without cutting and soldering. The prosthesis of the SCRP system is retrievable after permanent cementation, so a clinician can unscrew and retighten the entire superstructure as needed for repair, maintenance, or the removal of excess cement extraorally. Furthermore, this retrievability makes it possible to use a definitive cement instead of a temporary cement. Lastly, in cases with a limited interarch distance, a longer abutment with a deep subgingival margin can be used because it can be retrieved for extraoral cleaning and repair.

As with conventional screw-retained prostheses, the presence of screw holes on the occlusal surface can affect the stable occlusion and esthetic component of the SCRP prosthesis. Since the SCRP is cement-retained, cement washout is inevitable in the long term even if a definitive cement is used. Therefore, it is critical for the success of the SCRP system to establish the maximum retention form of the abutment and select a definitive cement with a high strength.

Conclusions

The SCRP system is a new concept for an implant restorative system that can easily obtain a passive fit and retrievability. The SCRP abutment with both hex and nonhex components in one allows repositioning of the abutment and retrievability of the prosthesis. The SCRP system simplifies implant treatment procedures and eliminates the difficulty of removing excess cement.

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Literature Abstract

Does Ridge Preservation Following Tooth Extraction Improve Implant Treatment Outcomes: A Systematic Review. Group 4: Therapeutic Concepts and Methods

This systematic review and meta-analysis *(1)* investigated the additional effect of alveolar ridge preservation (ARP) on implant-related outcomes in comparison with unassisted socket healing and *(2)* estimated the size effects according to the type of intervention for ARP. General inclusion and exclusion criteria were explained in detail. Ten randomized controlled trials (RCTs) and controlled clinical trials (CCTs) and 30 RCTs and CCTs and prospective case series were included in the study for each respective aspect of the proposed aim. The authors found that ARP procedures may decrease the need for further ridge augmentation during implant placement (pooled relative risk for further ridge augmentation was 0.150) but did not increase the feasibility of implant placement. The survival and success rates and marginal bone levels of implants placed in alveolar ridges following ARP are comparable to those of implants placed in untreated sockets. Different types of ARP intervention (GBR, socket filler, and socket seal) did not show superior impact on implant outcomes. The authors mentioned that the majority of included studies were qualified for high risk of bias.

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