



WESTSIDEOMS ORAL SURGERY & DENTAL IMPLANT CENTER

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Spring 2016 ~ A Quarterly Update

Dear Colleague:

Each year we continue to see growth and development in our practice accompanied by an increase in treatment success. Through this quarterly newsletter, we wish to share with you some of the latest developments in oral surgery and implant dentistry, as well as open communication with your office.

If we can provide any additional information, or if you would like to see an article on a particular topic in our next issue, please do not hesitate to call. We appreciate the trust you place in us by allowing us to participate in the care of your patients.

Regards,

Dr. Rupi Dhadli

Survival Analysis and Other Clinical Outcomes of Immediate Implant Placement in Sites with Periapical Lesions

Lee CT, Chuang SK, et al.

Int J Oral Maxillofac Implants 2015 Mar-Apr;30(2):268-78

Immediate implantation has become one of the therapeutic options for replacement of a hopeless tooth. In the case of a tooth with a periapical lesion, this approach remains controversial. The purposes of this article were to systematically review the evidence on immediate implants in sites with periapical lesions with reference to: (1) survival rates, (2) changes in crestal bone levels and marginal tissues, (3) complication rates, and (4) comparison of clinical outcomes with other implant treatments. An electronic search was conducted for articles published between January 1990 and August 2013. Publications were screened, and data extraction and quality assessment were performed. Implant survival rates were calculated using appropriate statistical analysis. Crestal bone level changes, soft tissue outcomes, complications, and procedure characteristics were analyzed descriptively.

Initially, 301 articles were identified. Three prospective controlled trials of immediate implant placement in sites with periapical lesions with a follow-up period of at least 1 year were selected for the survival analysis. The predicted cumulative 5-year survival rate of immediate implants in sites with periapical lesions was 96.23%. Bone and gingival level changes were comparable to those of implants placed in sites without periapical pathology. The complication rates, reported in only one study, were 15.4% (2/13) in sites with periapical lesions and 6.7% (1/15) in healthy sites. *Limited evidence suggests that immediate implant placement in sites with periapical lesions leads to clinical outcomes comparable to those of immediate implants in healthy sites. Additional prospective controlled trials with large sample sizes and long-term follow-up are needed to further investigate these results.*

Effect of Splinting in Accuracy of Two Implant Impression Techniques

de Avila ED, de Matos Moraes F, et al.
J Oral Implantol. 2014 Dec;40(6):633-9

Because there is no consensus in the literature about the need for a splint between copings, the purpose of this study was to evaluate, in vitro, the accuracy of 2 impression techniques for implant-supported prostheses. A master cast was fabricated with four parallel implant abutment analogs and a passive

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Dr. Dhadli is dual degreed Oral and Maxillofacial Surgeons both a physician and dental surgeon. Dr. Dhadli attended Dental School and Medical School at Case Western Reserve University. She furthered her training and education through a 5 year intensive residency program in Oral and Maxillofacial Surgery and Anesthesia at University Hospitals of Cleveland, OH, Mt. Sinai Medical Center, Rainbow Babies and Children Hospital, and Metrohealth Medical Center in Cleveland, OH.



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Effect of Splinting...continued

framework. Two groups with 5 casts each were formed: Group 1 (squared impression copings with no splint: S) and Group 2 (splinted squared impression copings, using metal drill burs and Pattern resin: SS). The impression material used was polyvinyl siloxane with open trays for standard preparation of the casts. For each cast, the framework was positioned, and a titanium screw was tightened with 10 N·cm torque in analog A, after which measurements of the abutment-framework interface gaps were performed at analogs C and D. This process was repeated for analog D.

These measurements were analyzed using software. Appropriate pre-determined statistical analysis was used. Significant differences were detected between S and SS in relation to the master cast. The median values of the abutment-framework interface gaps were as follows: master cast: 39.64 µm; squared impression copings with no splint: 205.86 µm; splinted squared impression copings: 99.19 µm. *The authors concluded from the results of this study, that technique presented for Group 2 produces better results compared with the technique used for Group 1.*

Long-term Evaluation of Periodontal Parameters and Implant Outcomes in Periodontally Compromised Patients

Zangrando MS, Damante CA, et al.
J Periodontol. 2015 Feb;86(2):201-21

The purpose of this systematic review is to evaluate the long-term outcomes of patients with periodontitis submitted to periodontal therapy/maintenance and implant placement. Studies reporting clinical and/or long-term implant outcomes from partially edentulous patients with periodontitis who were treated and followed periodontal maintenance for ≥5 years were considered eligible for the review. Screening of the articles, data extraction, and quality assessment were conducted independently and in duplicate.

A search of MEDLINE, EMBASE, and CENTRAL databases resulted in 959 papers, and of them 931 were excluded after title/abstract assessment. The full texts of 28 potentially eligible publications were screened, but only 10 studies met inclusion criteria. Most of the included studies (77.8%) presented a medium/high methodologic quality. The results demonstrated that patients with a diagnosis of periodontitis had satisfactory implant outcomes. Implant survival was high (92.1%) within studies reporting 10 years of follow-up. Parameters related to probing depth, clinical attachment level, and bone loss around teeth increased the occurrence of peri-implantitis and implant

loss. Non-attendance to periodontal maintenance and smoking habits were also associated with less favorable implant outcomes. *This systematic review confirmed that implant therapy can be successfully used in patients with a diagnosis of periodontitis who underwent proper therapy and regular periodontal maintenance. Residual pockets, non-attendance to the periodontal maintenance program, and smoking were considered to be negative factors for the long-term implant outcomes.*

Patient Knowledge and Expectations Prior to Receiving Implant-Supported Restorations

Simensen AN, Bøe OE, et al.
Int J Oral Maxillofac Implants. 2015 Jan-Feb;30(1):41-7

Implant dentistry has revolutionized the treatment of partially and completely edentulous patients. The purposes of this study were to explore what made patients choose implant treatment and their prior knowledge and expectations of this treatment option. A study population of 117 subjects was selected from 248 referred possible candidates for implant therapy. The subjects answered a questionnaire regarding implant dentistry prior to professional consultation at two hospital/university-based centers and one private implant center.

In most cases, the choice of treatment was motivated by expectations of improved chewing/function (46.0%), appearance (19.5%), or both (18.6%). Improved chewing/function and improved appearance were rated "very important" by 96.5% and 86.1% of patients, respectively. Surprisingly, 57.4% reported that the cost of treatment did not play a role in their decision. Only 6.0% claimed to have much prior knowledge about the treatment and 33.6% had a realistic perception about the length of anticipated service. Patients first received implant-related information primarily (62.9%) from dentists, and 75.2% thought their dentist gave the most useful information. Significant positive associations were found between knowledge about the treatment, the need for periodic professional oral health maintenance, and expected treatment time. *Patients seek implant therapy primarily to improve chewing function and esthetics, whereas cost seems to be less important. Prior to treatment, many patients lack precise information on the importance of necessary implant-related hygiene measures and implant longevity. The general dentist is the primary source of information.*



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