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Performance of zirconium abutments from different implant designs in esthetic areas

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The advantages of zirconia implant abutments are enhanced esthetics with less gingival grey-blue discoloration than titanium abutments and enhanced biocompatibility. Dental zirconia (Y-TZP) is becoming the ceramic material of choice for implant abutments, especially in esthetic areas. Nevertheless, most of the data presented to date for zirconia abutments is for the standard platform implants. This lecture will focus on the esthetic parameters of zirconia abutments in implant dentistry. One of the studies that will be thoroughly discussed evaluated the standard and platform switching implant-supported restorations as well as different implant designs. This investigation was conducted to assess complications, survival and success rates of zirconia abutments for implant-supported single crowns in esthetic zones. The peri-implant parameters were observed as well as mechanical complications, such as loss of retention and presence or absence of abutment fractures. The pros and cons of zirconia standard platform abutment designs compared to zirconia platform switching abutments will be presented in light of the current available knowledge.

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Managing hard and soft tissues loss in the esthetic zone after a single tooth extraction- A challenge or a drama?

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One of the most challenging issues in the world of dental implants is restoring a missing anterior tooth. The loss of the hard and soft tissues due to periodontal disease or the physiological bone resorption after tooth extraction complicates and dramatizes the treatment plan and the end result. Trying to achieve a proper emergence profile and gingival symmetry between the adjacent teeth is the major concern of the prosthodontist in such cases. In this case presentation a 24 years old women suffered from localized aggressive periodontitis on teeth no. 11 and 41 was referred to our clinic. To manage the bone defect an autogenous bone block was grafted in area 21. After healing an implant was inserted. 3 months later the soft tissue modification and engineering was performed using a provisional abutment and a provisional crown which was modified many times to achieve a good emergence profile and acceptable gingival level. The definitive prosthesis was achieved by a zirconium dioxide abutment and a zirconium crown on tooth no. 11 in addition to E-max laminate veneers on teeth no. 23, 22, 21, 12 and 13.

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