Part 4 of the text is divided into 3 chapters covering single tooth implant prosthodontics, fixed bridge prosthodontics, and implant denture prosthodontics. These chapters discuss various types of implant abutments, their advantages and disadvantages, along with indications and contraindications for each. Again discussed are impressions of the implant platform, as well as abutment level impressions, shade selection, and a review of laboratory techniques. A comparison of screw-retained versus cement-retained prostheses with their accompanying advantages and disadvantages is well presented. This section of the book provides excellent, comprehensive, easy-to-read coverage of restorative implant dentistry and can be a great benefit to both the general dentist and the prosthodontist.

Part 5, the last section of the text, discusses both surgical and prosthetic complications, their cause, and how to manage such complications. A detailed list of routine hygiene maintenance requirements for single tooth restorations, fixed bridges, and removable prostheses is also presented.

This book is a valuable resource for clinicians and educators. The authors present a great amount of timely information on aspects of both prosthetic and surgical implant dentistry. A variety of information is presented in a clear, concise, and easy-to-read manner. The authors of this text deserve a good deal of credit for producing such a well-written and comprehensive text.

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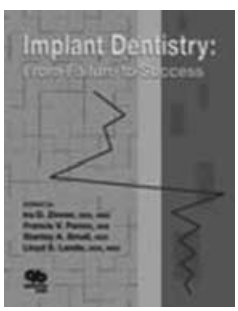

Implant Dentistry: From Failure to Success

Editors: Ira D. Zinner, Francis Panno, Stanley Small, Lloyd Landa. Quintessence Publishing Co., Inc., Carol Stream, IL, 2004: ISBN 0-86715-438-1, 212 pages; 365 illustrations (mostly in color); price $124, hardcover

Eleven contributing authors and four editors produced this text, which includes 13 chapters and a forward by Dr. George Zarb. The purpose of the text, as suggested by the title, is a review of the use of implant-supported prostheses in the management of failed conventional and implant-supported oral rehabilitations. Special emphasis is placed on understanding the causes of failures and methods for avoiding potential problems and complications. The editors and authors continuously stress the need for a team approach to prosthetically direct implant therapy. Many complex failures with subsequent rehabilitations are discussed and illustrated throughout the text, which appears to be written for highly experienced clinicians and specialists.

The book begins with an overview of the authors' concepts of managing patients with failed or failing prostheses. The next chapter, "Diagnosis and Treatment Planning for Implant-Supported Fixed Prosthodontics," is a standard overview of treatment planning for implant dentistry. Computerized tomography (CT) is briefly mentioned, but a comprehensive review of the role of CT scans with radiographic templates in planning complex rehabilitations is conspicuously absent. Also, screw-retained restorations are strongly advocated in this chapter and throughout the text despite the current trend toward the use of cement-retained implant-supported fixed restorations.[1]

The third chapter, "Presurgical Prosthodontics," describes the authors' approach to the use of surgical templates, surgical index copings, and provisional prostheses. All procedures are comprehensively illustrated in a series of 10 cases. The text then reviews problems that can occur before, during, and after implant surgery, along with solutions to these problems. Seven cases illustrating the authors' use of metal-reinforced, implant-supported provisional restorations are illustrated in the subsequent chapter, "Second-Stage Screw-Retained Provisional Prostheses."

The chapter titled "Occlusal Considerations to Prevent Prosthesis and Component Complications" contains common-sense advice for managing the occlusion with implant-supported prostheses, such as the avoidance of cantilevers. Nevertheless, the authors advocate the routine use of screw-retained restorations with acrylic resin

occlusal surfaces for "shock absorption." In this reviewer's experience, occlusal stability can be lost rapidly with acrylic resin occlusal surfaces because of accelerated wear, especially with complete-arch rehabilitations. Also, the concept of using acrylic resin as a "shock absorber" was based on conjecture in the 1980s, during the profession's early clinical experiences with implant-supported prostheses; the validity of this assumption has not been proven scientifically. The authors also suggest that the occlusal scheme should direct occlusal contacts over the centers of the prosthetic platforms of the implants. Developing centric occlusal contacts over the center of the implants is difficult with screw-retained prostheses because of the location of the screw-access holes.[1] The section on screw mechanics and occlusion in this chapter implies that tightening "torque force" for a screw is synonymous with the term "preload." Preload is the initial load in tension on the screw producing a clamping force that results from the tension between the threads of the screw and the screw head.[2] The preload that is developed is the result of the applied torque and is usually proportional to the tightening torque, commonly described in N cm. It should be noted that these two terms are related, but are not exactly synonymous.[2]

The next two chapters provide an excellent analysis of maxillary sinus grafting. Surgical procedures and prosthetic management are reviewed, along with the anatomy and pathophysiology of the sinuses. Together, these two chapters provide a comprehensive and concise overview of the topic.

The text then proceeds to highlight the mechanical aspects of fabricating implant-supported prostheses with a chapter titled "Technical Considerations to Optimize Prosthetic Success." This chapter appears tailored to the dentist only, because it is not sufficiently detailed to guide a dental laboratory technician. The laboratory procedures described and illustrated relate to screw-retained restorations, and many of the laboratory procedures for developing screw retention appear unnecessarily complicated. The section on auxiliary screw devices is especially difficult to follow, and illustrations of the techniques described would be helpful to the reader.

The standard approach to verifying passive fit of a screw-retained prosthesis is described. The problems of screw loosening and screw fractures are addressed, along with other complications related to damage or mechanical failure of implant components. An entire chapter is devoted to various approaches for managing failures in totally edentulous patients treated with implant-supported prostheses. This chapter, "Salvaging a Failed Implant-Supported Fixed Prosthesis in the Completely Edentulous Patient," is extremely well written and illustrated. A very brief and unimpressive overview of esthetics follows. The final chapter of the text, "Legal Aspects of Implant Practice," is an excellent review of the legal ramifications of implant dentistry, and should be of interest to all dentists.

This text is handsomely bound and printed on excellent quality paper stock. All 365 illustrations are of exceptional quality. The overall writing style is clear and concise, although at times the authors do not use current terminology as defined in the 7th edition of "The Glossary of Prosthodontic Terms." [3] For example, "centric occlusion" is used when the authors obviously imply "maximal intercuspal position," and the term "appliance" is often used as a synonym for "prosthesis." This text does provide a wealth of information not currently available in a single source, based upon the authors' comprehensive knowledge and vast experience. It would be a welcome addition to the library of any dentist involved in the care of patients requiring complex rehabilitations with implant-supported prostheses.

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