

INDICATIONS FOR DENTAL IMPLANTS

Before selecting the proper candidate for implant treatment two points should be considered:

- A. Patient motivation and cooperation toward maintaining good oral hygiene.

Bone growth for the alveolar ridges "preferable" the age of 18-years.

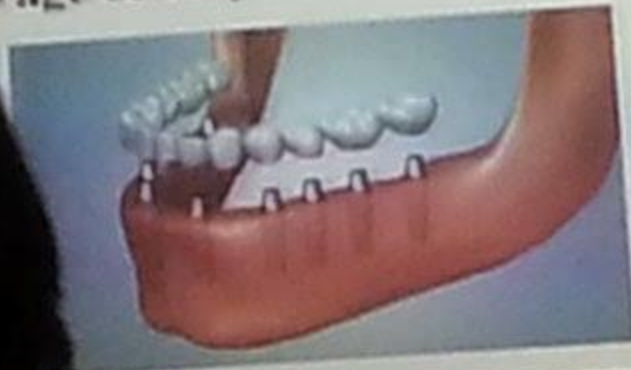


INDICATIONS FOR DENTAL IMPLANTS

Before selecting the proper candidate for implant treatment two points should be considered:

Patient motivation and cooperation toward maintaining good oral hygiene.

Bone growth for the alveolar ridges "preferable after the age of 18-years.



I. Completely edentulous individuals in both
one arch

- More than 6-fixtures "implant supported prosthesis"
- More than two fixtures " implant-retained overdentures either by bar, ball or magnetic attachments.



2. Partially edentulous individuals:

I. Long span where it is not possible to be restored by means of conventional bridge.



Partially edentulous individuals

II. In case of Kennedy Class I where there is no anatomical contra-indication.



**Partially edentulous
individuals**

III. Tooth replacement where the patient refused to prepare the adjacent sound teeth.



Tooth replacement where the patient refused to prepare the adjacent sound teeth.



Partially edentulous individuals

IV. Patients with compromised denture bearing area which may reduce the retention

V. Patients with hyperactive gagging reflex elicited by the removable prosthesis.

VI. Patients with psychological and emotional problems to wear dentures

VII. Unrealistic Prosthodontics expectations

Partially edentulous individuals

VIII. Para-functional habits.

- The forces generated during bruxism
→ bone healing → implant failure



IX. Poor oral muscular coordination.

X. Hypodontia



CONTRA-INDICATIONS



1) Intra oral contraindication:

1. Unfavorable inter-arches relationships i.e. skeletal class III.
2. Pathological lesion in the alveolar ridge i.e. infected remaining root, cysts.
3. Pathological conditions of the oral mucosa as Leukoplakia, Lichen planus, poor oral hygiene.

RELATIVE CONTRA-INDICATIONS:

6. Patients with psychological problems.
7. HIV +ve patients.
8. Age?? "Life expect

9. Radiation Therapy.



- **August et al(1998):**

no longer an absolute contraindication to implant placement, but reduced success rates (usually reported around 70%) can be expected.

Use of hyperbaric oxygen therapy(HBO)

100% humidified oxygen for

sessions pre-sur

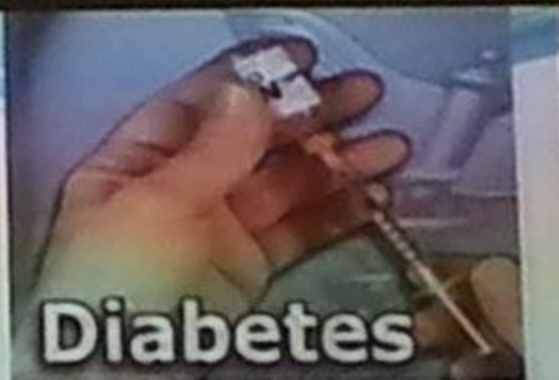
Radiation Therapy.

Oral effects of radiation :

- ✓ -xerostomia
- ✓ -Mucositis
- ✓ -Hypovascularity
- ✓ -Fibrosis
- ✓ -Ischemia
- ✓ -Osteoradionecrosis

10. DIABETES

Delayed wound healing, increased alveolar bone loss, increased periodontal disease and increased inflammatory tissue destruction.



have shown suc
patients with

11) Osteoporosis Bisphosphonates & Paget disease

Correlation between systemic bone loss and the loss of jawbone density and quantity has been shown, there was NO link established between systemic osteoporosis and implant failure. Becker et al 2000

Bone deformities and pathological fractures caused by PD may render the use of removable prostheses. Dental implants significantly improves quality of life of PD patients

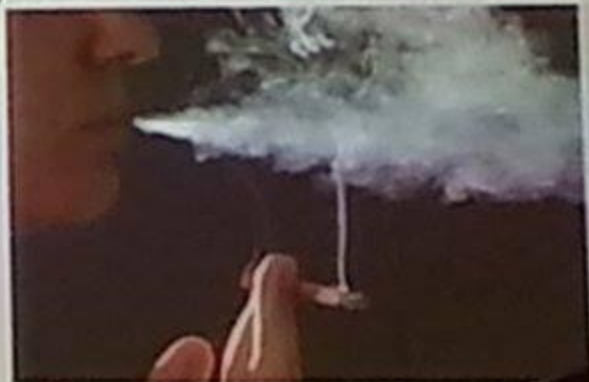
2008, the American D
of developing BO
necrosis of the jaw
therapy appears

13) Heavy Smokers

Smoking is considered as a major risk factor for periodontal diseases and Arteriosclerosis". has a deleterious effect on wound healing (especially after tooth extraction).

Bain 1996 protocol

prior to and at
plant surgery.



3) ABSOLUTE CONTRA-INDICATIONS:

- 1) Patients with cardiovascular diseases congenital heart disease, rheumatic valvular defects, hypertension, artificial aorta pectoris and re myocardial infarctio

2) DRUG & ALCOHOL ADDICTION



Patient's lack of commitment to long-term health and the questionable ability to maintain good oral hygiene.

little evidence
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Assessment Of Patients And Treatment Planning

Patient's Selection:

Age does not appear to be an influence on patient selection, NOR a large number of chronic health conditions. Thus, patients with medical diseases such as diabetes, cardiac, vascular diseases, patient with long-standing steroid medication and those exposed to large doses of radiation are not excluded from the study.

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Assessment Of Patients And Treatment Planning

Pre-operatively all local pathological conditions in any of the hard and soft tissues of either jaw should be treated, so the tissues will have enough time to heal prior to fixtures placement. The patient usually should be observed for any lesion.

Patient's general assessment:

- A. Patient's complaints
- B. Medical history
- C. Psychological assessment
- D. Social history
- E. Family history

Local assessment:

- This consists of Extra-oral and Intra-oral examination.
The intra-oral should include:

- 1) Type of mucosa (keratinized mucosa).
 - 2) Health of remaining dentition and periodontium.
 - 3) The alveolar ridge form and the related musculature and attachment.
- Inter-occlusal relationships (vertical relationships (ve

Radiographic assessment.

Standard diagnostic view:

1. Panoramic X-ray (OPG) .To determines the length of the fixtures with the use of metal (5mm) sphere on the clear acrylic surgical stint and the accurate position of implant.

Radiographic Assessment:

II. Lateral Cephalometric X-ray. To determine the inclination of the residual ridge.



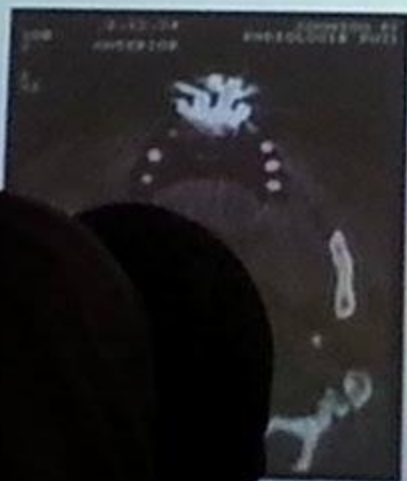
Radiographic Assessment.

III. Peri-apical X-ray.



Radiographic Assessment

IV. CT Scan.
Cone-beam. CT



Additional Assessment:

I: Study cast with teeth-wax-up.



Additional Assessment:

Ridge mapping :

for assessing bone width with the help of (conventional method, osteometer or electronic device).

TREATMENT MODALITIES STRATEGIES IN DENTAL IMPLANT

- 1) Treating fully edentulous patients
- 2) Treating partially edentulous patients
- 3) Orthodontic cases
- 4) Maxillo-facial prosthesis

Indications for implant Retained- Over Dentures

1. No enough bone for fixed bridge work particularly in the posterior region.
2. When there's anatomical contraindications (vital structures-advanced impl
3. Financial considerations.
4. It is tissue-borne denture
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th.

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 4. It is tissue-borne denture.
 5. Magnet attachment for handicapped patients
- preferable in the maxilla
with.