

Table 3 Treatment selection after space opening				
Patient		Implant Number	Patient	FPD Number
Male	Central 1 Lateral 14 Canine 0	18 (4 bilateral) 0	Male	Central 2 Lateral 4 Cuspid 0
Female	Central 2 Lateral 232	2 248 (16 bilateral) 7 (1 bilateral)	Female	Central 0 lateral 12 Cuspid 4
	255 92%	276	22 8%	22 FPD

		Table 4		
	Implant	Length	Total	
Site	(mm) Diameter	(mm)	Number	Failed/ Replaced
Central	3.5 3.75 4	12 13 12	1 1 1	=
Lateral	3.50 3.75 3.75	12 13 16	187 25 54	2 2
Canine	3.5 3.75 4	12 13 12	1 2 4	Ξ

teeth, and 22 patients (8%) opted for a fixed partial denture (Table 3). A total of 276 implants were restored in 255 patients: three lization of the occlusal relationcentral incisors (one male, two ship of the arches prior to imfemale patients); 266 lateral incisors (14 male patients with four missing bilateral incisors and 232 female patients with 16 missing bilateral lateral incisors) and seven cuspids (six females with ances also served as an esthetic one bilateral treatment).

Treatment time

Prior to the restoration of the missing teeth, the dental and skeletal maturation were evaluated in function of the patient's age, hormonal changes (i.e. menstruation, facial hair and statural growth. In addition, the patients' orthodontic treatment was completed and stabilized before the implant or restorative phase of treatment was initiated.

premaxillary region had their final root position and angulation established along with stabiplant placement. All implant patients remained in orthodontic retainers during the initial bone healing phase of the implant. During this period, the applitooth replacement using a bracket and denture tooth attached to the orthodontic appliance.

Implant size and design

Implant body diameter in these 255 patients varied from 3.5mm to 4.0mm based upon the mesiodistal dimensions of the missing tooth and the buccolingual dimensions of the bone (Table 4). Bone grafting to improve the implant site was performed as needed prior to implant placement to enhance hard tissue topography and The permanent teeth in the ensure a harmonious crestal ridge

contour for a favorable esthetic outcome. All implants were inserted at least 1.5mm from the adjacent teeth. Implant length range was 12 to 16mm and was selected in function of the available bone height, which most often did not engage the opposing cortical plate.

All implant bodies were of a screw design with a resorbable blast media (RBM) or hydroxyapatite (HA) surface treatment. All implants had a two-piece design, with an abutment that was screw retained into the implant body after initial bone healing. All implants were left unloaded during the initial bone healing process.

Orthodontic retention

A six-month "stabilization" period was allowed between the debanding of the orthodontic appliance with the placement of an implant transitional crown and delivery of the final crown. A Hawley type orthodontic retainer was worn during this time frame. This period provided sufficient time for hard and soft tissue maturation around the implant and further occlusal stabilization of the natural teeth. In addition, it allowed most orthodontic relapse to occur prior to the final restoration, and occlusal adjustment of the prosthesis. The overall implant treatment time (from implant placement to final restoration delivery) lasted from 12 to 18 months.

Implant restoration

All implants were restored with porcelain fused to precious metal crowns cemented to the implant abutment. The occlusal concepts followed the implant protective occlusion philosophy.23 For example, occlusal adjustment was performed with no contact on the implant crown during light occlusal force and some contact on the implant crown with a heavy bite force. Mandibular excursive contacts on the implant crowns were

August 2005 oralhealth 47

CASISTICA TOTALE DEI PAZIENTI						
	INCISIVO CENTRALE	INCISIVO	CANINO	TOTALE PAZAIENTI	TOTALE	
UOMO	0,92% 3	10,05% 33 (4 BILATERALI)	0	36	40	
DONNA	0,6% 2	84,15% 276 (16 BILATERALI)	4,27% 14 (1 BILATERALE)	292	309	
TOTALE	1,53% 5	94,2% 309	4,27% 14	328	349	

Trattamento	Dente	Paziente			I mpianti
		Uomini	Donne	Totale	
Chiusura Spazi	Incisivo Centrale	0	0	0	0
	Incisivo Laterale	15	32	47	47
	Canino	0	4	4	4
	Totale Chiusura Spazi	15 P (4,6%) 15 S	36 P (11%) 36 S	51 (15,6%)	51
Apertura Spazi	Incisivo Centrale	3	2	5	5
	Incisivo Laterale	18 P 14 + 4x2 = 22 S	244 P 228 + 16x2 = 260 S	262	282
	Canino		10 P 9 + 1x2 =11 S	10	11
	Totale Apertura spazi	21 P 25 S	256 P 273 S	277	298
P = Pazienti S = Siti	Totale Pazienti	36	292	328	349

SCELTA DEL TRATAMENTO DOPO L'APERTURA DEGLI SPAZI						
		Impianti		Ponti		
Pazien Uomini:	1 14 0	Posizione Inc. Centrale Inc. Laterale Canino	Casi 1 18 (4 Bilaterali)	Pazienti Uomini: 2	Posizione Inc. Centrale Inc. Laterale Canino	
Donne:	2 232 6	Inc. Centrale Inc. Laterale Canino	2 248 (16 Bilaterali) 7 (1 Bilaterale)	Donne: 0 16 4	Inc. Centrale Inc. Laterale Canino	
255 Pazienti			276	22 Pazienti	22 Ponti	
92%				7,9%		

MISURE DEGLI IMPIANTI						
Posizione	Diametro (mm)	Lunghezza (mm)	Casi	Fallimento / Sostituzione		
Incisivo	3,50	12	1	-		
Centrale	3,75	13	1	-		
	4,00	12	1	-		
Incisivo	3,50	12	187	2		
Laterale	3,75	13	25	2		
	3,75	16	54	-		
			(266)			
Canino	3,50	12	1	-		
	3,75	13	2	-		
	4,00	12	4 (7)	-		

RIEPILOGO - 15 ANNI DI CASI CLINICI				
Terapia	Casi	Successo		
Chiusura degli spazi	51	100 %		
Ponte	22	81,8 %		
Impianto	276	98,6 %		



Ateloblastodontia











