The present study found a more apically situated MBM in cases with a thick biotype. This is in contrast with the study by Evans and Chen,[2] showing more midfacial recession in cases with a thin biotype. It should be noted, however, that this study only included immediate implant cases. Furthermore, as stated in a recent systematic review,[5] evidence to support increased risk for midfacial recession in patients with a thin biotype is limited. To what extent biotype is of significance needs further investigation.

Conclusions

The factors analyzed in this study account for only a small portion of the variance of the MBM position. The more an implant was placed to the buccal, the more the MBM was positioned apically. A comparable phenomenon was observed in cases with a thick biotype and in cases in which pre-implant bone augmentation was performed, whereas platform switching did not affect the level of the MBM.

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Literature Abstract

Accuracy of ceramic restorations made using an in-office optical scanning technique: An in vitro study

This study investigated the marginal and internal pre-cementation gap width of ceramic crowns made using an in-office digital impression technique and subsequent computer-aided design/computer-assisted manufacturing (CAD/CAM) fabrication. Two chairside digital impression systems, the Lava Chairside Oral Scanner (3M Espe) and Cadent iTero (now Align Technology), were used to make digital impressions of a typodont molar prepared with a 1.5 mm chamfer margin. Nine Lava (Lava Oral) and nine iTero (iTero Oral) all-ceramic crowns were produced from these digital impressions. In addition, 9 Lava (Lava Die Stone) and 9 iTero (iTero Die Stone) all-ceramic crowns were produced from the scans of stone die models made from addition-cured silicone impressions of the typodont tooth. Hot-pressed leucite-reinforced glass-ceramic crowns (Empress) made using die stone models, wax copings, and press casting were selected for comparison. A replica of the pre-cementation gap width of each crown was made by seating a crown filled with addition-cured light-body silicone impression material onto the typodont tooth. The crown was removed upon polymerization of the light-body impression material; a medium-body silicone impression material of a different color was then used to cover the polymerized light-body impression material. The polymerized impression materials were subsequently sectioned mesiodistally and buccolingually, and the thickness of the light-body impression material, which represented the pre-cementation gap width, was measured using a measuring microscope (x20) at 38 measuring points. The Lava Oral crowns showed a mean overall internal gap width of 162 µm, which was significantly smaller than the other groups (174 to 183 µm). The Empress crowns showed a mean marginal gap width of 170 µm, which was significantly larger than those of the other groups (107 to 128 µm). Occlusally, the gap width for iTero Oral and Lava Die Stone crowns was significantly larger than that of the Empress crowns. The authors concluded that an in-office digital impression technique can be used to fabricate ceramic crowns with a marginal and internal accuracy comparable to that of a conventional hot-pressed glass ceramic crown.

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