

Implant-supported maxillary overdentures retained with milled bars: maxillary anterior versus maxillary posterior concept - a retrospective study

Krennmair G, Krainhöfner M, Piehslinger E. Implant-supported maxillary overdentures retained with milled bars: maxillary anterior versus maxillary posterior concept - a retrospective study. *Int J Oral Maxillofac Implants.* 2008 Mar-Apr;23(2):343-52.

A retrospective analysis of sandblasted, acid-etched implants with reduced healing times with an observation period of up to 5 years

Nelson K, Semper W, Hildebrand D, Özyuvaci H. A retrospective analysis of sandblasted, acid-etched implants with reduced healing times with an observation period of up to 5 years. *Int J Oral Maxillofac Implants.* 2008 Jul-Aug;23(4):726-32.

Maxillary sinus lift for single implant-supported restorations: a clinical study

Krennmair G, Krainhöfner M, Schmid-Schwab M, Piehslinger E. Maxillary sinus lift for single implant-supported restorations: a clinical study. *Int J Oral Maxillofac Implants.* 2007 May-Jun;22(3):351-8.

SUMMARY: Predictable and Successful Treatment Outcomes with CAMLOG® Implants: long-term results

Results

High cumulative survival rates (CSR) up to 7 years (Krennmair et al., 2008).

| | <u>No. of Implants</u> | <u>Failures</u> | <u>CSR (%)</u> | <u>Overdentures</u> |
|----------------------|------------------------|-----------------|----------------|---------------------|
| placement | 183 | 4 | 97,8 | -- |
| loading to 1y | 179 | 0 | 97,8 | 34 |
| 1 to 2 y | 165 | 0 | 97,8 | 31 |
| 2 to 3 y | 142 | 0 | 97,8 | 27 |
| 3 to 4 y | 92 | 0 | 97,8 | 18 |
| 4 to 5 y | 74 | 0 | 97,8 | 15 |
| > 5 y | 54 | 0 | 97,8 | 10 |

Anterior Placement: 64 CAMLOG® implants in 16 patients

Posterior Placement: 106 CAMLOG® implants and 9 competitor implants in 18 patients

Early loading: Overall implant survival rate of 99.4% with Promote surface at 5 years (Nelson et al., 2008).

No significant differences between CAMLOG® implants and competitor implants with SLA-surface.

In total 532 implants were placed in 117 patients. Loading was after 6 weeks in the mandible and after 12 weeks in the maxilla. The observation time was up to 61 months.

Excellent results for maxillary sinus augmentations (Krennmair et al., 2007).

100% overall clinical survival rate 44.5 ±22.7 months after single implant-supported restorations in maxillary sinus augmentations. In total 54 implants were placed in 51 patients.

Conclusion

The three studies show excellent long-term results with the CAMLOG® Implant System.

High implant survival rates of up to 7 years have been reported and excellent peri-implant conditions can be achieved with: bar-borne overdentures supported by CAMLOG® implants, CAMLOG® implant placement in conjunction with sinus floor elevation, or early loaded CAMLOG® implants.

Implant-supported maxillary overdentures retained with milled bars: maxillary anterior versus maxillary posterior concept - a retrospective study

Krennmair G, Krainhöfner M, Piehlsinger E. *Int J Oral Maxillofac Implants.* 2008 Mar-Apr;23(2):343-52.

PURPOSE: The aim of the present retrospective investigation was to evaluate implant-supported maxillary overdentures using either anterior (group 1) or posterior (group 2) maxillary implant placement.

MATERIALS AND METHODS: Maxillary overdentures were planned with support by either 4 implants placed in the maxillary anterior region (group 1) or 6 to 8 implants placed in augmented maxillary posterior regions (group 2, bilateral sinus augmentation) and anchored either on an anterior or on 2 bilaterally placed milled bars. Cumulative implant survival rate, peri-implant conditions (marginal bone loss, pocket depth, Plaque Index, Gingival Index, Bleeding Index, and Calculus Index) and the incidence and type of prosthodontic maintenance were assessed and compared for the 2 groups. In addition, the cumulative survival rate for implants placed in grafted regions was compared with that of implants placed in nongrafted regions.

RESULTS: Thirty-four patients (16 for group 1 and 18 for group 2) with 179 implants were available for follow-up

examination after a mean period of 42.1 ± 20.1 months. Four initially placed implants failed to osseointegrate and were replaced, but no further losses were seen during the loading period, for a 5-year cumulative implant survival rate of 97.8%. No differences in implant survival rates were seen between either the group-1 (98.4%) and group-2 (97.4%) concepts or nongrafted (98.0%) and grafted (97.5%) implants. The peri-implant parameters showed a healthy soft tissue, good oral hygiene, and an acceptable degree of peri-implant marginal bone loss. The rigid fixation of all overdentures was associated with a low incidence of prosthodontic maintenance, without any significant differences between the 2 groups.

CONCLUSION: In well-planned overdenture treatment programs, a high survival rate and excellent peri-implant conditions can be achieved for implants placed in the anterior or posterior maxilla. Rigid anchorage of maxillary overdentures either on an extended anterior milled bar or on 2 bilateral posterior milled bars provides for a low incidence of prosthodontic maintenance. (Comparative Cohort Study) *INT J ORAL MAXILLOFAC IMPLANTS* 2008; 23:343-352.

A retrospective analysis of sandblasted, acid-etched implants with reduced healing times with an observation period of up to 5 years

Nelson K, Semper W, Hildebrand D, Özyuvaci H. *Int J Oral Maxillofac Implants.* 2008 Jul-Aug;23(4):726-32.

PURPOSE: The aim of this study was to evaluate the success rate of 2 different implant systems with sandblasted and acid-etched modified surfaces loaded after reduced healing periods.

MATERIALS AND METHODS: One-hundred seventeen patients with a mean observation period of 3.75 years (24 to 61 months) were included in this evaluation. Chart reviews of a standardized recall program were evaluated. All 532 placed implants showed an unloaded healing time of 6 weeks in the mandible and 12 weeks in the maxilla. At abutment placement a torque value of 35 Ncm was one of the primary variables, and the success of the implants over time was determined by the criteria of Buser et al. The survival was analyzed using Kaplan-Meier method, and the probability of an event within 1 group independent of time was evaluated using the chi-square test and Fisher exact test.

RESULTS: Of the 532 implants, 235 were placed in female and 297 in male patients; 448 implants were located in the maxilla and 84 in the mandible. Three implants were lost prior to abutment connection in 3 patients. Life table analyses show an overall success rate of 99.4% at 5 years, as no implants were lost after abutment connection. There was no significant association of the implant type ($P = .185$), gender ($P = .99$), or jaw (maxilla/mandible; $P = .06$) and the survival of the implants within this study.

CONCLUSION: Based on the data found in this investigation, it can be concluded that implants with sandblasted, acid-etched surfaces can be restored after a 6- to 12-week healing period with a high predictability of success. *INT J ORAL MAXILLOFAC IMPLANTS* 2008;23:726-732

Maxillary sinus lift for single implant-supported restorations: a clinical study

Krennmair G, Krainhöfner M, Schmid-Schwab M, Piehslinger E. Int J Oral Maxillofac Implants. 2007 May-Jun;22(3):351-8.

PURPOSE: The aim of this study was to evaluate single-tooth implant-supported restorations placed in conjunction with several methods of maxillary sinus augmentation.

MATERIALS AND METHODS: A retrospective review was conducted of all consecutively treated patients who received single-implant tooth rehabilitation in combination with sinus augmentation. Implant survival rate and peri-implant conditions, such as marginal bone resorption (mm), pocket depth (mm), Plaque and Bleeding Indices, and Periotest values, were compared for the different augmentation procedures.

RESULTS: Fifty-one patients were treated with 54 screw-type single implant-supported restorations in the posterior maxilla in combination with isolated sinus floor augmentation. Depending on the residual ridge height and the intended augmentation height, sinus lift elevation was performed either in a 1-stage lateral approach (25 patients, 28 implants), in a 2-stage lateral approach (12 patients, 12 implants), or with the osteotome technique (14 patients, 14 implants). The predominant use of long implants provided for a favorable implant-crown ratio (> 1.0) and produced an overall

clinical survival rate of 100% over the observation period (44.5 ± 22.7 months), with no differences between the augmentation procedures and implant types used. The most frequent site for single-tooth replacement in combination with sinus floor augmentation was the first molar region (61%). Implants with wider diameters (94% ≥ 4.3 mm) were used in this region. The most frequent intraoperative complication was tearing of the sinus membrane (58%) as a result of the restricted access for the lateral 1- or 2-stage approach, and the most frequent prosthetic complication was crown loosening.

CONCLUSION: On the basis of this retrospective review, the following was observed: (1) Successful function and excellent peri-implant parameters may be anticipated for single implant-supported restorations placed in conjunction with sinus elevation procedures. (2) Clinical and radiographic examinations demonstrated similar conditions for single-tooth restorations despite the use of different surgical approaches to sinus augmentation. (More than 50 references.) INT J ORAL MAXILLOFAC IMPLANTS 2007;22:351-358

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