Immediate Function with NobelPerfect Implants in the Anterior Dental Arch

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This study examined the clinical performance of the scalloped NobelPerfect implant in a one-stage procedure (immediate provisionalization in the esthetic zone). In 20 patients, immediate prosthetic restorations were placed on 31 NobelPerfect implants and followed for up to 27 months. Outcome variables were success rates, marginal bone levels, and Pink Esthetic Score (PES) assessed per implant. One implant failed (success rate: 96.9%). Marginal bone levels averaged 1.7 mm above the first thread and remained stable during the observation period. Mean PES ratings were 11.3 (range, 8 to 14). Survival rates, marginal bone levels, and esthetic results suggest proof of principle for the preservation of the interproximal bony lamella with a scalloped implant design. (Int J Periodontics Restorative Dent 2007;27:277–285.)

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The loss of a tooth in the esthetic zone is an event of far-reaching significance for a patient. Successful replacement of single teeth with implants has been documented in the literature for more than two decades. However, traditional treatment concepts have advocated a 2- to 3-month consolidation period for the extraction socket and an additional 3 to 6 months of submerged—or at least unloaded—healing for osseointegration. Although satisfactory rates of osseointegration have been reported, as cited above, there are major drawbacks with staged approaches in the esthetic zone. Apart from aspects essentially related to quality of life (long treatment period via provisional prosthesis), there are substantial biologic drawbacks to delayed implant placement (and function) in terms of involuntary loss of alveolar bone and gingiva and even substantial bone resorption during the unloaded healing time. Both effects have been clearly shown to compromise long-term esthetic success.

To overcome the disadvantages of staged implant surgery and treatment, immediate loading concepts as well as flapless surgery approaches...