

COMMENTARY

ESTHETIC REHABILITATION OF MAXILLARY INCISORS IN CONJUNCTION WITH FLAPLESS SURGICAL TECHNIQUES, AN IMPLANT ZIRCONIA CROWN, AND PORCELAIN VENEERS

Robert C. Margeas, DDS*

Achieving osseointegration of implants is no longer an acceptable treatment option in implant dentistry if the outcome is not esthetic. Clinical success demands an esthetically pleasing outcome as well as a proper relationship with a quality balance between periodontal tissues and hard tissues. What was once considered the standard of care several years ago is not valid today. Years ago, it could take up to a year or more and multiple surgeries to successfully restore a single tooth implant. In some cases today, a tooth can be extracted, implant placed, and a final restoration placed in 8 weeks.

The bar is continually being raised as an increasing literature base, and Internet access provides clinicians with valuable information on treatment planning, surgical and prosthetic techniques, and challenges that are encountered in the anterior maxilla.

Unacceptable results often start with the treatment of cases with compromised ridge anatomy or with treatment planning problems resulting from inexperience with surgical technique and a limited understanding of the newer restorative choices.

The authors did a nice job in addressing the soft and hard tissues. The tooth was first extracted atraumatically, and the ridge was built up with a bone graft and a collagen membrane. This procedure will help preserve the facial plate, but if the provisional is allowed to put pressure on the tissue, the papilla can become blunted. I prefer to use a fixed provisional to prevent pressure on the tissues. An adequate amount of time was allowed for healing prior to placing the implant.

A flapless approach to placing the implant was accomplished, and adequate tissue was present to allow for the most esthetic outcome. The new zirconium abutments allow for greater esthetics because of the possible graying of the tissue when using titanium with thin tissue.

It is very difficult to achieve maximum esthetics when using different restorative materials for all the restorations. Zirconium is much more opacous than feldspathic porcelain. The authors do an excellent job by firing porcelain onto the zirconium abutment for an ideal margin. This technique will allow for the zirconium coping to have a 1-mm cervical cutback and feldspathic porcelain fired at the margins. This technique also allowed for excellent blending of the different substrates of material in the final restorations. The conservative nature of the porcelain veneer preparations will provide years of service.

Careful treatment planning and meticulous surgical technique are critical when providing single-tooth anterior implant restorations.

**Private practice, Des Moines, IA, USA*

Copyright of Journal of Esthetic & Restorative Dentistry is the property of Blackwell Publishing Limited and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.