

Poster Presentation Abstracts

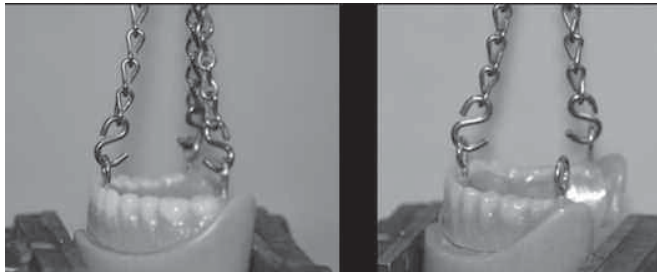


Fig 1: (A) Retention test: position of the chains for 3-point vertical pullout. (B) Two chains attached diagonally for testing lateral dislodging forces.

P112

Improvement of Limited Mouth Opening by Full Mouth Implant Supported FPD - A Case Report

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For patients with severe periodontitis and Class III teeth mobility, full mouth extraction is indicated. Conventional removable complete denture or implant-supported removable or FPD are options to restore the functions and esthetics. However, reasons included congenital deformities, scleroderma, facial scarring or submucosa fibrosis result in limited extent of removable denture base and will affect stability of dentures. There are difficulties chewing with unstable complete dentures due to limited depth of vestibule and mouth opening because of submucosal fibrosis. Dental implants have been widely accepted and proved to be reliable tools to restore missing teeth. For both above concerns, patient will achieve better quality of life with better chewing function by full mouth implant supported FPD. Due to the vertical and horizontal defects, a 55 year-old male patient received bilateral subantral and ridge augmentation on both maxilla and mandible before implant placement under general anesthesia. 2 years after delivery of the implant supported FPD, the extent of mouth opening has been increased from 32 mm to 49 mm with a net amount of 17 mm increase. With careful evaluation and planning, implant supported FPD is an option for compromised situation. Results have been achieved with good patient satisfaction to restore mastication, phonetics and esthetics.

P113

Rehabilitation of the Severely Resorbed Maxilla Using Zygomatic Implants

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Clinical studies have been proposed the use of implants anchored in the zygomatic body as an alternative in the prosthetic rehabilitation of the severely resorbed maxilla. The aim of this retrospective study was to evaluate the clinical and radiographic performance of zygomatic implants when used for prosthetic reconstruction of atrophic maxillae. A total of 14 patients (4 male and 10 female, all of them aged older than 60 years) consecutively treated with 30 zygomatic implants and 36 additional regular dental implants from 2007 to 2009 were retrospectively evaluated and prospectively followed using a standardized clinical and radiographic study design, that included the removal of the prostheses to check all implants and peri-implant tissues and have a computed tomography (CT), every 6 months. All the implants were immediately loaded. Data were collected from the time of implant treatment until the last follow-up. The follow-up period ranged from 40 to 67 months with a mean of 55.2 months (4 years and 7 months). Four (13.33%) of the 30 zygomatic implants failed to integrate, all in the same patient that smokes and had poor oral hygiene. One (7,1%) of the 14 patients had recurrent sinusites (the same person who lost the implants). No regular implants were lost. Except for the patient who had treatment failure, all the others 13 patients (92,86%) had no problems, even considering local infections, gingivitis, sinusites or implants that failure to integrate. The results showed an acceptable outcome using zygomatic implants to rehabilitate patients with severely atrophied maxillae. However, the patient age, oral care or external factors as smoke, for example, can cause an unexpected failure.

P114

A Comparative of Bilateral Sinus Lift with Plasma Rich in Growth Factors Mixed with Allograft and Allograft Material Alone : A Case Report

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Abstract: The objective of this report was to compare the benefits of using growth factors-rich plasma mixed with allograft and the allograft material alone. **Introduction:** Sinus floor elevation was developed to increase vertical height. Plasma rich in growth factors provide products which improve bone and soft tissue regeneration, the patient experiments less pain and swelling will decrease **Methods:** A female patient of 60 years old was admit in the Clinique, we determined the necessity of the bilateral sinus lift. Both procedures were made in the same way, but in the right side was utilized the PRGF. An incision was made in the middle of the alveolar crest in the edentulous area, for the elevation of the full- thickness mucoperiosteal flap, the bone window was obtain with a sphere bur, Once the membrane was exposed, it was elevated with instruments, the allograft was placed, (the right side mixed with the PRGF) and the sinus was protected in the right side with fibrin membranes and in the left side with an absorbable collagen membrane and single suture points were employed to close the flap, 2 weeks after the surgery the stitches were removed, and a panoramic radiography 3 months after was taken and clinical revision was made monthly, till the sixth. **Results:** Both sites were clinically and radiographically evaluated. On the left side, we observed intraorally less inflammation and erythema in the zone and better epitheliazation when compared with the right side the suture points were removed from both sides . On the left side the wound presented a better epitheliazation and lesser degree of erythema. 15 days after the operation, the difference in the soft tissue regeneration was clearly better on the left side when it was compared to the right one. The patient reported lesser degree of pain in the left side . Our experience in this case indicates that the use of plasma rich in growth factors can be beneficial for the postoperative period of patients after sinus lift surgery, and it can be obtained a better density of the bone at the implant placement. **Conclusions** The important of our findings is that experience gained with this case leads us to suggest that the use of plasma rich in growth factors can benefit the postoperative period of patients and a faster healing bone

P115

Survival Analysis of Implant-retained Prosthesis in Tumor Patients: Long-term Results

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Introduction The treatment of patients with oral cancer may lead to xerostomia, fragile mucosa, impaired muscle function and reduction of bone healing capacity besides an unfavorable anatomic situation for prosthodontic rehabilitation. Due to the mentioned problems the treatment with conventional prosthesis may be hampered, necessitating the placement of endosseous implants. Aim of the study was to assess the survival rate of dental implants and implant-retained prosthesis over a follow-up of 14 years. **methods** 157 patients with a mean age of 53,6 years were involved in the study. In all patients a malignant tumor in the maxilla or mandible was surgically removed. 55 patients received additionally a radiochemotherapy. Smokers were excluded from the study. The implants were assessed according to the success criteria of Buser and prosthetic complications were documented. The observation period was 130 months (23-231 months). The statistical analysis was performed using Kaplan-Meier-curve, log-rank test and wilcoxon test. **Results** A total of 830 implants were placed in 157 patients (95 female, 62 male). Eight patients died during the observation period. The 3-year Kaplan-Meier implant survival was 95%. After 8 years, the survival rate was 92,5% and after 13 years 90,8%. There was no significant difference between implant survival and gender, age or localization. A significantly lower implant survival was found in patients having undergone radiation therapy. **conclusion** The study evaluated the long-term success of implants and implant-retained prostheses in tumor patients. The implant survival after 130 months was significantly higher in patients without radiotherapy. An increased failure rate is associated with a higher mortality rate of the patients and not with a lack of osseointegration. Regarding the literature the survival rate of the implants in oral cancer patients was higher within this study than in other investigations. This might be due to a strict implantological treatment plan including soft tissue management, optimal oral hygiene and no nicotine abuse in irradiated patients.