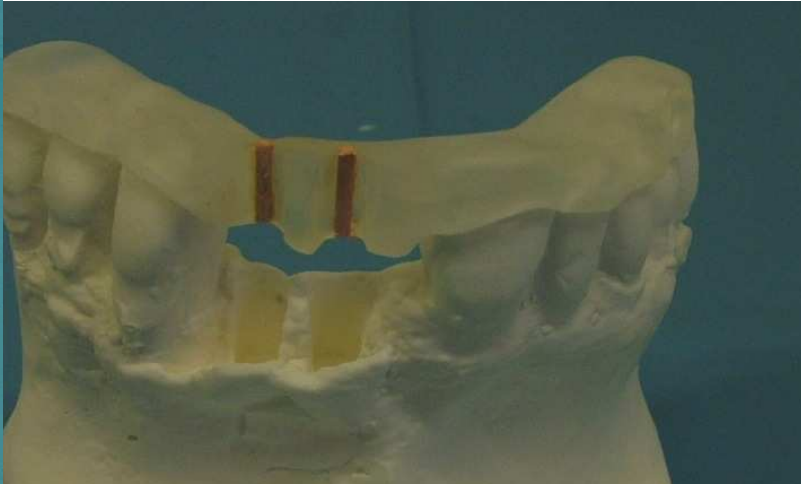
Type 1

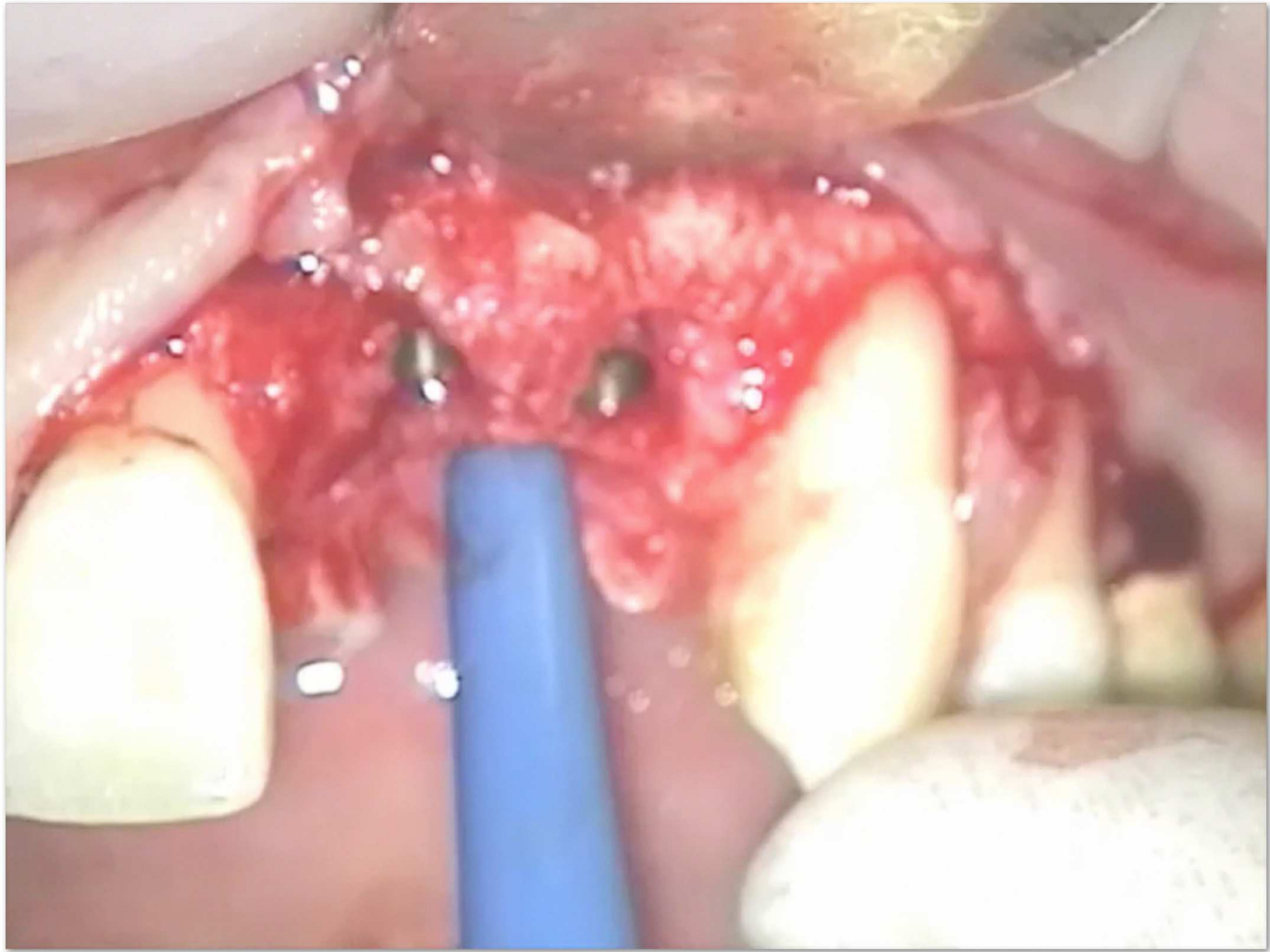


Type 2

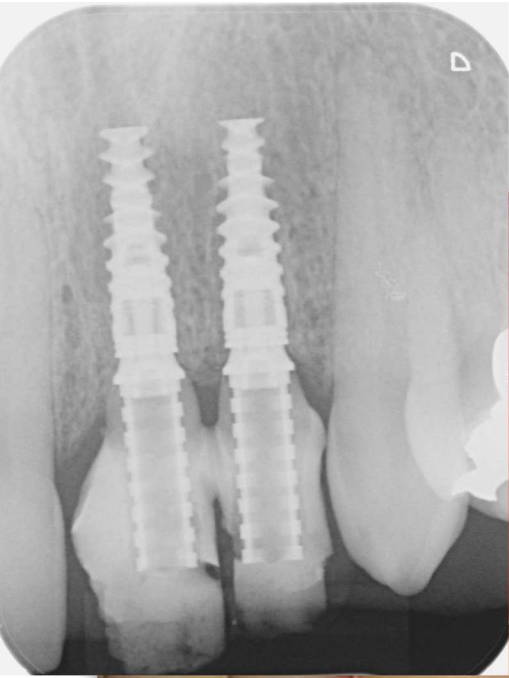


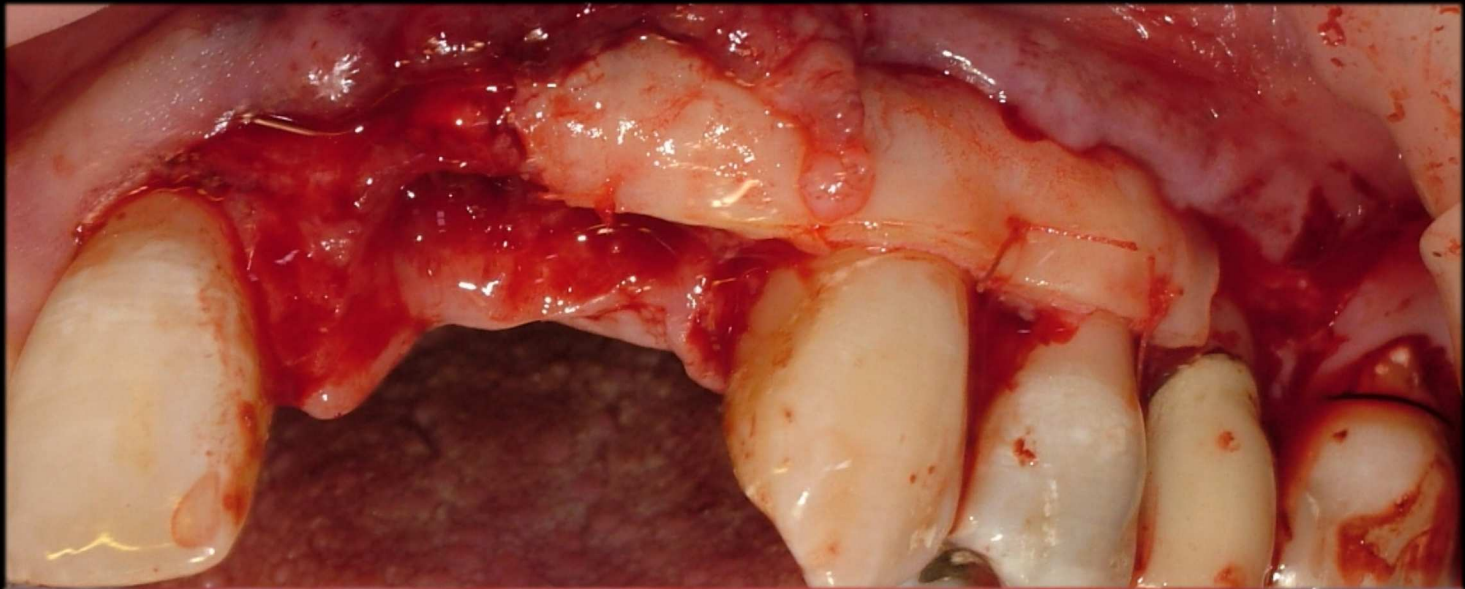














Statistica personale

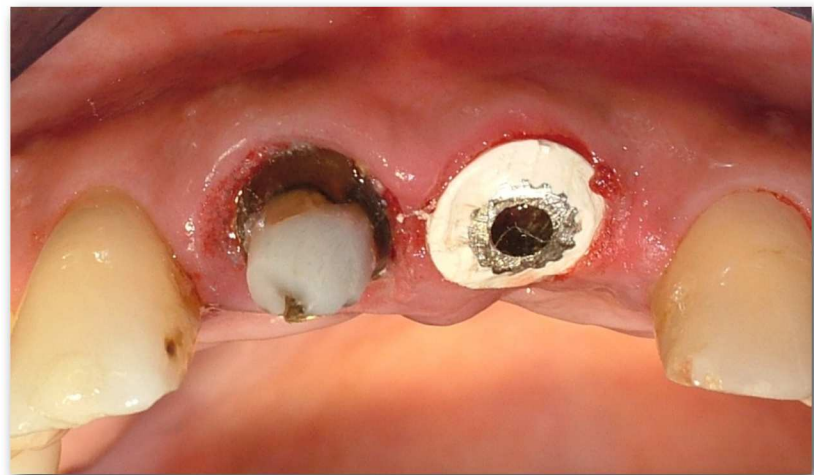
tempo: 2 anni (dal 2005 al 2007)

■ Carico immediato: 100% sopravvivenza, 96% di successo

■ Restauro immediato: 88% sopravvivenza, 88% di successo



Meno di 30 N/cm
Compliance scarsa
Morso coperto
Provvisorio cementato





conclusioni
conclusioni

Carico immediato



Attrattiva nei casi con dentatura hopeless
Attrattiva nei casi mandibolari
Attrattiva nei casi mascellari fortemente idonei

Carico immediato

Privilegiare lo staged approach nei casi mascellari
Creare soluzioni sovradimensionate
Chirurgia guidata come opzione protesica



sistema
implantare di
qualità

pianificazione
attenta

laboratorio

esperienza

Grazie per la cortese attenzione!

