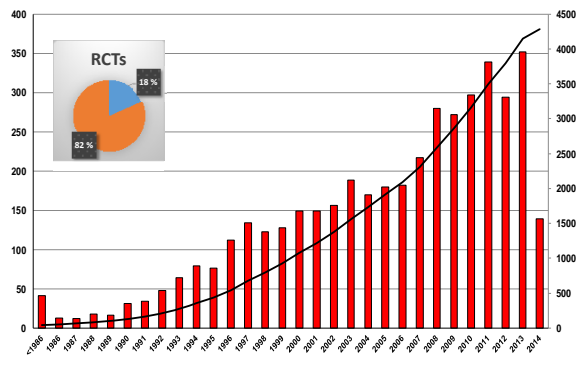


Role of the implant design on immediate loading

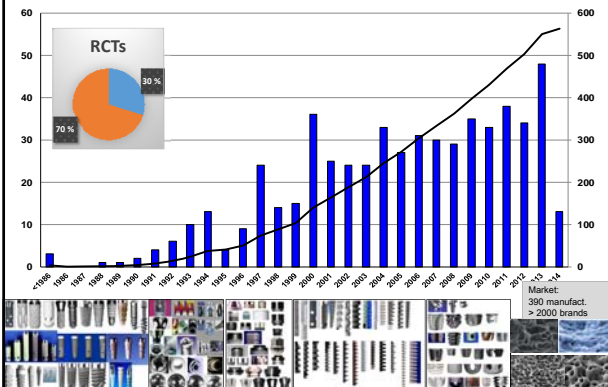
Critical appraisal of the evidence from clinical trials

Asbjørn Jokstad, DDS, PhD
 UiT The Arctic University of Norway
 University of Toronto

Publications reporting data from clinical studies on dental implants (n=4309)



Publications on clinical studies on dental implants, with focus on effects of implant design factors (n=566)



«Immediate function» - terms

Patient

A patient with an **edentulous space or jaw** desiring immediate restoration of form and function

i.e., «*immediate loading**»

A patient with a **terminal tooth or dentition** desiring immediate restoration of form and function

i.e., «*immediate implant*» / «*immediate placement*» plus «*immediate loading**»

*«Functional loading» AKA *occlusal loading*

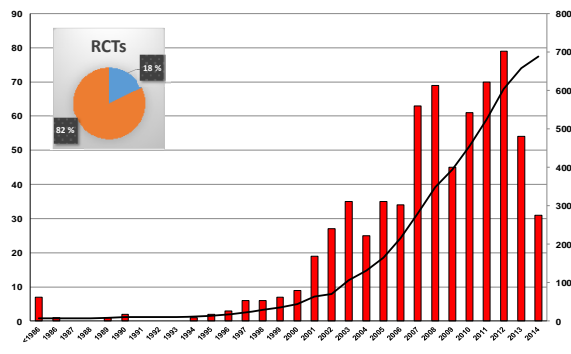
OR

«Nonfunctional loading» = («*Immediate restoration*»)

«Immediate function» modalities -

Type 1	Type 2	Type 3	Type 4
In one treatment session: 1. Extraction + Placement of implant + Restoration (Temporary or permanent) (Healing 1 week) <i>Immediate loading (direct/late)</i>	In two treatment sessions: 1. Extraction Soft tissue coverage (Healing ~4 to 8 weeks) 2. Placement of implant + Restoration (Healing 1 week)	In two treatment sessions: 1. Extraction Partial socket bone fill (Healing ~8 to 16 weeks) 2. Placement of implant + Restoration (Healing 1 week)	In two treatment sessions: 1. Extraction Fully healed socket (Healing ~16 weeks) 2. Placement of implant + Restoration
In two treatment sessions: 1. Extraction + Placement of implant (Healing 1 week) 2. Restoration (Temporary or permanent)	In three treatment sessions: 1. Extraction Soft tissue coverage (Healing ~4 to 8 weeks) 2. Placement of implant (Healing 1 week) 3. Restoration	In three treatment sessions: 1. Extraction Partial socket bone fill (Healing ~8 to 16 weeks) 2. Placement of implant (Healing 1 week) 3. Restoration	In three treatment sessions: 1. Extraction Fully healed socket (Healing ~16 weeks) 2. Placement of implant (Healing 1 week) 3. Restoration
In two treatment sessions: 1. Extraction + Placement of implant (Healing 1 to 8 weeks) 2. Restoration (Temporary or permanent)	In three treatment sessions: 1. Extraction Soft tissue coverage (Healing ~4 to 8 weeks) 2. Placement of implant (Healing 1 to 8 weeks) 3. Restoration	In three treatment sessions: 1. Extraction Partial socket bone fill (Healing ~8 to 16 weeks) 2. Placement of implant (Healing 1 to 8 weeks) 3. Restoration	In three treatment sessions: 1. Extraction Fully healed socket (Healing ~16 weeks) 2. Placement of implant (Healing 1 to 8 weeks) 3. Restoration
In two treatment sessions: 1. Extraction + Placement of implant (Healing > 8 weeks) 2. Restoration (Temporary or permanent)	In three treatment sessions: 1. Extraction Soft tissue coverage (Healing ~4 to 8 weeks) 2. Placement of implant (Healing > 8 weeks) 3. Restoration	In three treatment sessions: 1. Extraction Partial socket bone fill (Healing > 8 weeks) 2. Placement of implant (Healing > 8 weeks) 3. Restoration	In three treatment sessions: 1. Extraction Fully healed socket (Healing ~16 weeks) 2. Placement of implant (Healing > 8 weeks) 3. Restoration

Publications reporting data from clinical studies on dental implants, with focus on immediate loading (n=693 / 4309 reports)



General findings on immediate loading

693 reports

Systematic reviews: 53 (11 in last 2 years)

First clinical research study: 1968 – 1975 (Brånemark et al. 1977: Experience over a 10-year period & 4 tps-implants anterior mandible (Ledermann 1978)

Longest clinical research study: 44p/176i over 12 years (range 8-18), retrospective study, ITI-tps anterior mandible (Lambrecht & Hodel 2007)

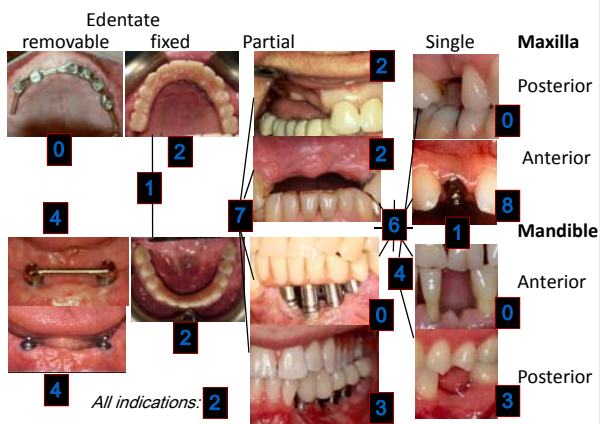
#RCT trials: 121 reports (18 in last 2 y.), 76 focus on loading comp., 51 unique RCTs

First: 10 p. with 40 Nobelbiocare Mk2 i. edent.mand. OD (Chiapasco et al. 2001)

Largest: 266 p. with 325 Straumann SLA i. for crown/3-4i-FDP(Zöllner et al. 2008)

Longest: 10 y. 106p/212i/2i-OD (Ma et al. 2010) & 9 y. 44p/121i (Rocci et al. 2013)

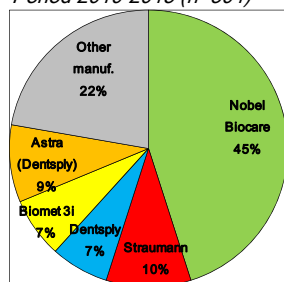
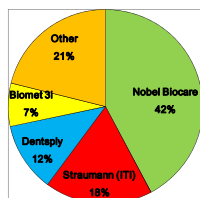
121 RCT papers → 76 comparing healing protocols, 51 unique RCTs

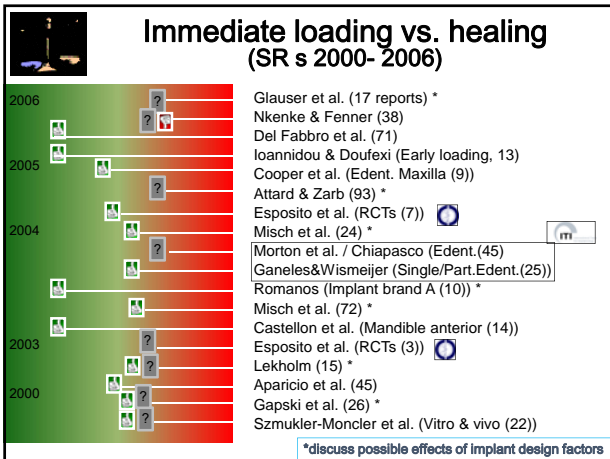


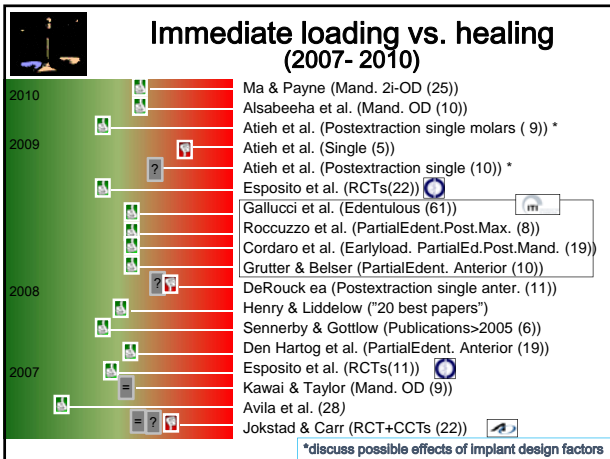
Clinical trials with focus on shortened loading protocols according to implant brand

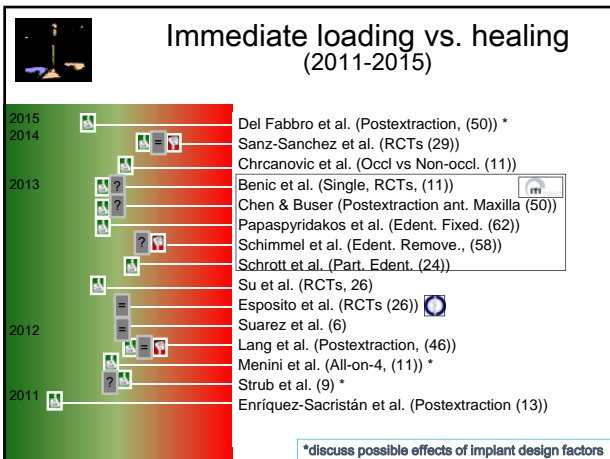
Prior to 2006 (n=186)

Period 2010-2015 (n=304)









General findings on immediate loading

693 reports

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Pre-surgery modifiers

General & local risk factors
Bone quantity and quality (jaw)
Vertical dimension of occlusion
Parafunctional habits

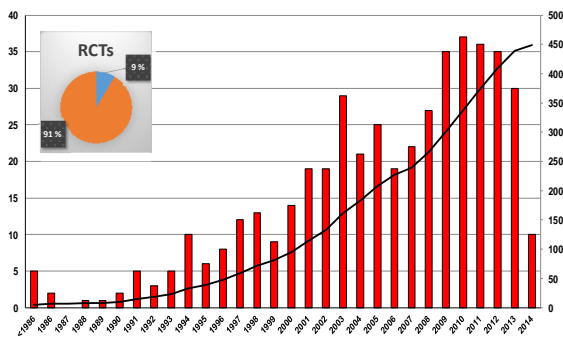
Surgery modifiers?

Flap / Site preparation
Primary stability

Additional modifiers?

Single implant vs. Splinted implants
Occluding vs. Non-occluding
Implant design, including length

Publications reporting data from clinical studies on dental implants, with focus on immediate implants (n= 462 / 4309 reports)



General findings on immediate implants

462 reports

Systematic reviews: 22 (11 in last 2 years)

First clinical research study: Single Tübinger-implants Al₂O₃ (Schulte 1978)

Longest clinical research study: Retrospective data of 1608 i./981p. over 25y. Nobel Biocare implants (Balshi et al. 2013)

#RCT trials: 51 (9 in last 2 years)

First: 36p./43i, Ti-tps vs Ti_HA +/- DFDB (Gher et al. 1994)

Largest: 208 p./ i. Straumann-SLA, after 3 weeks healing (Lang et al. (2007)

Longest follow up: 3 y. 93p/99i Osseospeed (Sanz et al. 2010) & (10 y. 72p/i. Osseotite, placement 10days after extraction (Schropp et al. 2010)

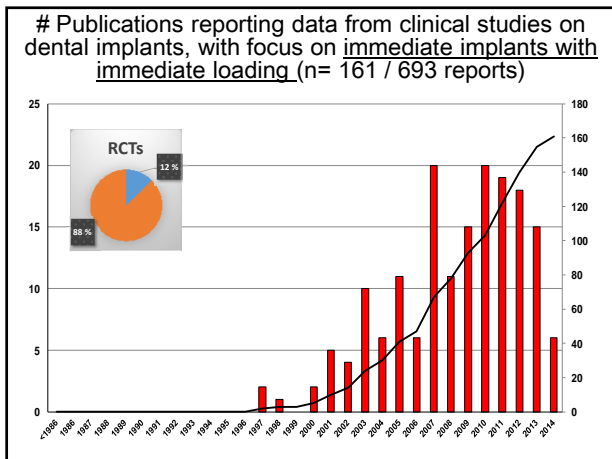
Pre-surgery modifiers

General & local risk factors
Bone quantity and quality (jaw)
Vertical dimension of occlusion
Parafunctional habits

Surgery modifiers?

Flap / Site preparation
Primary stability
Residual infection
Socket defect shape & facial plate integrity/thickness
Facial position of the implant
Soft tissue biotype

Skill of Clinician(s)



General findings, immediate implants with immediate loading

Systematic reviews: 9 (2 in last 2 years) 161 reports

First clinical research study: 10p./130i, retrosp., edent.mand., Brånemark turned i. (Balshi & Wolfinger 1997)

Longest clinical research study: 7 y., retrosp., 80p/519i., edentulous jaws, 3i. Implants, (Testori et al. 2013)

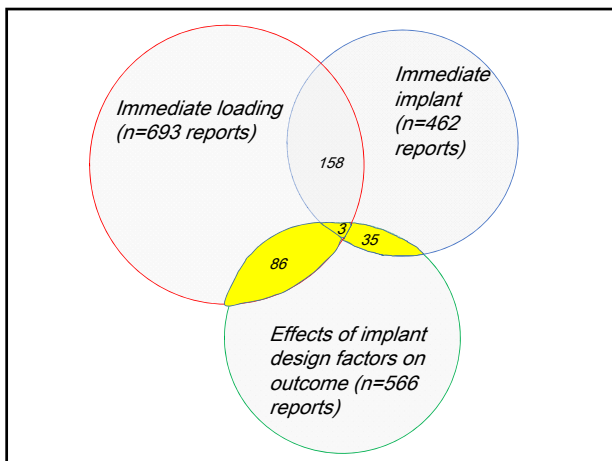
#RCT trials: 18 (4 in last 2 years)

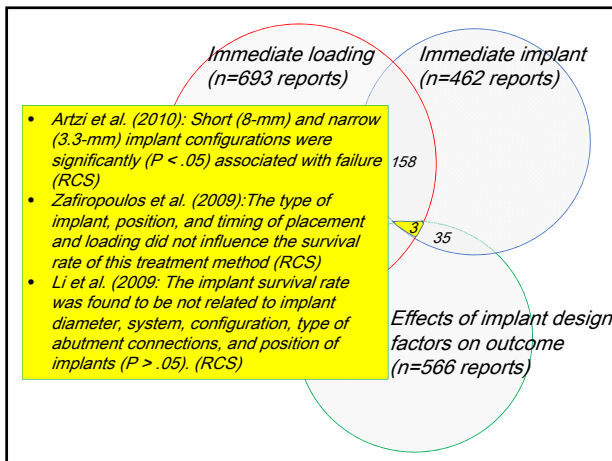
First: vs.:(ii+dll) 40p.(Crespi ea. 2008)-(i. autograft,heal 4 m., il),76p. (Block ea. 2009)

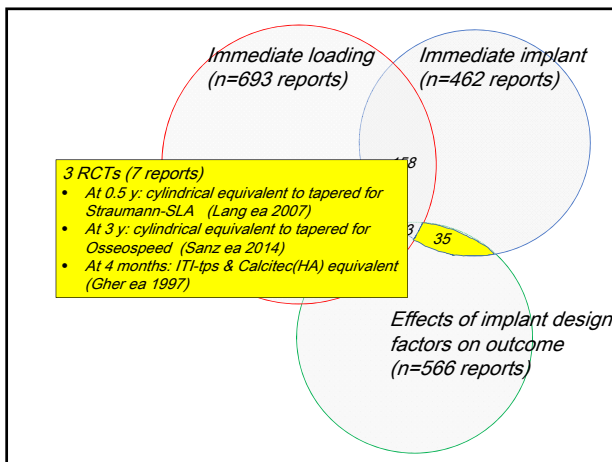
Largest: vs. Xenograft+membrane, heal 4m.,+il, 106p., single max. (Felice et al. 2011)

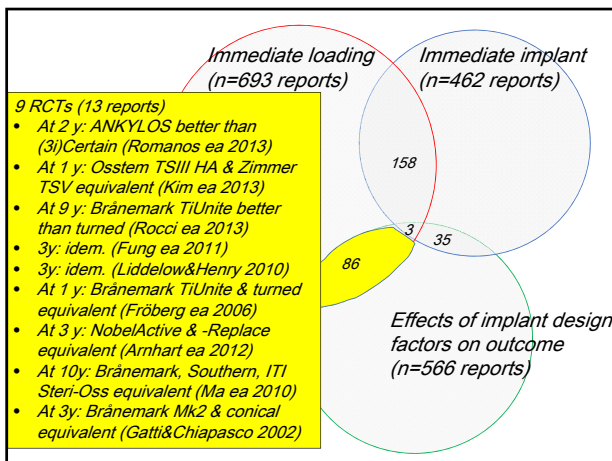
Longest follow up: 5 years 71p/120i, single posterior, (Prosper et al. 2010)

Pre-surgery modifiers General & local risk factors Bone quantity/quality (jaw) Vertical dimension of occlusion Parafunctional habits	Surgery Modifiers? Flap / Site preparation Primary stability Residual infection Socket defect shape & facial plate integrity/thickness Facial position of the implant Soft tissue biotype	Skill of Clinician(s)
		Additional modifiers? Single implant vs. Splinted implants Occluding vs. Non-occluding Implant design, including length










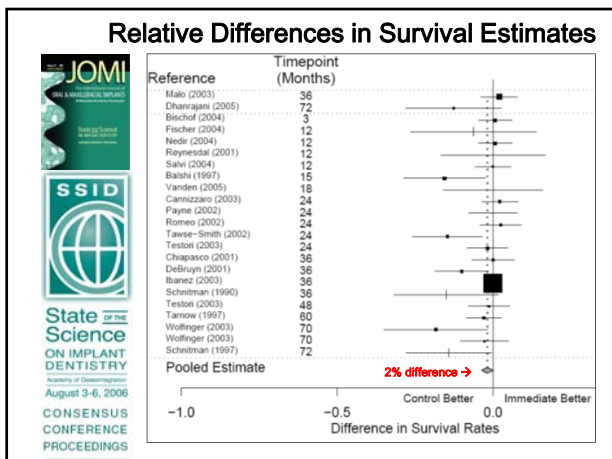
Summit 2014		Edentulous maxilla, effects of implant design in rehabilitation, studies on immediate loading			
	YES	NO		YES	NO
Design	Degidi & Piatelli 2003	Testori ea 2013 Li ea 2009	Design	Agnini ea 2014 Malo ea 2011a	Malo ea 2012 Cavalli ea 2012 Malo ea 2011b Aglardi ea 2009
Diameter	Degidi ea 2005	Testori ea 2013 Li ea 2009	Diameter		
Length	Kinsel & Liss 2007 Artzi ea 2010	vanAssche ea 2012 Testori ea 2013 Li ea 2009 Ibanez ea 2005	Length		
Surface			Surface		Pera ea 2014
Material			Material		



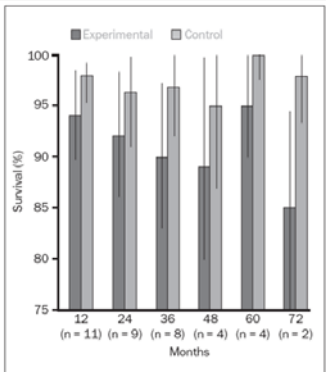
187 titles on immediate loading
→ 22 papers reporting on 19
RCT/CCT trials

SECTION 1
What is the Effect on Outcomes of Time-to-Loading of a Fixed or Removable Prosthesis Placed on Implant(s)?
Aldigen Jakobs, DDS, PhD; Alan B. Carr, DMD

Purpose: A systematic review of the available literature to assess the effects of time to loading of implants on treatment outcomes. Methods: PubMed search strategies identifying clinical trials on fixed prosthetics, combined with searching of a personal library and reference lists from included studies, resulted in 1,882 titles published before May 1, 2006. Two independent reviewers appraised the titles and abstracts and identified 187 papers that seemed to focus on the effects of time to loading on treatment outcomes in clinical trials. These papers were reviewed and initially separated in full text. A set of pre-defined inclusion and exclusion criteria were applied. All trials (randomized and nonrandomized clinical trials, prospective and retrospective) were included in the review if both an experimental and a control group were adequately described, if the results had been followed for at least 1 year, and if the sample contained at

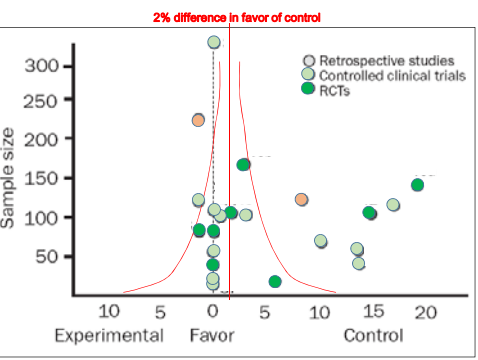


Relative Differences in Survival Estimates

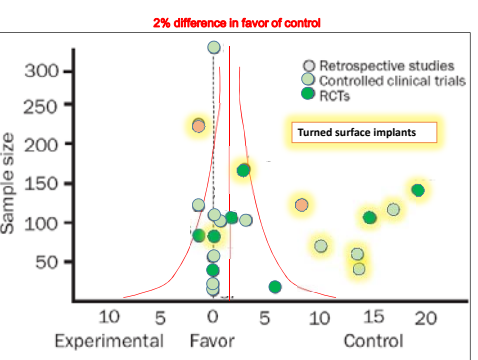


~2% lower survival & consistently wider confidence intervals

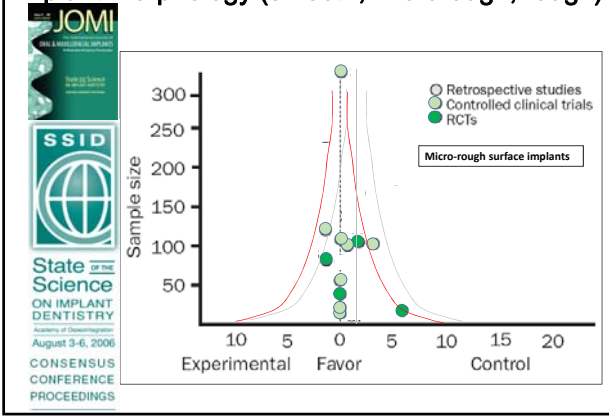
Implant morphology (smooth, microrough, rough)



Implant morphology (smooth, microrough, rough)



Implant morphology (smooth, microrough, rough)



Thank you for your attention

Asbjørn Jokstad
asbjorn.jokstad@uit.no
