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Literature Abstract

Clinical and radiographic performance of delayed-immediate single-tooth implant placement associated with peri-implant bone defects. A 2-year prospective, controlled, randomized follow-up report

The aim of this randomized, prospective clinical study was to determine the peri-implant and prosthetic success for single tooth replacement using either delayed-immediate or delayed implant placement after 2 years. Forty-six patients (25 women and 21 men) were provided with single implant placement using either a delayed immediate technique (placement within 3 to 15 days after tooth extraction) or a delayed placement (implants placement within 65 to 138 days after tooth extraction). No membranes were placed although grafting was performed in the presence of dehiscence or fenestrations. Second stage surgery was performed after 3 months for both groups and healing was allowed for 4 to 6 weeks. Implants were restored with metal-ceramic crowns on UCLA abutments. Baseline probing depths were measured on the buccal, mesial, distal, and lingual aspects of the implant. Baseline digital radiographs were used to measure marginal bone level, which is the distance from the implant-abutment junction to the first visible bone-to-implant contact, mesial, and distal to the implants using a computer program. Follow-up evaluation was done at 9 months and 2 years after implant placement. Forty patients attended the first recall while 41 attended the second recall. Patients were asked for complaints, and the following were assessed: (1) implant mobility; (2) screw loosening; (3) porcelain fractures; (4) exposure of the implant or metal margins of the crown or abutment. Probing depths were again measured. Digitized intraoral radiographs were also repeated to measure marginal bone level. Radiographic evaluations were blinded. Data were analyzed using a Wilcoxon matched-pairs Signed Ranks Test to determine significant differences from baseline to recall 2 between the delayed-immediate and delayed implants. Differences between the 2 groups at baseline, recall 1, and recall 2, and in change over time, were tested by Mann-Whitney U test. Results indicate a 95% success rate for both methods of implant placement, which is in agreement with previous studies.

Schropp L, Kostopoulos L, Wenzel A, Isidor F. *J Clin Periodontol* 2005;32:480–487. **References:** 33. **Reprints:** Lars Schropp, Department of Prosthetic Dentistry, University of Aarhus, Vennelyst Boulevard 9, 8000 Aarhus C, Denmark. Email: lschropp@odont.au.dk—*Esquivel-Upshaw, San Antonio, TX*

Literature Abstract

The impact of conventional and implant supported prostheses on social and sexual activities in edentulous adults: Results from a randomized trial 2 months after treatment

The aim of this study was to determine the effect that implant-supported overdentures and conventional complete dentures had on leisure and sexual activities. One hundred and two middle aged (36 to 65) patients were randomly assigned to the implant (n = 54) or the conventional denture group (n = 48) using computer generated random numbers. All subjects had been edentulous for at least 10 years. For the implant overdenture group, 2 Brånemark implants were placed in the interforaminal area of the mandible. Second stage surgery was performed after a 4-month healing period. The abutments were joined using a gold alloy bar and a mandibular overdenture was fabricated. A social impact questionnaire was used to assess the effects of both treatment modalities on social and sexual activity to include avoiding conversations, refusing invitations, feeling uneasy in sexual circumstances such as kissing, and looseness of the prostheses during sports activities. Spearman's rank correlation coefficient was used to assess pre-treatment and posttreatment responses. Ratings were recorded on categorical scales at baseline and 2 months after treatment. The Oral Health Impact Profile was used to measure the oral health related quality of life. Analysis of data shows that there were significant improvements in the overdenture group for looseness during eating, speaking, kissing, and yawning ($P < .0001$) and reported increased confidence in performing these activities.

Heydecke G, Thomason JM, Lund JP, Feine JS. *J Dent* 2005;33:649–657. **References:** 49. **Reprints:** Jocelyne S. Feine, Department of Oncology, Faculty of Medicine, McGill University, Montreal, Quebec, Canada. Email: jocelyne.feine@mcgill.ca—*Esquivel-Upshaw, San Antonio, TX*

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