From extensive investigations involving both laboratory and clinical experimentation concerned with the repair and regeneration of bone and marrow tissues, the fundamentals of and concept of osseointegration evolved from studies conducted in Sweden by P-I Brånemark from 1952 through the 1960’s.

Long-term successful outcomes with osseointegrated dental implants, reported in numerous scientific studies, have inspired the dental profession to feel confident about their use; what was originally conceived and designed for the improved comfort, function, and esthetics of compromised edentulous patients has now become accepted treatment for patients missing single or multiple teeth, as well those with significant maxillo-facial defects, whether congenital or from trauma or diseases.

Early implant treatment protocols were strict and allowed healing in the absence of functional loads for a period of 4 to 6 months in order to achieve osseointegration.

The long treatment time, the fact that the patient must use removable dentures or go without teeth during implant healing, and the need for two surgical interventions are examples of drawbacks with conventional implant treatment. In the new millennium, the concept of “kiss” (keep it simple & safe) has evolved where patients demanded faster, less traumatic & less expensive implant treatment.

Immediate loading of implant-supported prostheses is documented with high and predictable success rates. These results indicate that implant integration and bone healing can occur during loading. High initial stability has been asserted as a precondition, meaning that sufficient volume and density of the bone are needed. It simplifies therapy & reduces the time of edentulousness, avoids wearing of removable dentures, and makes the treatment more acceptable to the patient.

Case presentation: A 14-year old female presented to her orthodontist with an 8mm overjet and an agenesis of #5. After orthodontic treatment and end of her growth (17y7m), an implant was inserted in position #5, an Easy abutment was placed at surgery and a provisional crown was constructed and sealed in place. After a healing period of 2 months, the final crown constructed and placed.

-Implant-Supported Prosthesis: Dr NADIM ABOUJAOUDE
IMPLANT-SUPPORTED PROSTHESIS:
Dr NADIM ABOUJAOUEDE

CLASS I MALOCCLUSION
F14Y3M

8mm OVERJET

AGENESIS OF 35

END OF THE ORTHODONTIC TREATMENT
F17y7m

REPLACE SELECT TAPERED: Ø4.3mm × 13mm

EASY ABUTMENT

INSERTION TORQUE: 40Ncm

PROVISIONAL CROWN

FINAL CROWN

02

03

04