

Choosing the Right Implant

Dental implants provide support for dental prostheses. It seems so easy, but we know that there are many pathways toward therapeutic misadventures. By contrast, however, one might suggest that the more complicated the path, the easier it is for a dentist to choose it.

To validate this statement, one might only need to visit the trade booths at a dental meeting. The implant companies have the largest floor plan and the most traffic. Once there, you can count the number of manufacturers/distributors representing all these different companies. Beyond the amount of floor space, the numbers of companies, and the busyness at the booths, the scientific programs seem to present more implant discussions than any other form of presentation.

It makes you wonder what all the discussion is about. Well, sometimes it's discussions of the intended use for a specific implant. Some implants have a tapered form that is designed to fully seat in the osteotomy with a minimum number of rotations. Other implants are designed with a narrow coronal aspect to reduce bone loss. Implants are made from different materials: titanium or zirconia, and alloys of titanium, aluminum, vanadium, or titanium and zirconium. There have also been aluminum implants.

The coronal aspect of the implants has garnered a great deal of attention. Some flare, some are parallel, and some are tapered, making the coronal aspect of the implant narrower than a point that is more apical.

Of course, there are many different brands of bone graft material and many different types of membranes. There are graft materials that are autogenous, homogenous, heterogenous, xenografts, heterografts, homografts, alloplasts, and allografts. You'd be shocked if you heard me say that there are many synonyms that could be included, but this might be confusing.

We have different membranes that can be placed over the tooth socket to allow the socket to recontour beneath the membrane, or we could use the membrane over the top of an implant that was placed the same day as the natural tooth was removed. Some of

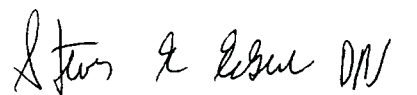
the sales representatives will promote the use of resorbable membrane in areas that are not esthetic, but there are folks who will promote the use of a membrane in an immediate placement after tooth extraction.

This is a very noncomprehensive list of implant designs. (Remember that there are well over a thousand different implant designs, and by the time you add in the number of different manufacturers, there are many thousands of implants, implant designs, implant materials, graft materials, membrane materials, etc). You name it, if you can put it in the tooth socket, it may work well or may not, or you might not be able to tell how one works in comparison to another. I sure hope I haven't lost anybody yet.

It is virtually impossible to create a comprehensive list of all these different materials. Of course, then you need someone to help you through the morass of different products that are available in the marketplace.

For me, I think it's valuable to obtain a subscription to one of the dental implant journals. The journals give you something you can hold in your hand and look at again once you realize that the industry has become confusing. This editorial may or may not have been intended to be a little confusing, but confusing it has become.

Personally, I like *The International Journal of Oral & Maxillofacial Implants*. I like that the articles look like they were put together in much the same way, so I know where the materials and methods will be, I know that the conclusion will relate to the introduction, I know how to find results, and I guess I know these things because I edit the journal. Personally, however, I think that other people can figure it out from this journal. There are other journals out there, and these are also good journals. Of course, I'm still partial to JOMI.



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