

RETROSPECTIVE STUDY ON 205 FIXTURES INSERTED IN UPPER JAW

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The rehabilitation of the edentulous maxilla is a relatively common clinical problem and to submerge dental implants during the healing period is a major prerequisite to obtain implant osseointegration. It is believed that micromovement of implants, due to functional forces at the bone-implant interface during wound healing, could induce the formation of fibrous tissue rather than bone, leading to a clinical failure. In addition, the coverage of an implant is also thought necessary to prevent infection and epithelial down-growth. Usually, the second surgical procedure was performed after three months in the mandible and six months in the maxilla. Since no report is available on a new type of implants, a retrospective study was performed on fixtures inserted in upper jaw. A total of 205 two-piece implants (FMD srl, Rome, Italy) were inserted in maxilla, 111 in female and 94 in males. The median age was 59 ± 10 (min-max 24-80 years). Twenty four diabetic patients were enrolled, 141 had periodontal disease and 96 were smokers. Two surgeons performed operation. Fixtures were placed in 6 totally edentulous patient, 9 single missing teeth and 190 partially edentulous subjects. Twenty one implants were placed in post-extraction sockets; GBR was performed onto 26 fixtures and 3 were immediately loaded. There were 109 single crowns, 96 implants bearing 2 or greater bridges. Two implants were lost, survival rate = 99.02%. Among the studies variables immediate loaded implants on single tooth rehabilitations ($p=0.03$) have a worse clinical outcome. Then peri-implant bone resorption (i.e. delta IAJ) was used to investigate SCR. Among the remaining 203 implants, 20 fixtures have a crestal bone resorption greater than 1.5 mm (SCR = 89.13). Statistical analysis demonstrated that diabetes ($p=0.001$) and periodontal disease ($p=0.047$) had a worse outcome. In conclusion FMD implants are reliable devices for oral rehabilitation with a very high SCR and SVR.

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