

# 6<sup>th</sup> Indian Dental Congress

November 23-25, 2015 Bengaluru, India

## Occlusion in Implant

**Supriya Manvi**

KLE Society's Institute of Dental Sciences, India

The Clinical success and longevity of endosteal dental implants as load bearing structures are controlled largely by the mechanical factors. The treatment plan is responsible for the design, number and position of the implants. After achievement of rigid fixation with proper crestal bone contour and gingival health, the mechanical stress or strain beyond the physical limits of hard tissues has been suggested as the primary cause of initial and long term bone loss around implants.

A proper occlusal scheme is a primary requisite for long term survival. A poor occlusal scheme increases the magnitude of loads and intensifies mechanical stress and strain at the crest of the bone. These factors increase the frequency of complications of the prosthesis and bone support. Implant protective occlusion was presented previously as medial positioned lingualized occlusion. Early implant failure, early crestal bone loss, intermediate to late implant failure, intermediate to late implant failure, intermediate to late screw loosening (abutment or coping) uncemented restorations, component fracture, porcelain fracture and prosthesis fracture are related to stress conditions.

The prosthodontist has to minimize overload to the bone to implant interface. These include a proper diagnosis leading to a treatment plan providing adequate support, based on the patient's individual force factor; a passive prosthesis of adequate retention and form; and progressive loading to improve the amount and density of the adjacent bone and further reduce the risk of stress beyond physiologic limits.

[supriyamanvi@rediffmail.com](mailto:supriyamanvi@rediffmail.com)

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