# IMMEDIATE FUNCTION OF ASTRA IMPLANTS IN THE ESTHETIC ZONE# 138- A CLINICAL EVALUATION OF BONE AND SOFT TISSUE STABILITY

Noelken R<sup>1, 3</sup>, Neffe BA<sup>1</sup>, Al-Nawas B<sup>3</sup>, Kunkel M<sup>2</sup>, Wagner W<sup>3</sup>

<sup>1</sup> Private Practice, Lindau / Lake Constance, <sup>2</sup> University Hospital, Bochum, Germany, <sup>3</sup> University Hospital, Mainz, Germany

Topic: Implant therapy outcomes, surgical aspects

### **Background and Aim**

To overcome the disadvantages of staged implant surgery and treatment, immediate loading concepts as well as flapless surgery approaches have been introduced in the last years. Specifically, promising results in terms of high success rates and remarkable esthetic outcomes have been reported for implants placed in extraction sockets and immediately loaded via provisional restorations. These techniques completely avoid a provisional removable denture and focus on preservation of the existing osseous and gingival tissues through immediate function or at least structural support.

The study examined the clinical performance of Astra Tech OsseoSpeed implants and its transgingival components in a one-stage procedure with immediate provisionalization in the esthetic zone.



Variables		0 points	1 point	2 points
mesial papilla	shape vs. reference tooth	absent	incomplete	complete
distal papilla	shape vs. reference tooth	absent	incomplete	complete
Level of soft	level vs.	major	minor	no
tissue	reterence	discrepancy	discrepancy	discrepancy or smaller
margin		mm	and 2 mm	than 1mm
soft tissue contour	naturality, matching reference tooth	unnatural	fairly natural	natural
alveolar	alveolar	obvious	slight	none
process contour	process deficiency			
soft tissue	color vs.	obvious	moderate	no
colour	reference tooth	difference	difference	difference
soft tissue	texture vs.	obvious	moderate	no
texture	reference	difference	difference	difference

#### Methods and Materials

In this prospective, bicenter study, 71 Astra Tech OsseoSpeed implants were inserted in 37 patients. All patients received immediate prosthetic restorations. Primary outcome variables were implant success, marginal bone levels and Pink Esthetic Score (PES).

#### **Results**

Mean primary stability at time of implant insertion was 24 Ncm; 7 further implants had to be excluded because of insufficient primary stability for immediate provisionalization (below 15 Ncm). There were 3 implant failures. Overall cumulative success rate was 95.6%. Mean follow-up for surviving implants was 12.4 months (range 4 to 24 months). Marginal bone loss averaged about 0.3 mm from the time of implant insertion to the 1-year follow-up. Mean PES ratings improved from 10.3 preoperatively to 11.6. In 83% of the implant sites it was possible to keep the gingival esthetics stable or even to improve it from the pre-operative examination to the final follow-up.

### Conclusions

Survival rates and esthetic results suggest proof of principle for immediate provisionalization with Astra OsseoSpeed implants. Although marginal bone levels show small adaptive changes within the first year, PES ratings

#### remained stable or improved in the vast majority of patients.



Fig. 2a: Pre-op aspect of upper premolar with recession.



Fig. 2b: Root fracture causes facial bone resorption.



Fig. 2c: Implant insertion in contact to the oral lamella.





Fig. 2d & e: Pre-op and 24-months post-op CB-CT.





Fig. 2f & g: Radiographs at implant insertion and 24 months.



g. 2h: Immediate provisionalization and bone reconstruction.



Fig. 2i: Delivery of zirconia abutment at 3 months.



Fig. 2j: Soft tissue regeneration at 24-months.



Fig. 3a: Pre-op aspect of incisor with recession and fistula.



Fig. 3b: Extraction socket with facial bone resorption.



Fig. 3c: Splinted immediate temporary restoration.



Fig. 3d & e: Pre-op radiographs of incisor with root perforation.



Fig. 3f & g: Radiographs at implant insertion and 1 year.

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Fig. 3h: Peri-implant mucosa indicates

Fig. 3j: Facial soft tissue regeneration at 1-year.

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Fig. 3i: Delivery of zirconia abutment at 3 month

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#### References

Contact

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Dr. Robert Noelken, private practice for oral surgery, Paradiesplatz 7 - 13,

D - 88131 Lindau / Lake Constance, Germany, e-mail rnoelken@me.com

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