# "Green" situation / management





ANATOMICAL CONSTRAINTS			
Bone Height	≥ 11mm		
Bone Width	> 8mm		
Bone Quality (Lekholm/Zarb)-during drilling	1-11		
Bone augmentation / Fresh Extraction Sockets	No		
Maxillo-mandibular relation	Adequate		
PATIENT STATUS			
History of periodontal disease	No		
History of Bruxism	No		
Smoking	No/minor		
Smile Line	Low		
PATIENT PREFERENCE			
	e.g. 2		
Expenses (# of implants / type of prosthesis)	/removable		
Loading	Delayed		

GUIDELINE re. IMPLANT DESIGN ASPECTS:

Clinicians may treat patients by <u>using a range of</u> <u>different implant</u> <u>designs/ surfaces/</u> <u>implant-abutment</u> <u>connections and</u> materials.

<ul> <li>Included</li> <li>Excluded, subsequent d.</li> </ul>	GREEN Not included, <10 Excl no maxilla data	Not included < 2y.	Literature, implant design aspects Relevant SRs since 2010 (28): <u>Implant length</u> Srinivasan ea, 2013, Elangovan ea, 2013, Monje ea, 2013, Neldam ea, 2012, Srinivasan ea, 2012, Atieh ea, 2012, Permor ea, 2011, Sun ea, 2011, Appibali
500 - 400 - 300 -		253 13	ea, 2011, Menchero-Cantalejo ea, 2011, Bateli ea, 2011, Aloy-Prósper ea, 2011, Telleman ea, 2011, Romeo ea, 2010 Implant Material van Oirschot ea, 2012, Alsabeeba ea, 2012
200 - 100 - 0 - 5 10 10 10 10 10 10 10 10 10 10	e	199 70 9 Not study objective	<u>Implant Platform</u> Schmitt ea, 2013, Bishti ea, 2013, Gracis ea, 2012, Annibali ea, 2012, Al-Nsour ea, 2012, Abduo ea, 2011, Atieh ea, 2010 <u>Implant Diameter</u> Sohrabi ea, 2012
# studies: 9 RCT: 2 CCT: 2 Prospective C Retrospective	S: 1 CS: 4 From Ret	tudies: 9 T: 0 T: 0 ospective CS: 2 trospective CS: 2	<ul> <li>Implant Diameter and length Monje ea, 2013</li> <li>Implant Surface Renvert ea, 2011</li> <li>One-piece implants</li> <li>Barrachina-Diez ea, 2013</li> <li>7 Bone level – tissue level implants</li> <li>Vouros ea, 2012</li> </ul>

Evidence for management, from studies protocol-designed to assess effects of implant design (/ -feature)

		YES	NO
# studies: 9	Design		Ravald ea 2013 Olsson ea 1995 Nelson ea 2008
RCT: 2	Diameter	Degidi ea 2005	
CCT: 2 Prospective CS: 1 Retrospective CS: 4	Length	Kinsel ea 2007	vanAssche ea 2011 Schwartz-Arad ea 2004
	Surface	Schwartz-Arad ea 2004 Malo ea 2007	
	Material	Morris ea 2001	
		A 1	2014 SUMMIT

Target condition: Healthy, non-medically compromised patient, having an edentulous maxilla with no anatomical constraints, characterized by a favourable status and no/few demands re. treatment preference Evidence from studies with no pre-hoc stated objective to assess a particular implant design feature, albeit reported as effect on outcome

	YES	NO	POSSIBLE
Туре	Degidi & Piatelli 2003	Ibanez ea 2005	
Diameter	Watson ea 1998		
Length	Jemt & Johansson 2006 Jemt & Lekholm 1995 Watson ea 1998 Kiener ea 2001	Palmqvist ea 1994 Ibanez ea 2005	riberg & Jemt 2008 # studies: 9 RCT: 0 CCT: 0 Prospective CS: 2
Surface		Jemt ea 2011	Retrospective CS: 7
Material			

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# "Yellow" situation / management







ANATOMICAL CONSTRAINTS	GUIDELINE re.	
Bone Height	8-10mm	IMPLANT DESIGN
Bone Width	4-8mm	ASPECTS:
Bone Quality (Lekholm/Zarb)-during drilling	III-IV	
Bone augmentation / Fresh Extraction Sockets	Yes (healed)	Clinicians may treat
	Vertically or	
	horizontally	1 by using tilted
Maxillo-mandibular Relation	unfavorable	implants
PATIENT STATUS		
History of periodontal disease	Yes	2. by using a range o
History of Bruxism	Yes (moderate)	different implant
Smoking	Casual/social	<u>designs</u>
Smile Line	Moderate	and materials
PATIENT PREFERENCE	following bone	
Expenses (# of implants / type of prosthesis)		grafting procedures
	delayed/early/imm	(incl. sinus grafting).
Loading	ediate	
	Acac	lo

		YELLOW	Literature, implant design aspects	
	■Included ■Not included <10 ■Not inc	rluded < 2v ■ Excluded sub	hsequent d	Relevant SRs since 2010 (4+10):
50 -				Tilted implants:
50				Patzelt ea, 2013
45 -	ê			Menini ea., 2012
40 -				Del Fabbro ea, 2012
35 -	18			Monje ea, 2012
30 -				Minor / Sinus grafting
25 -	3			Corbella ea. 2013
20 -				Del Fabbro ea. 2013a. b
15 -				Taschieri ea. 2013
10 -	22			Tuna ea. 2012
5 -				Rickert ea. 2012
0			1	Jensen ea 2012
	Tilted		Grafting	Del Fabbro ea 2011
	# studies: 22 (6)	# stu	udies: 1	Chao ea 2010
	RCT: 0	RCT	. 0	Esposito ea 2010a b
	CCT: 0	CCT	0	$K_{\text{liin}} = 2010$
	Prospective CS· 2	Pros	ractive CS: 0	
	Potroppostive CO. Z		$\frac{1}{2}$	Academy of Osseointegration
	Renospective CS. 4		spective CS. I	

"YELLOW" situation, managed by use of longer implants by *tilting* or combined with <u>minor / sinus grafting</u>





		YES	NO
# studies: 22* (6)	Туре	Malo ea 2011a	Cavalli ea 2012
RCT: 0			Malo ea 2012
CCT: 0			Malo ea 2011b
Prospective CS: 2			Agliardi ea 2009
Retrospective CS: 4 + 1	Diameter		Zinser ea 12
Performance	Length		Zinser ea 12
Axial i. better than (long) tilted i.: 2	Surface		
Axial i. same as(long) tilted i.: 18			
Axial i. worse than (long) tilted i.: 2	Material		
		Academy or C	Disseonnegration

### Tilted implants examples -1







### CAWOOD HOWELL 5-6

2x 10mm + 2 x 14mm 45° tilt Mattson ea 1999

### CAWOOD HOWELL 3-4

2x 10mm + 2 x 13-15mm 30-45° tilt Fortin 2002

### CAWOOD HOWELL 2

2x 14mm + 2 x 18mm 30° tilt Mozzati ea 2012

# Tilted implants examples -2







CAWOOD-HOWELL 4-5-6

2x 10mm 25-30° tilt + 4 x 13mm 25-30° tilt

• Krekmanov ea 2000a

#### + 2x 10mm + 4 x13mm+2 pal.vault

• Krekmanov ea 2000b

Post 2x 13mm 30-45° tilt + Med 2x 13mm 30-45° tilt + Aksial 2x10mm

- Agliardi ea 2009
- Degidi ea 2010

2x 10mm axial +

- 2 x 15mm, trans-sinus, 30-35° tilt
- Jensen ea 2012
- Testori ea 2013
- Malo ea 2013

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# "Red" situation / management







ANATOMICAL CONSTRAINTS		Clinicians may treat
Bone Height	< 8mm	patients:
		1. by using zygomatic
Bone width	< 4mm	implante
Bone Quality (Lekholm/Zarb)-during drilling	IV	
	Yes	2 by placing implants
Bone augmentation / Fresh Extraction Sockets	(simultaneously)	2. By placing implants
	Vertically and	other henv
	Horizontally	buttrassas
maxillo-mandibular Relation	unfavorable	<u>Duillesses.</u>
PATIENT STATUS	3 by using a range of	
History of periodontal disease	Yes	implant lengths
History of Bruxism	Yes (severe)	(beyond 10mm) with
Smoking	Heavy	simultaneous bone
Smile Line	High	grafting procedures
PATIENT PREFERENCE		(incl. sinus grafting).
Expenses (# of implants / type of prosthesis)	e.g. ≥ 4+ (fixed)	2014 SUMMIT
Loading	immediate	emy of Osseointegration



"RED" situation, managed by use of zygoma i.



Trans-sinus zygomatic 2-4 x 10mm + 2 x 42mm • Bedrossian ea 2002

Extra-sinus zygomatic (Stella&Warner 2000) •Yates ea 2013

Trans/Extra-sinus zygomatic 4 x 42mm •Duarte ea 2007

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"RED" situation, managed by use of implants placed in pterygoid or other bony buttresses



#### EXAMPLES

6x 10mm + 2 pterygoid 15mm Balshi et al. 1999



6x 10mm + 2 pterygoid 15mm + 2 zygomatic 42mm Balshi et al. 2005 (Teeth-in-an-hour – 10 implants)

"RED" situation, Bone augmentation, 1 or 2 stage preceeding implants

### Predominantly: Cawood-Howell Class VI

![](_page_18_Figure_2.jpeg)

"RED" situation, managed by major grafting & *one*/<u>two</u> step surgery

		YES	NO	UNCERTAIN
	Туре	<u>Lekholm ea, 99</u>	Watzek ea, 98	Pinholt, 03
				<u>Hallman ea, 05</u>
	Length	<u>Becktor ea, 02, 04</u>	<u>Dasmah ea , 11</u>	Nyström ea, 97
		<u>Keller ea, 94, 99a, 99b</u>	<u>Chiapasco ea, 07</u>	Köndell ea, 96
		Neukam , 96	<u>Sjöström ea, 07</u>	
	Diameter			
	Surface			
	Material			
<pre># studies: 15 RCT: 0 CCT: 2 Prospective C Retrospective</pre>	S: 5 CS: 8		201 Academy of O	14 SUMMIT sseointegration

# STATISTICAL CONSIDERATIONS

## The quality of the statistics

![](_page_21_Figure_1.jpeg)

# General comment FOR THOSE CONSIDERING REPORTING: CORRECT STATISTICS IS ESSENTIAL!

STRATEGY	1-GOOD	2 -BAD	3 -UGLY
RECRUIT/REPORT	LIMIT TO MAXILLA	ALL CATEGORIES	ALL CATEGORIES
STATISTICS	KAPLAN-MEIER+ LOGRANK+ COX REGRESSION	ATTEMPTS OF MULTIVARIATE STATS	"DESCRIPTIVE" ONLY / UNIVARIATE STATISTICS
DISADVANTAGE/ SOLUTION	RECRUITMENT TIME / MULTICENTRE	OFTEN VIOLATION OF UNDERLYING STAT.ISTICAL ASSUMPTIONS / GLM (PARTLY)	NONE
		Academy.o	2014 SUMMIT

![](_page_23_Picture_0.jpeg)

![](_page_24_Picture_0.jpeg)

### An expert search algorithm example

("Dental Implants" [Mesh:noexp] OR "Dental Implantation,

Endosseous"[Mesh:noexp] OR "Blade Implantation"[Mesh] OR

(("Dentistry"[Mesh] OR "dental"[Title/Abstract])

AND

("Osseointegration"[Mesh] OR "osseointegration"[Title/Abstract])) OR ("dental"[Title/Abstract]

AND

("implant"[Title/Abstract] OR "implants"[Title/Abstract] OR

"implantation"[Title/Abstract])))

AND

("Denture, Overlay"[Mesh] OR "Denture, Complete"[Mesh] OR "Denture, Partial, Removable"[Mesh] OR "Dental Prosthesis, Implant-Supported"[Mesh] OR "Denture, Fixed"[Mesh:noexp] OR "denture"[Title/Abstract] OR "prosthesis"[Title/Abstract])

AND

("edentulous"[Title/Abstract] OR "Jaw, Edentulous"[Mesh:noexp] OR "Mouth, Edentulous"[Mesh:noexp] OR "edentulism"[Title/Abstract]) NOT "partially edentulous"[Title/Abstract] NOT ("review"[Publication type] OR systematic[sb]) AND

"Maxilla" [MeSH]

### BEWARE OF RISK OF SELECTION BIAS WHEN BIBLIOGRAPHIC DATABASES ARE SEARCHED

- MEDLINE / EMBASE / Science Citation Index / Web of Science (LILACS / Pascal) (Scopus / Cochrane CENTRAL?
- No search can identify all studies vz. gold standard sets.
   E.g., Science Citation Index, EMBASE & BIOSIS contain studies that are not on MEDLINE
- 20 40% of relevant studies are never identified by searching MEDLINE – regardless of expert search algorithms
- Reflist handsearching is <u>always required</u>
- Lists of included <u>and excluded</u> studies
- Whiting P, et al. J Clin Epidemiol 2008;61:357
- McKibbon et al. Health Info Libr J 2009;26:187
- AMSTAR instrument

![](_page_27_Picture_0.jpeg)