

Bulletproof Dental Implants

There was a time, not all that long ago, when implants were considered to be bulletproof. During that time, if implants survived the early phases of clinical use, there was an assumption that those implants would last forever. It sounds a bit naïve, don't you think? How could we believe that anything would last forever?

Perhaps we need to carefully consider our observations. When a clinical intervention, of any sort, appears to move us from a position of disease to one of health, we generally start to discuss this in terms of a cure. But is this always the case? Should it ever be such?

Are we fooling ourselves? If a treatment is provided, and it seems to be effective, should it be a cause for celebration, or should it perhaps be thought of as an opportunity to regather our thoughts and prepare for the next frontal assault? When dental implants became all the rage, were we too optimistic in assuming that a 15-year study—which was indeed longer than anything we had ever seen in the field of implant dentistry—was indicative of the new normal? When the monumental study was published, did we look at it carefully enough? Was it truly a 15-year study of implants that were placed 15 years ago and then allowed to function from that point forward? Or was it something else?

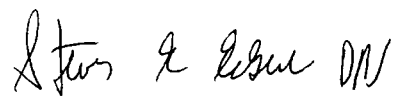
Every so often, I look at the Adell et al¹ article, and I feel encouragement because the title leaves no room for doubt: *A 15-year study of osseointegrated implants in the treatment of the edentulous jaw*. Wow! It's a cause for celebration. Dental disease treatment as we knew it now had a very powerful ally! The dental implants knew no boundaries. Now, when we drove to our office in the morning, we knew that we had the solution. Oh, there were a few small problems with the Adell et al study; after all, no one else had ever studied implants so hard or so well.

Problems, you say, like what, I ask? Well, the first 5 years of the study was a "pilot" study to make sure the design was right. You can't fault them for that; remember, this had never been done before. During the second phase of the 15-year study, the technique was optimized, and the results were pretty darn good; remember that this was a group of implants in the middle of this 15-year study. The implants held the prostheses in the final group 100% of the time in the mandible, and in the maxilla, the prostheses held fast 89% of the time. These results were good—not perfect, but good.

Let us return to the exciting material. Dental caries, bring them on! A little decay in a few teeth won't cause us to blink. We had the answer, and we knew how to use it. Sure, there were a few things that may have slowed us down a bit, but let's remember, implants are bulletproof. After all, gingivitis was nothing more than a soft tissue disease that would respond to improved oral hygiene. Periodontitis might've been a little bit worse—indeed, there were some periodontal diseases that seemed refractory to treatment—but we had scientists, and those periodontists would have so much free time that it wouldn't be long before they would wipe out all forms of periodontitis. Using the same logic when thinking about periodontal disease that we used when considering dental caries, we knew that the host was weak, but we had the weapons that made us strong.

Sure, there were some problems that might not relent. Maybe we didn't have the solution to every difficulty, but we had so many solutions that, around the corner, we would be able to treat most of our opponents, and for the ones that we couldn't treat yet, we would be able to figure them out in the future. After all, think of all the free time that we would soon have. Soon we wouldn't have to spend any more time with dental caries, gingivitis, and periodontal disease. If we could devote all our time to dental implants, things would certainly be more straightforward.

I guess this is what we call progress. It's not nearly as compelling as being bulletproof. Maybe we need a vaccine to provide broader coverage. Yes, that's it, we need a vaccine, and then we can bring in some herd immunity, and then we can use our implants to replace missing teeth because of accidents and those rare refractory diseases. Yes, indeed, I'm glad we had this time to work it all out.



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REFERENCE

1. Adell R, Lekholm U, Rockler B, Brånemark PI. A 15-year study of osseointegrated implants in the treatment of the edentulous jaw. *Int J Oral Surg* 1981;10:387-416.