Periodontal Care you can Trust

KELSHEIMER PERIODONTICS

PERIO POINTERS

Immediate Implants, Flapless Surgery, Immediate Loading

I see a tremendous amount of articles written about immediate implants, flapless implants, mini implants, immediate loading, etc. I have been doing immediate implants for about four years. I initially thought it was a great idea in that it would save a significant amount of time. There are situations where it is a good idea. I particularly like immediate implants in the bicuspid region assuming that there is adequate bone, no periapical pathology, and the tooth can be extracted atraumatically. I would not do a molar as an immediate implant. I have gotten away from doing anterior implants for the most part as immediates. I find the bone needs to heal and the implant needs to be placed in a stable environment. I believe it is a fallacy that the implant will stimulate the retention and repair of the bone. The implant does not have a periodontal ligament and the tension on the ligament is what causes the growth and repair of bone. An implant in function can only place pressure on the bone and pressure causes osseous destruction. I have no explanation why this does not happen all the time. In the anterior segment my experience has been that the buccal plate is resorbed even if you follow all the rules of immediate placement, like having 2 mm from the buccal of the implant to the buccal plate, and even if you place an osseous graft. I really worry about the long term effect of loss of the buccal plate on these cases. Will we see dehisences on the facial of these implants and will we have tissue recession? I feel it is too risky after having done many of these types of cases unless the patient has great bone volume.

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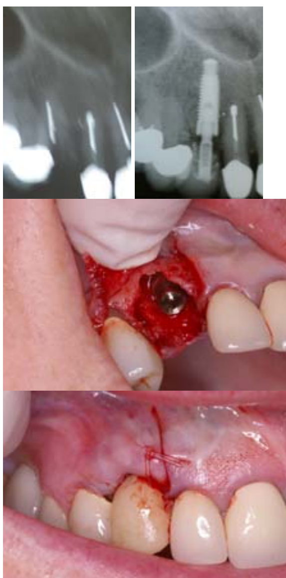
Experience is not what happens to a man; it is what a man does with what happens to him.

Newsletter Spotlight

Immediate or flapless implants have to be evaluated on a case by case basis. There are no hard and fast rules, but my tendency is to extract, grow bone, place the implant and uncover and restore four months later. This seems to give the most consistent results.

Case Study Immediate Implant with an acrylic temporary out of occlusion



The void on the upper right xray is the plastic abutment

As far as flapless implants, yes they do work again in special situations. You really need to know what the bone looks like under the tissue. It is difficult to know that without an iCAT or without a flap. You are truly guessing. That normally is not my first choice, but it is a great choice if you can do it, as the patient has no soft tissue trauma, therefore minimal postoperative discomfort. It does cause considerable emotional discomfort for the surgeon as he is flying blind.

You will see numerous cases of immediate loading in the literature. These are the cases that worked. Have you ever seen failures of immediate loading in the literature? Of course not. I do not know the exact percentages, but doing immediate loading decreases your success rate on osseointegration. I cannot afford to have failures in my office. No one wins. Are we so greedy that we cannot wait four months to restore an implant? I hope we are not as a profession. Our patients need time for the bone to heal.

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