

COMMENTARY

ESTHETIC POTENTIAL OF SINGLE-IMPLANT PROVISIONAL RESTORATIONS: SELECTION CRITERIA OF AVAILABLE ALTERNATIVES

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The provisionalization of implants has evolved over the last several years, and more and more clinicians are opting to provisionalize immediately following implant placement.

Dr. Priest does a nice job in describing the different types of provisionalization of implants and their indications of use.

There is an assumption made: there was no correlation between the type of provisional restoration used and the final esthetic outcome of the definitive prosthesis. This assumption must be viewed cautiously because removable appliances have a tendency to cause blunting or obliteration of the papilla over time. Tooth-borne Essix splints, in contrast with a flipper or partial denture, minimizes pressure on the surgical site due to tooth support, but this can still cause papilla damage.

In clinical practice, the immediate placement and provisionalization of implants in the esthetic zone with fixed restorations directly to the implants result in optimal esthetics versus other types of appliances.

The placement of a fixed provisional at implant placement has been shown to contribute to the early foundation for esthetic implant restorations by aiding in the creation of esthetic soft tissue contours and emergence profiles.¹

When primary stability of the implant is achieved with minimum insertion torques of 35 through 50 Ncm,² then immediate restoration of dental implants is a viable option that we must offer our patients seeking implant treatment.

I have observed better patient compliance, preservation of interdental bone, creation or maintenance of soft tissue, and formation of a small biologic width. This will also decrease the treatment time necessary for final prosthetic delivery. This type of provisional is usually limited to the anterior dentition and highly esthetic areas of the mouth.

Immediate replacement, while no longer experimental, nevertheless remains challenging and requires careful case selection, rigorous observance of the criteria for success, flawless technical execution, serious collaboration with the patient, and strict professional maintenance.³

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