

RELIABILITY OF SHORT IMPLANTS IN ORAL REHABILITATION

M. ANDREASI BASSI₁, M. A. LOPEZ₁, L. CONFALONE₁, S. FANALI₂, V. CANDOTTO₃,
F. CARINCI₃

₁Private practice, Roma, Italy, ₂Department of Oral Science, Nano and Biotechnology, University "G. D'Annunzio", Chieti, Italy, ₃Department of D.M.C.C.C., Section of Maxillofacial and Plastic Surgery, University of Ferrara, Ferrara, Italy

Implant prostheses are often used to restore partially or completely edentulous patients but limited bone height, especially in the posterior mandible, may restrict the use of dental implants. Short implants (i.e. $x \leq 10$ mm) may be selected in these situations. They have several advantages: 1 - restricting the need for sophisticated and expensive surgical procedures like sinus lifting, bone grafting and mandibular nerve transposition, 2 - placing short-span dentures and 3 - avoiding cantilevers in the posterior sextants. The limited surface area of SIs, conversely, can be a potential disadvantage as it has less resistance to occlusal forces. Since no report is available on a new type of implants, a retrospective study was performed. A total of 148 short (i.e. $x \leq 10$ mm) two-piece implants (FMD srl, Rome, Italy) were inserted, 91 in female and 57 in males. The median age was 58 ± 12 (min-max 25-80 years). Implants were inserted 68 in the maxilla and 80 in the mandible. One implant was lost, survival rate = 98.52%. Among the studies variables post-extractive implants on single tooth rehabilitations ($p=0.043$) was the only significant variable. Then peri-implant bone resorption (i.e. delta IAJ) was used to investigate SCR. Among the remaining 147 implants, 18 fixtures have a crestal bone resorption greater than 1.5 mm (SCR = 87.75). Statistical analysis demonstrated that only diabetes has a negative impact on peri-implant crestal bone resorption ($p=0.016$). In conclusion FMD implants are reliable devices for oral rehabilitation with a very high SCR and SVR.

Corresponding author:

Prof. Francesco Carinci, M.D

Department of D.M.C.C.C Section of Maxillofacial and Plastic Surgery University of Ferrara

Corso Giovecca 203, 44100 Ferrara ITALY

E-mail: crc@unife.it Web: www.carinci.org

Phone: +39.0532.455874 Fax: +39.0532.455876

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