

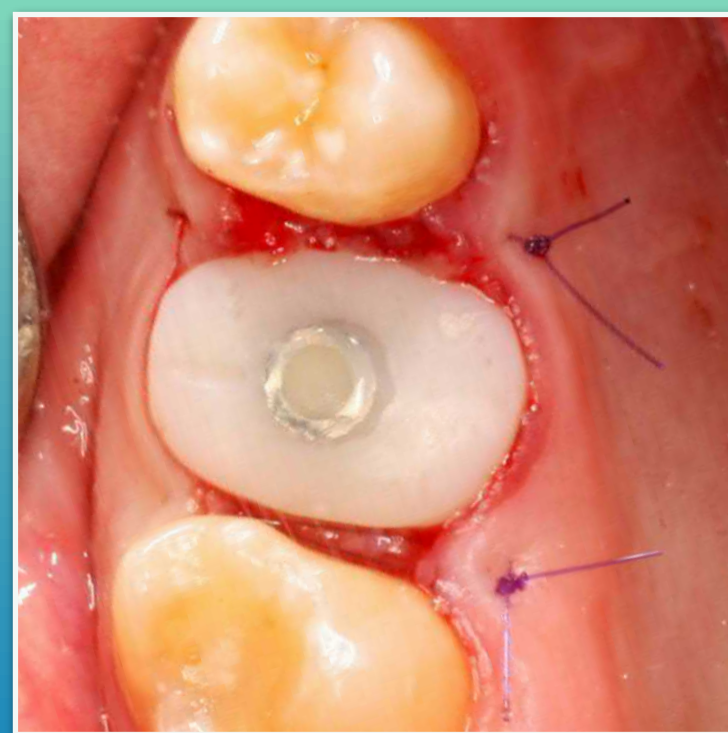
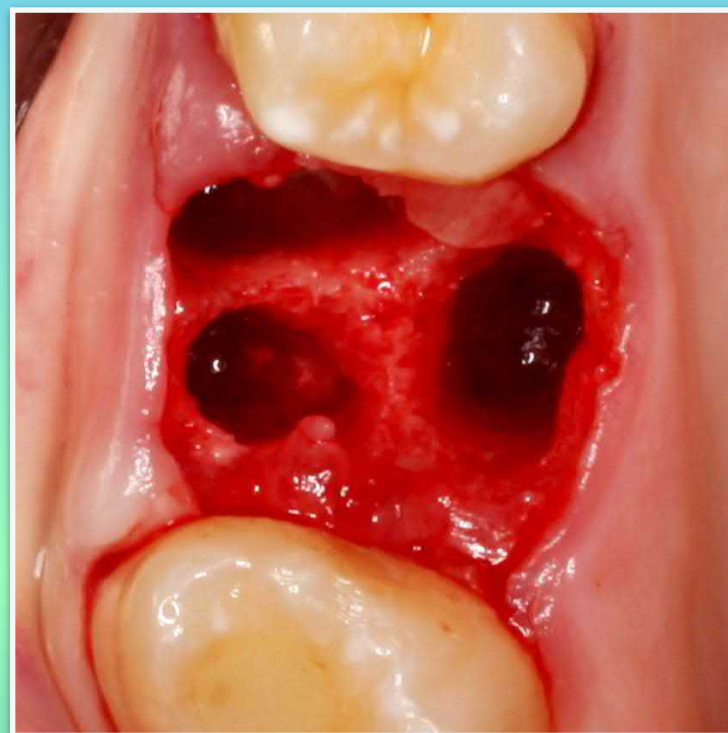
Александр ЛЫСОВ

**ОДНОМОМЕНТНАЯ
УСТАНОВКА ИМПЛАНТАТОВ
КАК АЛЬТЕРНАТИВА СИНУС-ЛИФТИНГУ
В СЛОЖНЫХ КЛИНИЧЕСКИХ УСЛОВИЯХ**



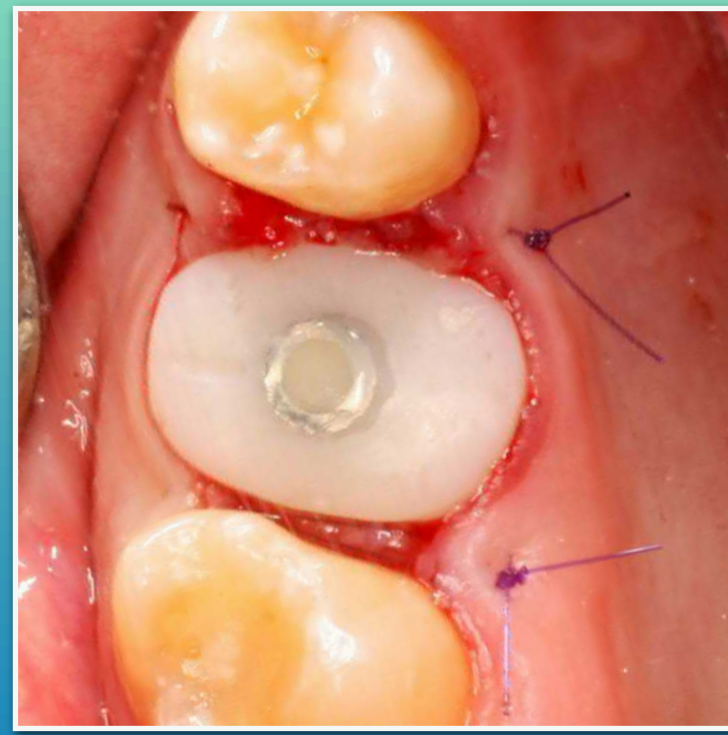
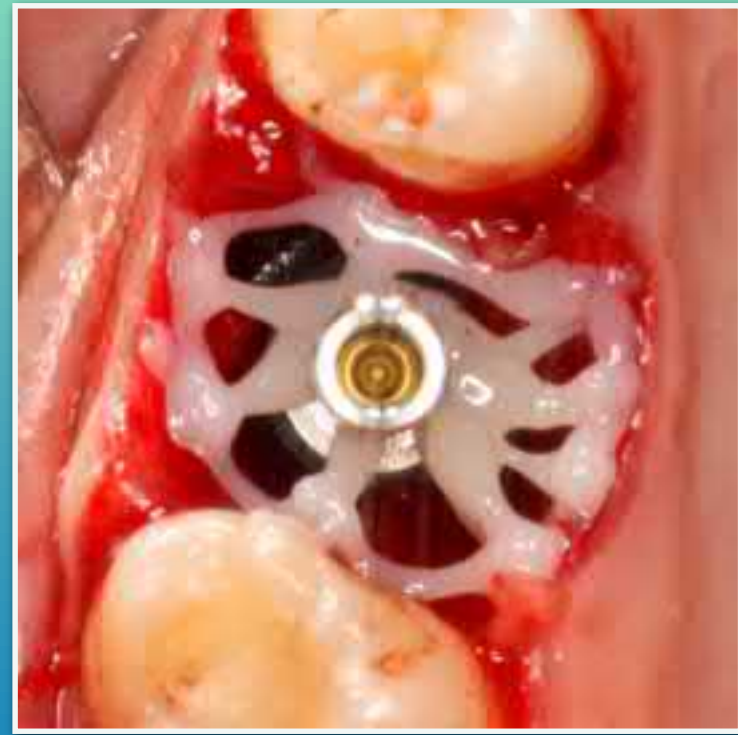
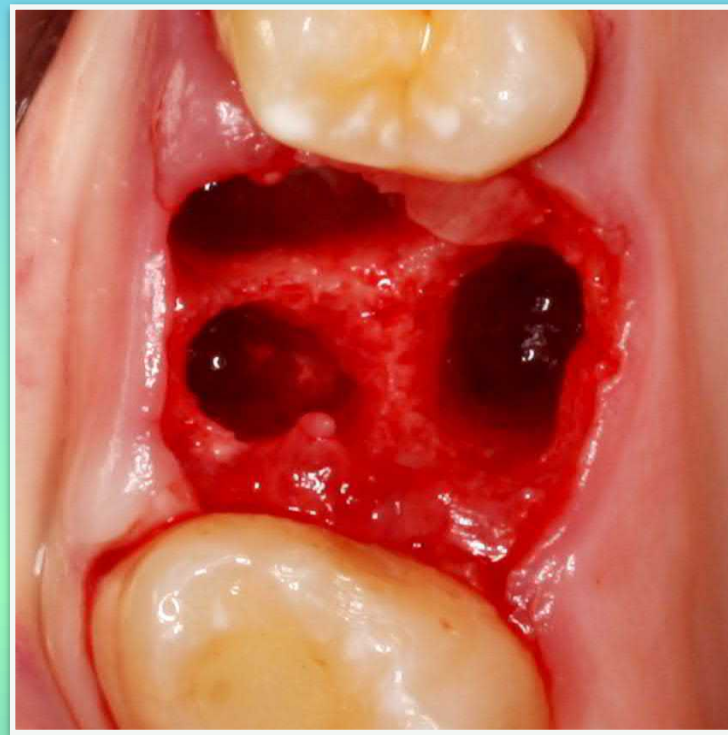
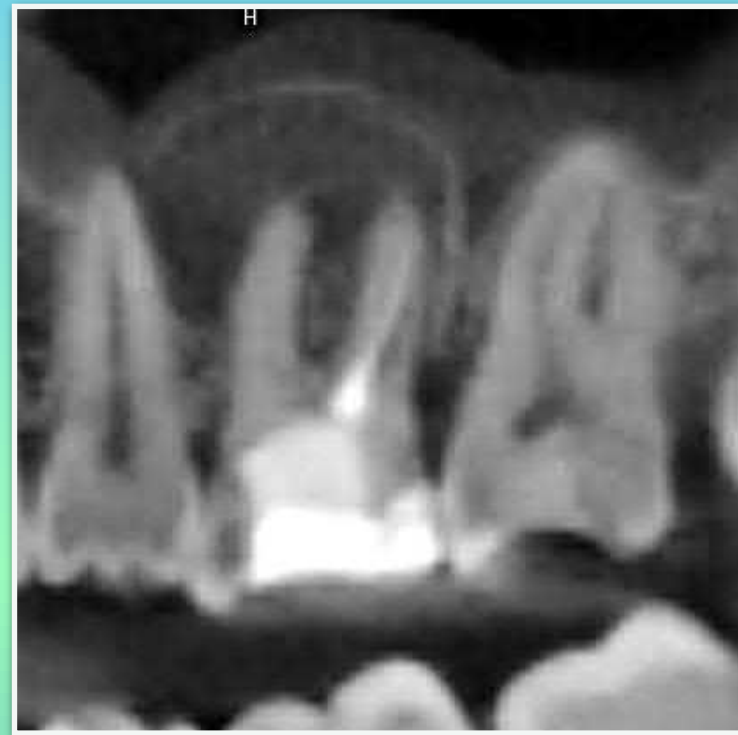
Immediate Implant Placement as an alternative to Sinus Lifting in difficult clinical conditions

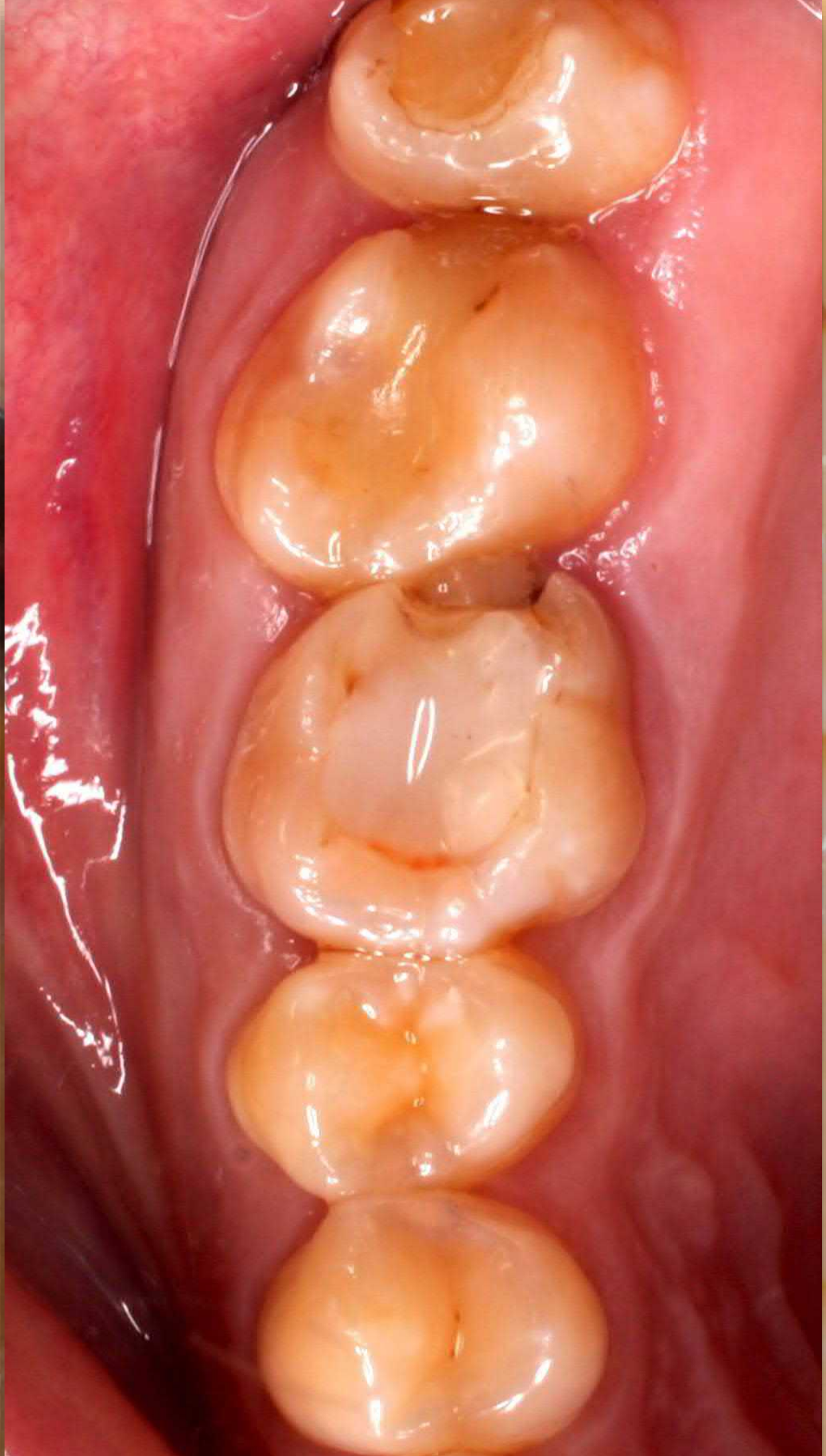
(case report by Dr. Alexander Lysov)



Immediate Implant Placement as an alternative to Sinus Lifting in difficult clinical conditions

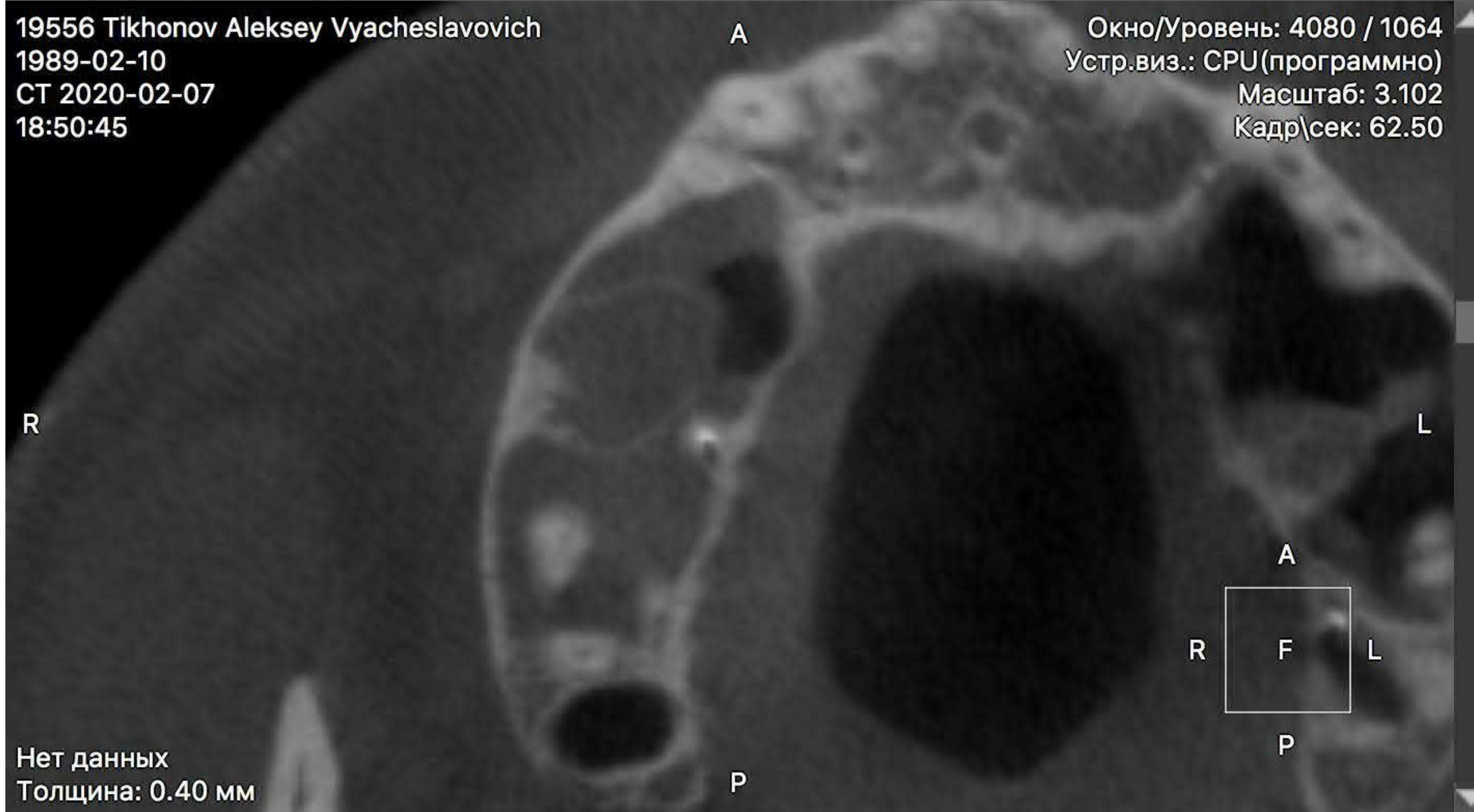
(case report by Dr. Alexander Lysov, DDS, PhD)





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СТ 2020-02-07
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Масштаб: 3.102
Кадр\сек: 62.50

Фронтальная плоскость

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1989-02-10
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18:50:45



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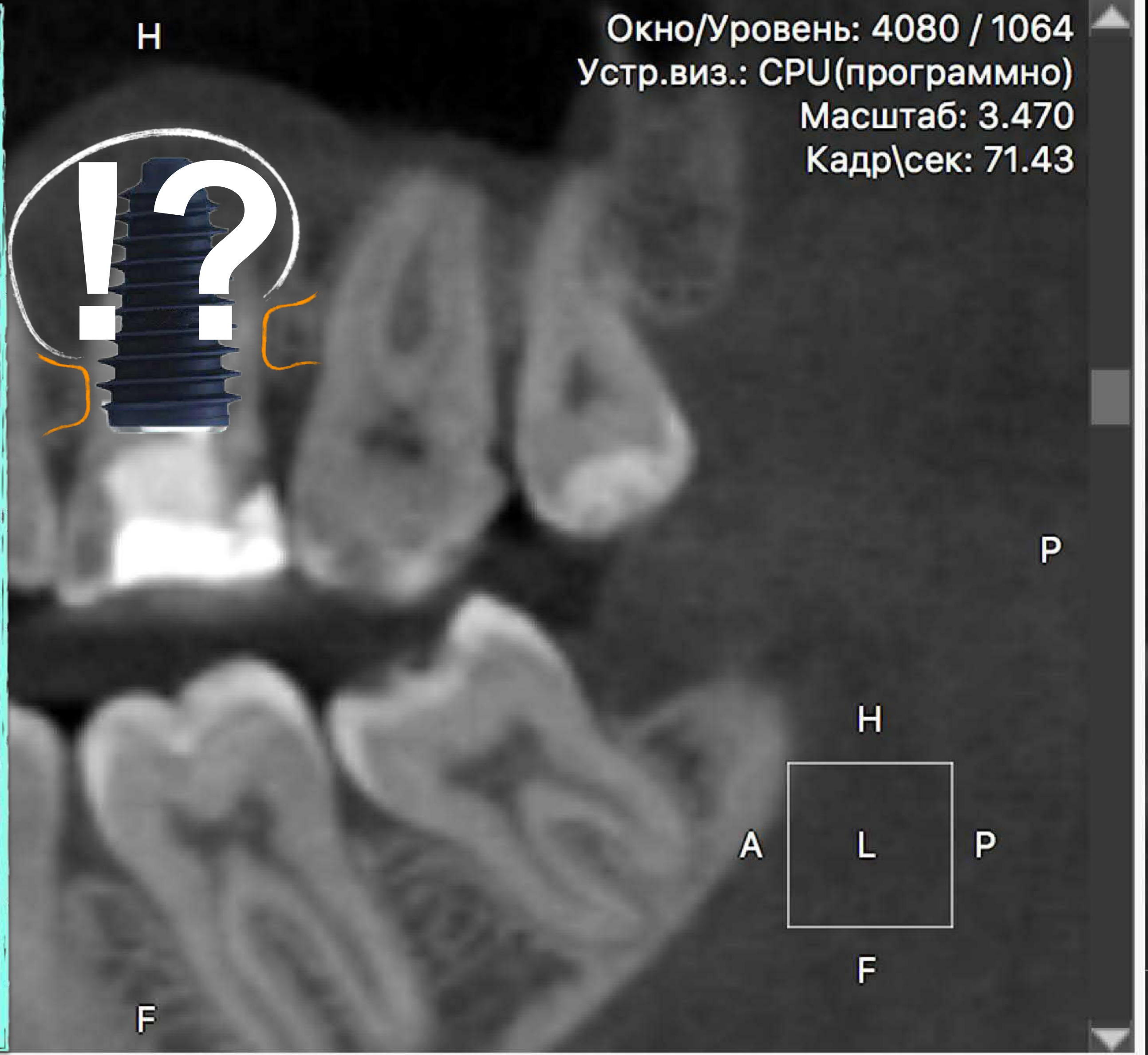
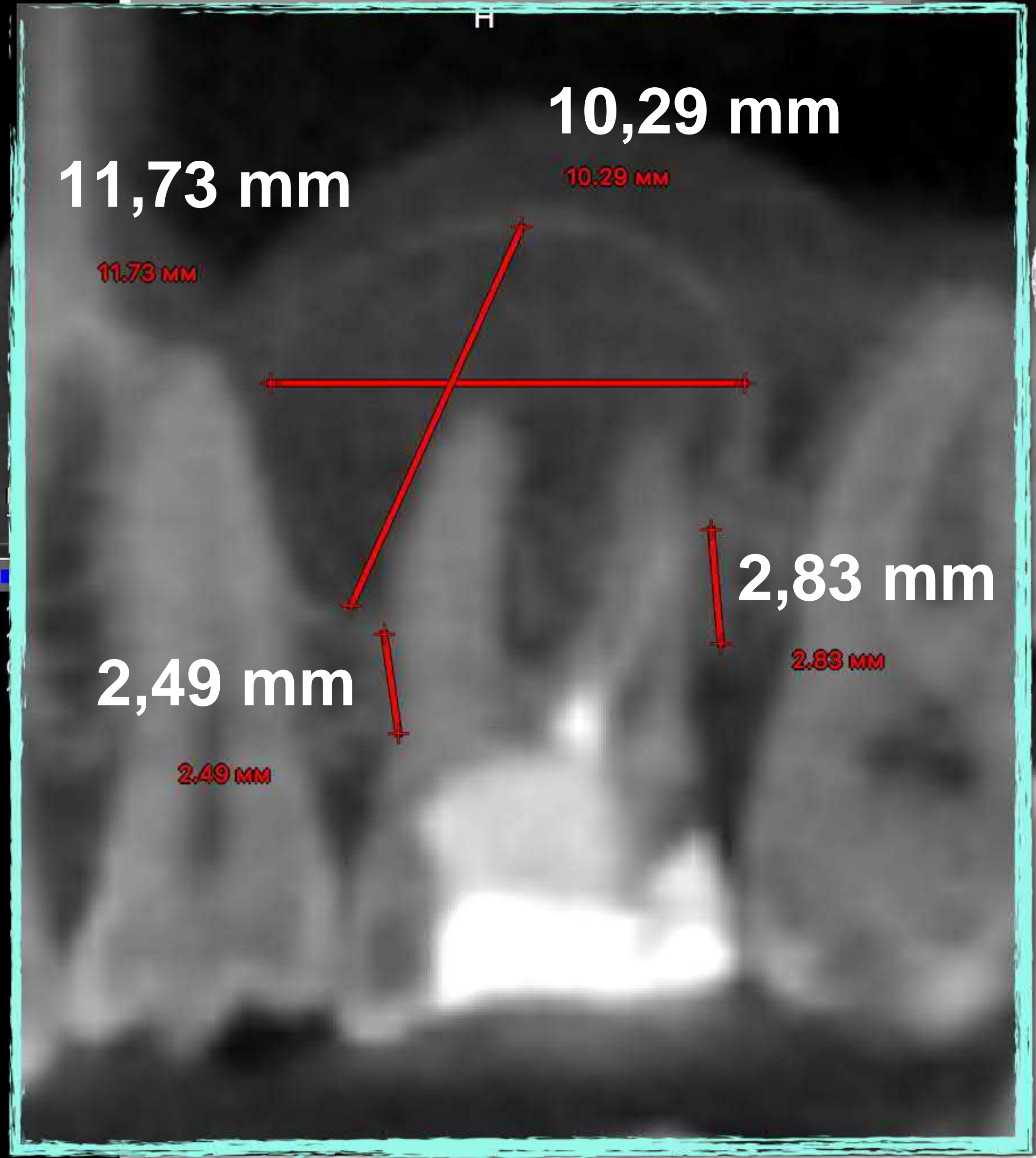
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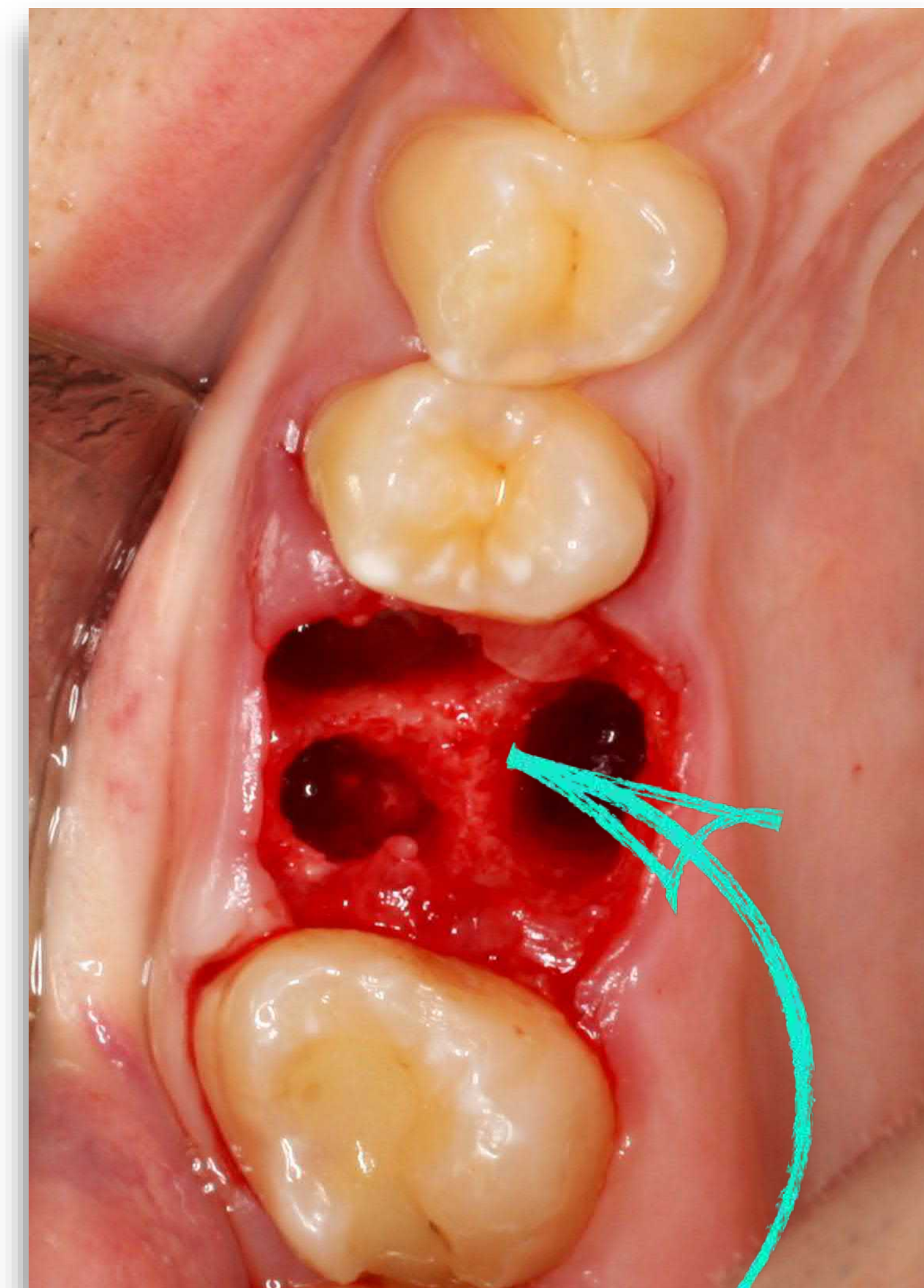
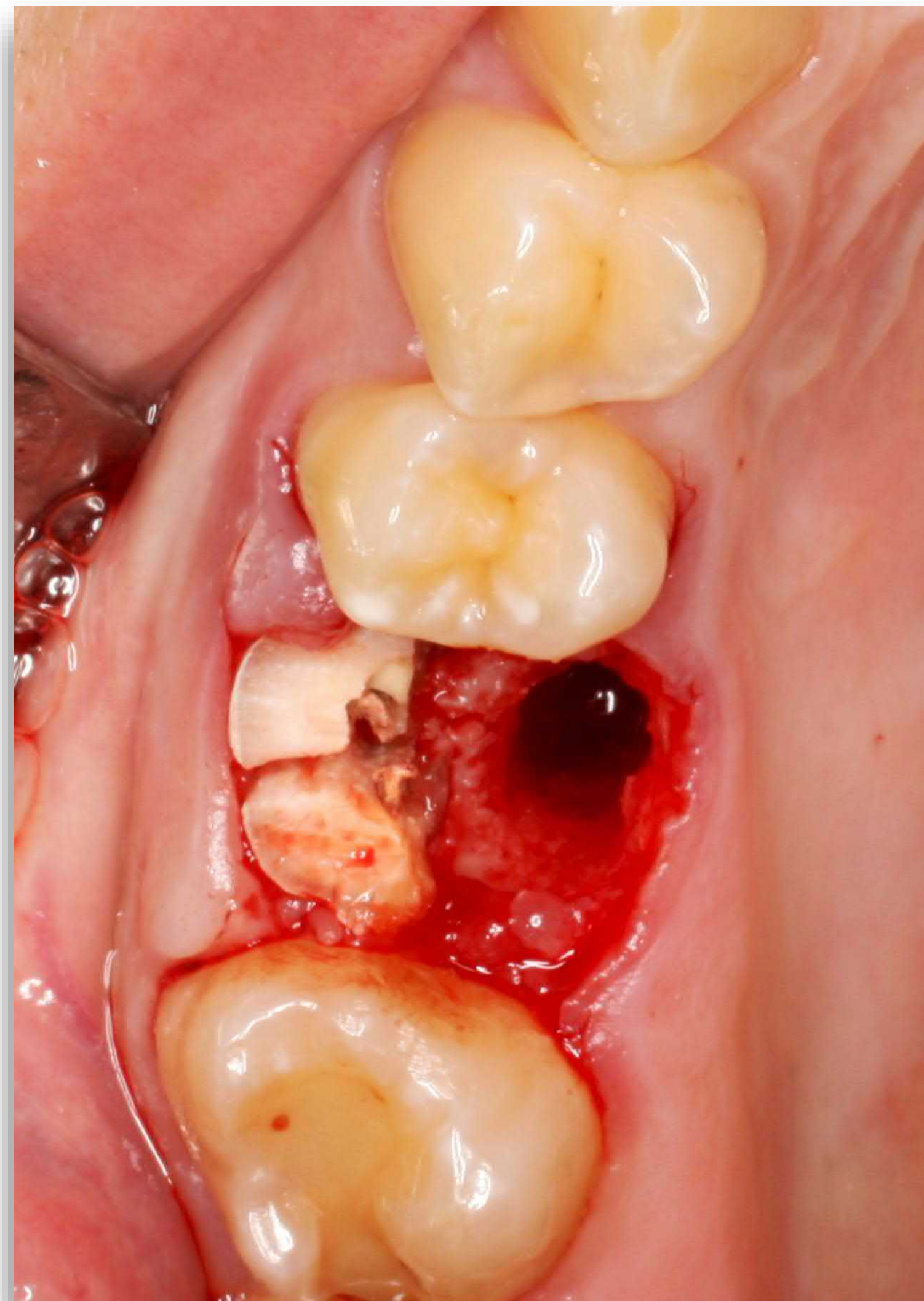
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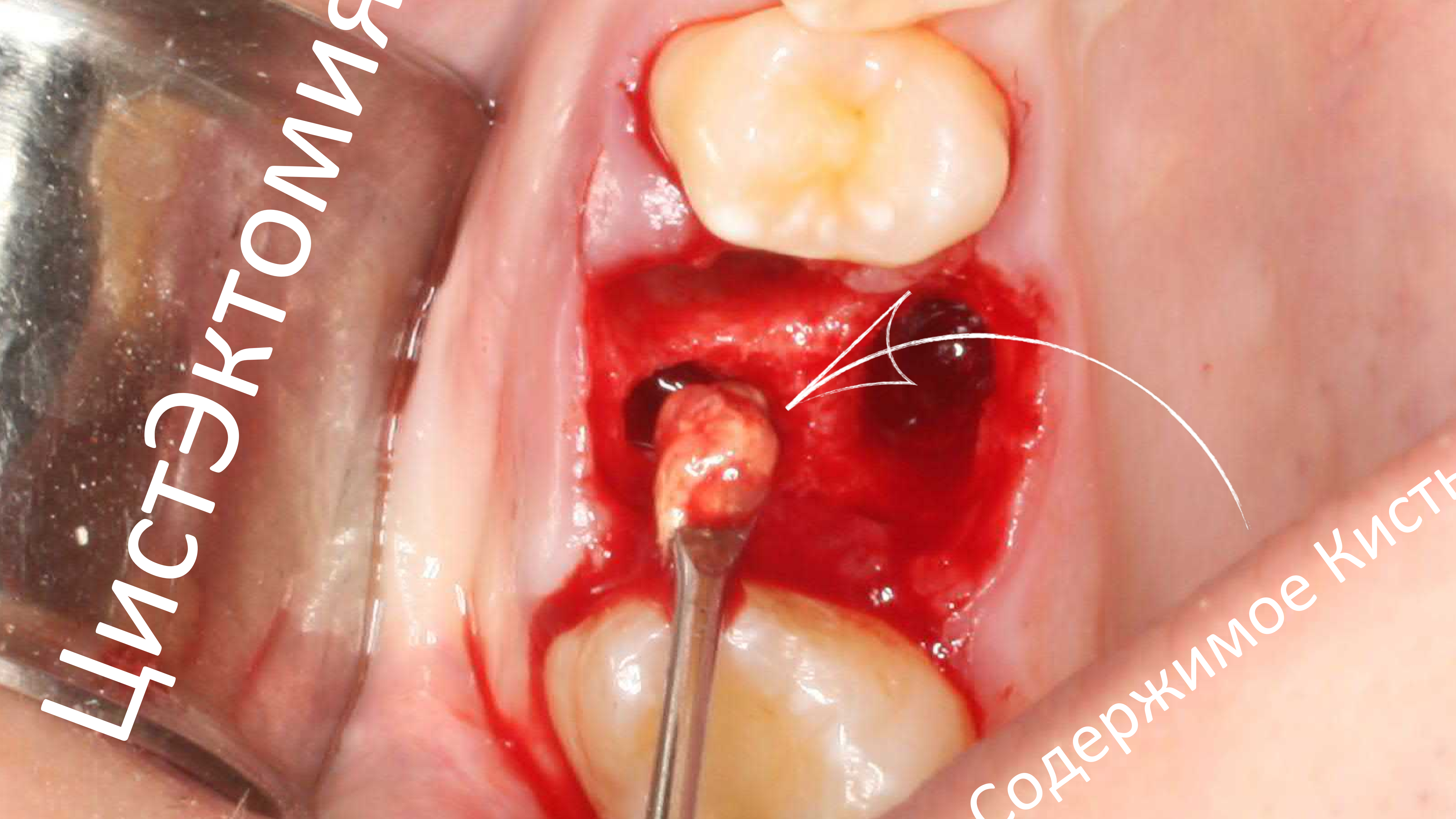


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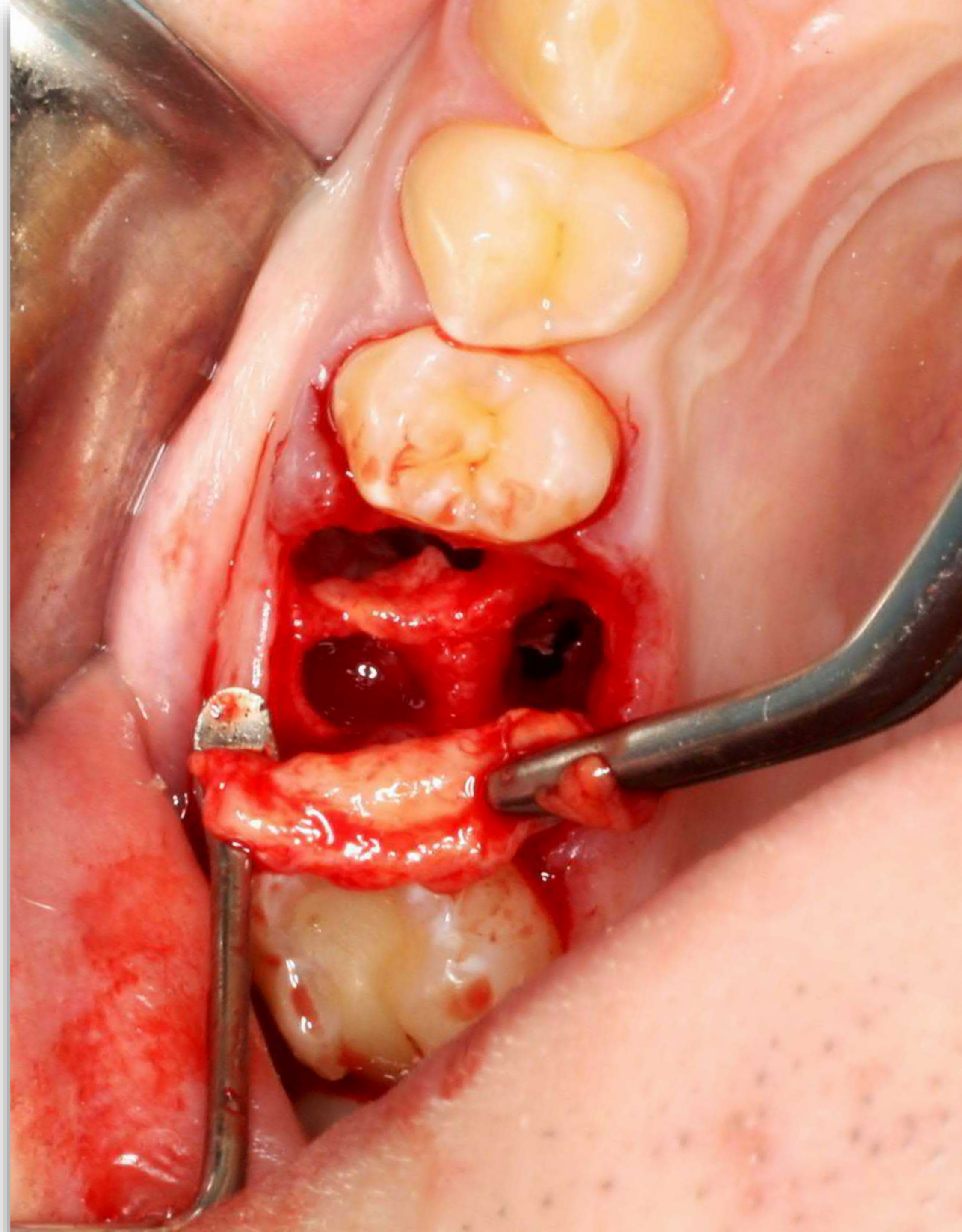
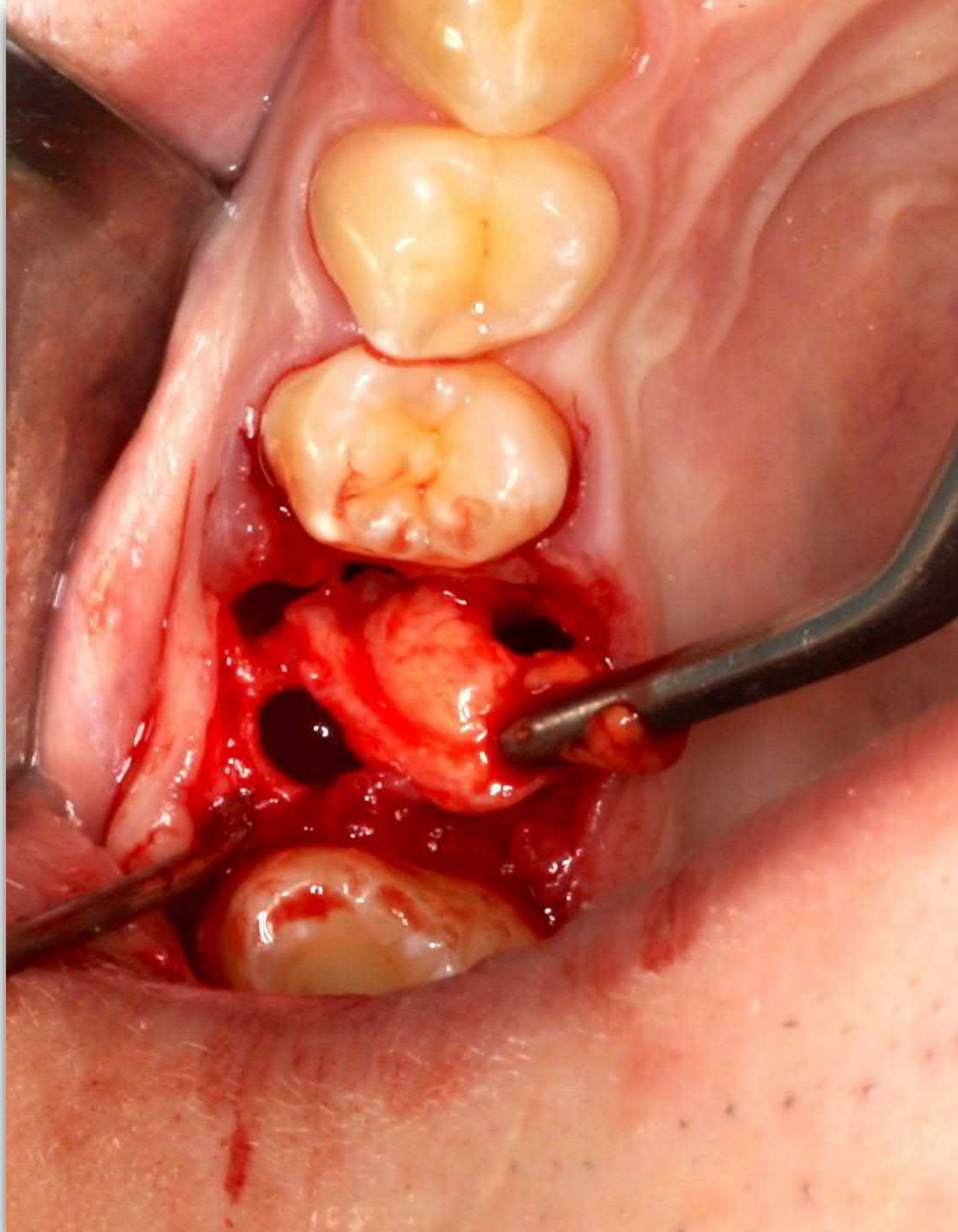


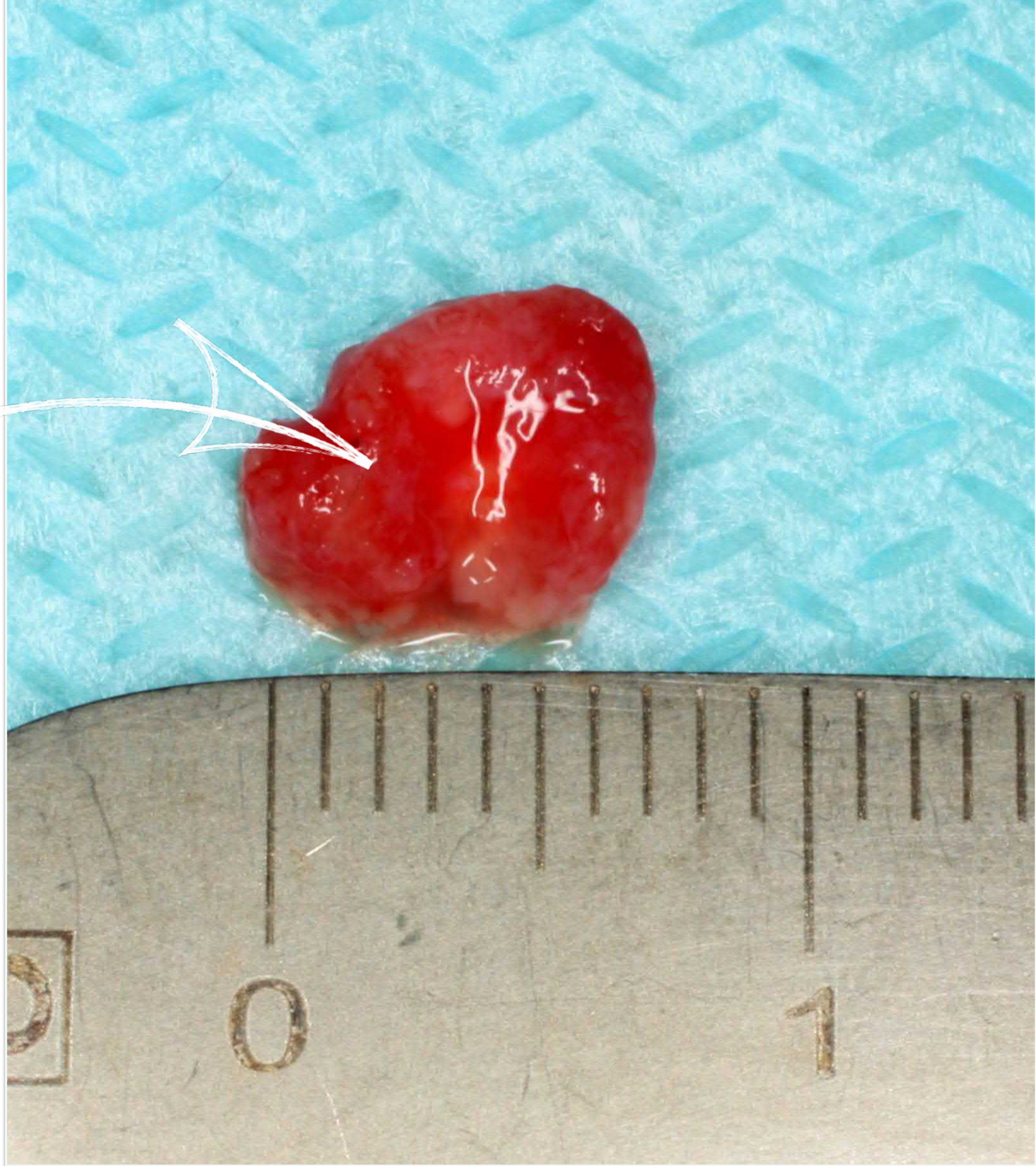
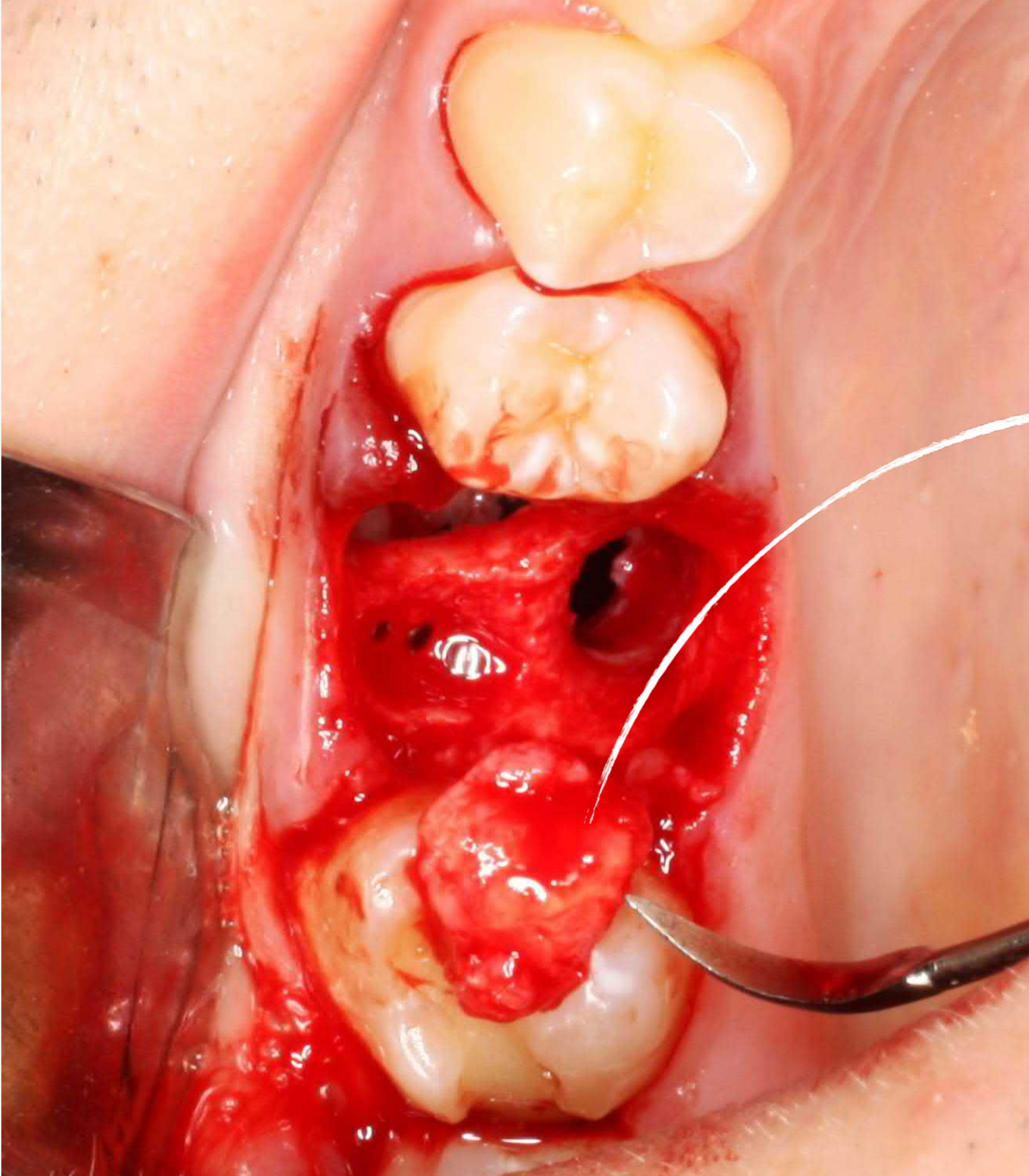
Задача - Сохранить Межкорневые Перегородки

ЦИСТЭЭКТОМИЯ

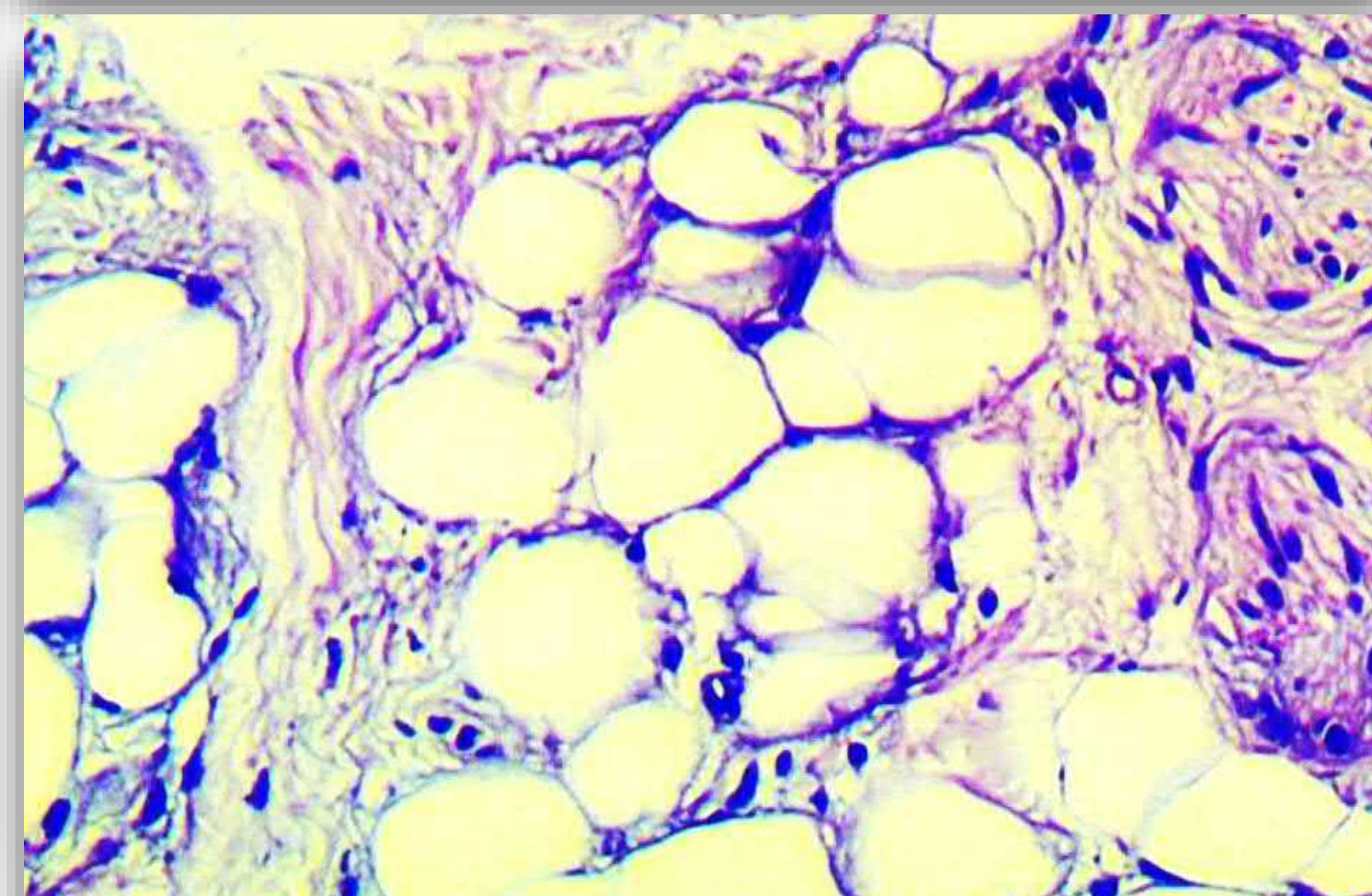
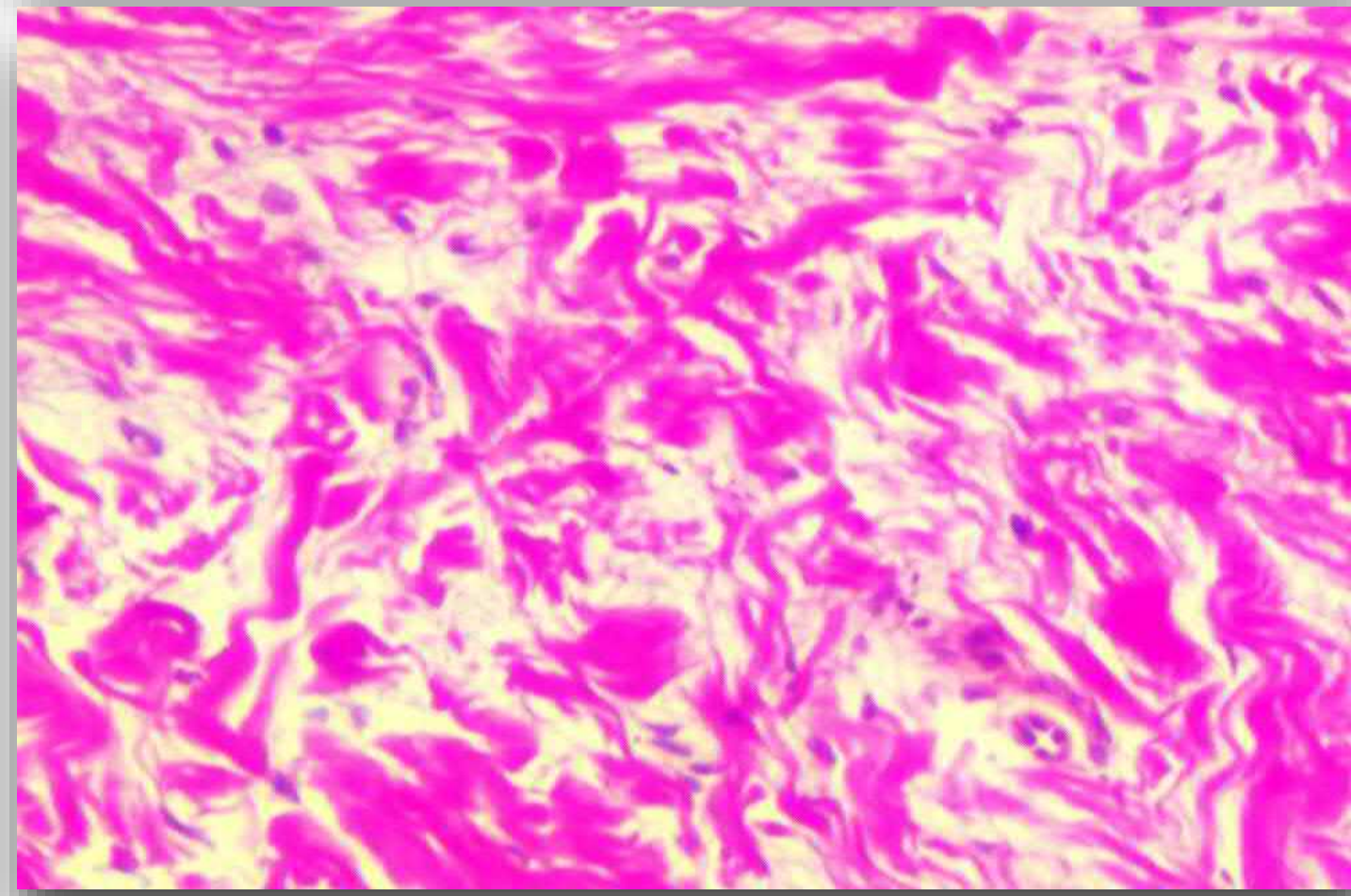
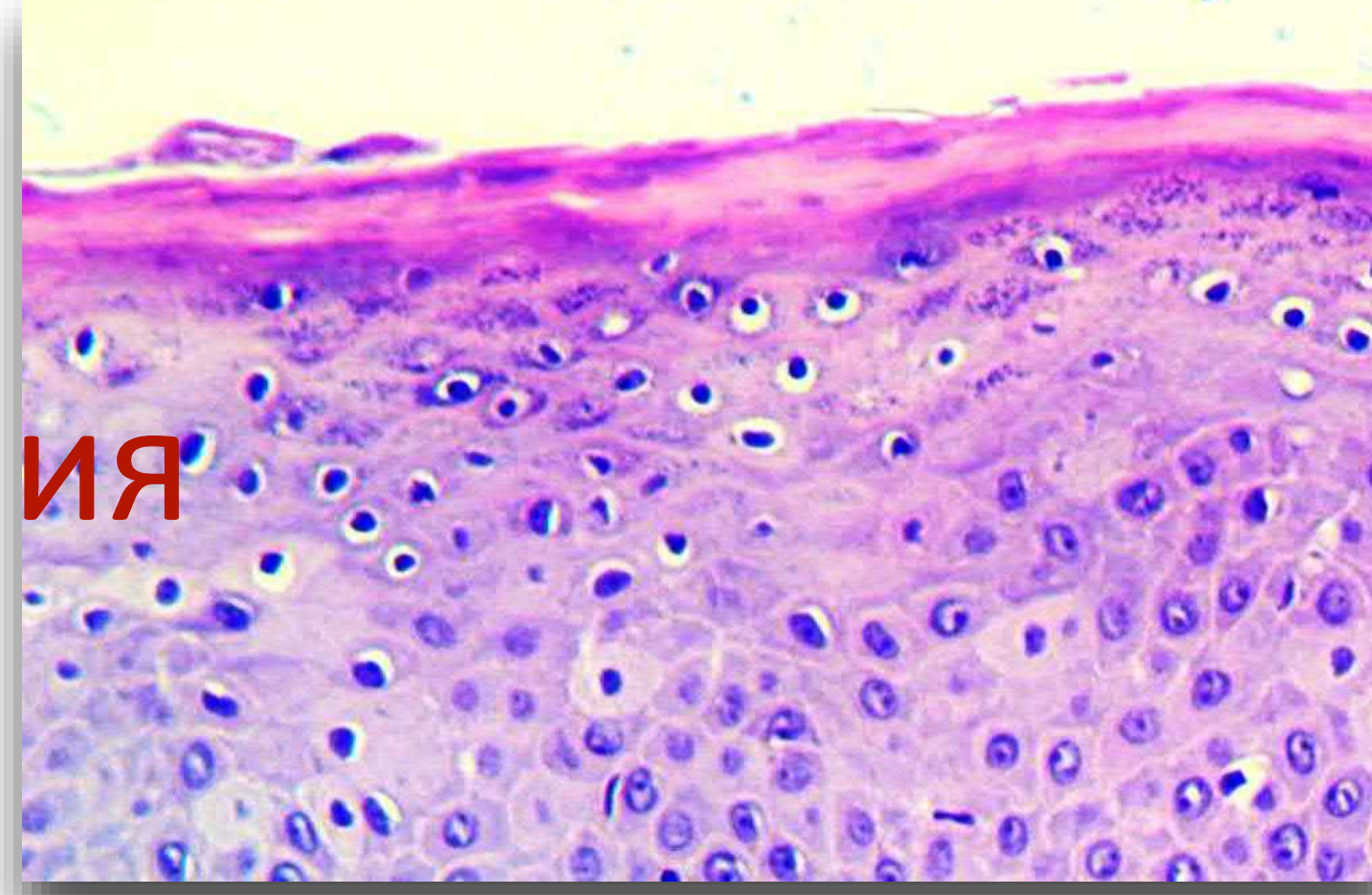
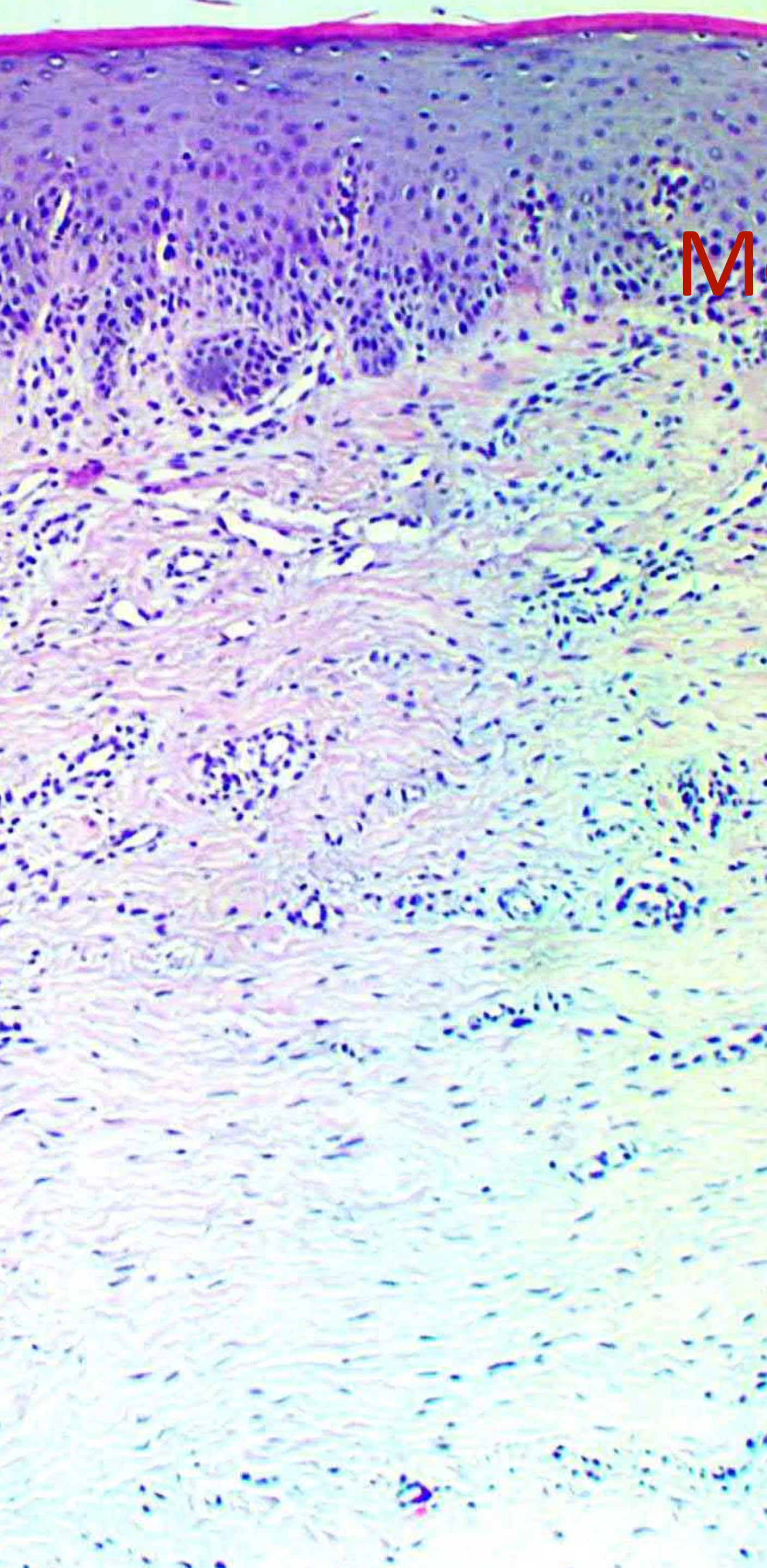


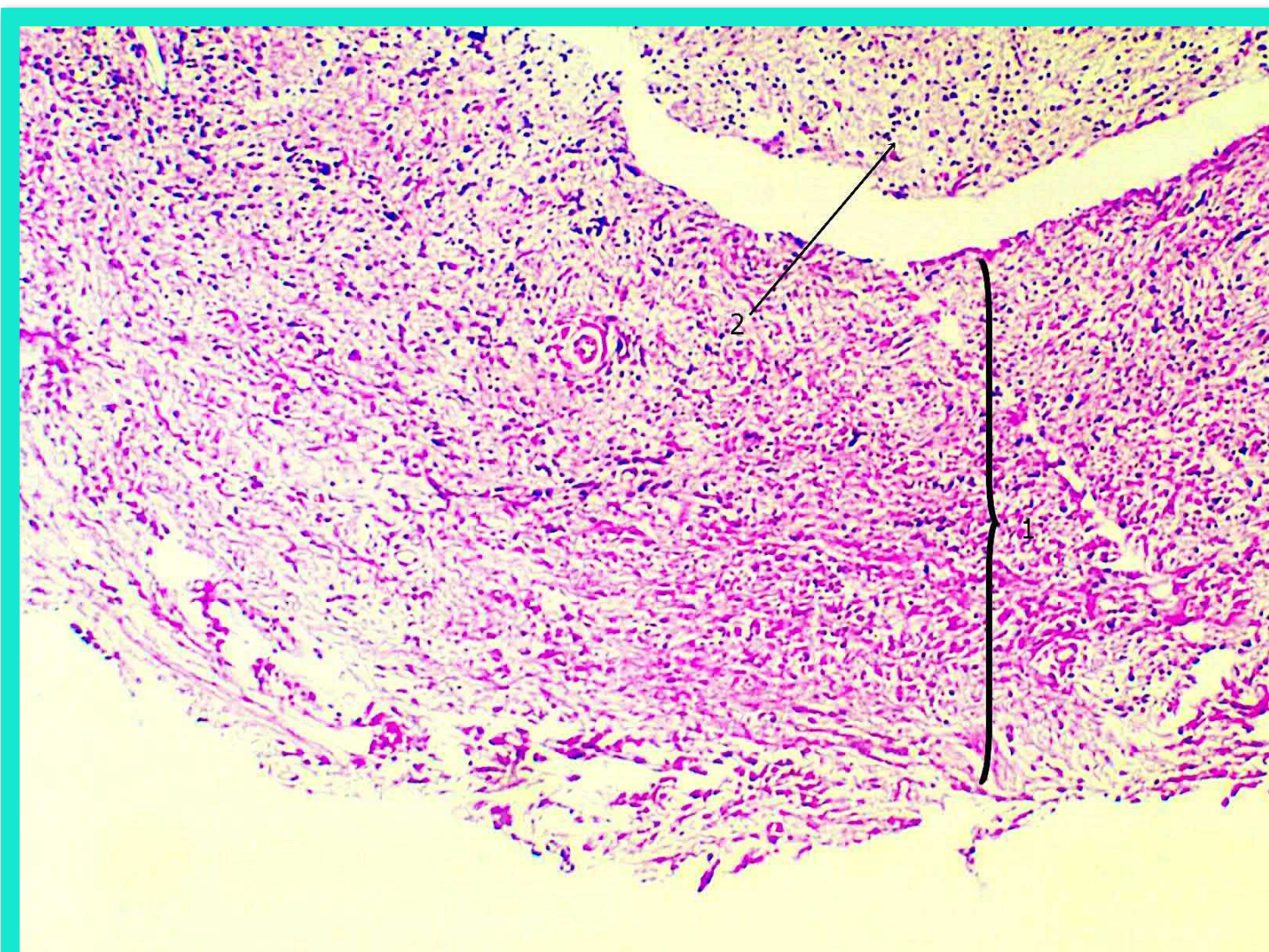
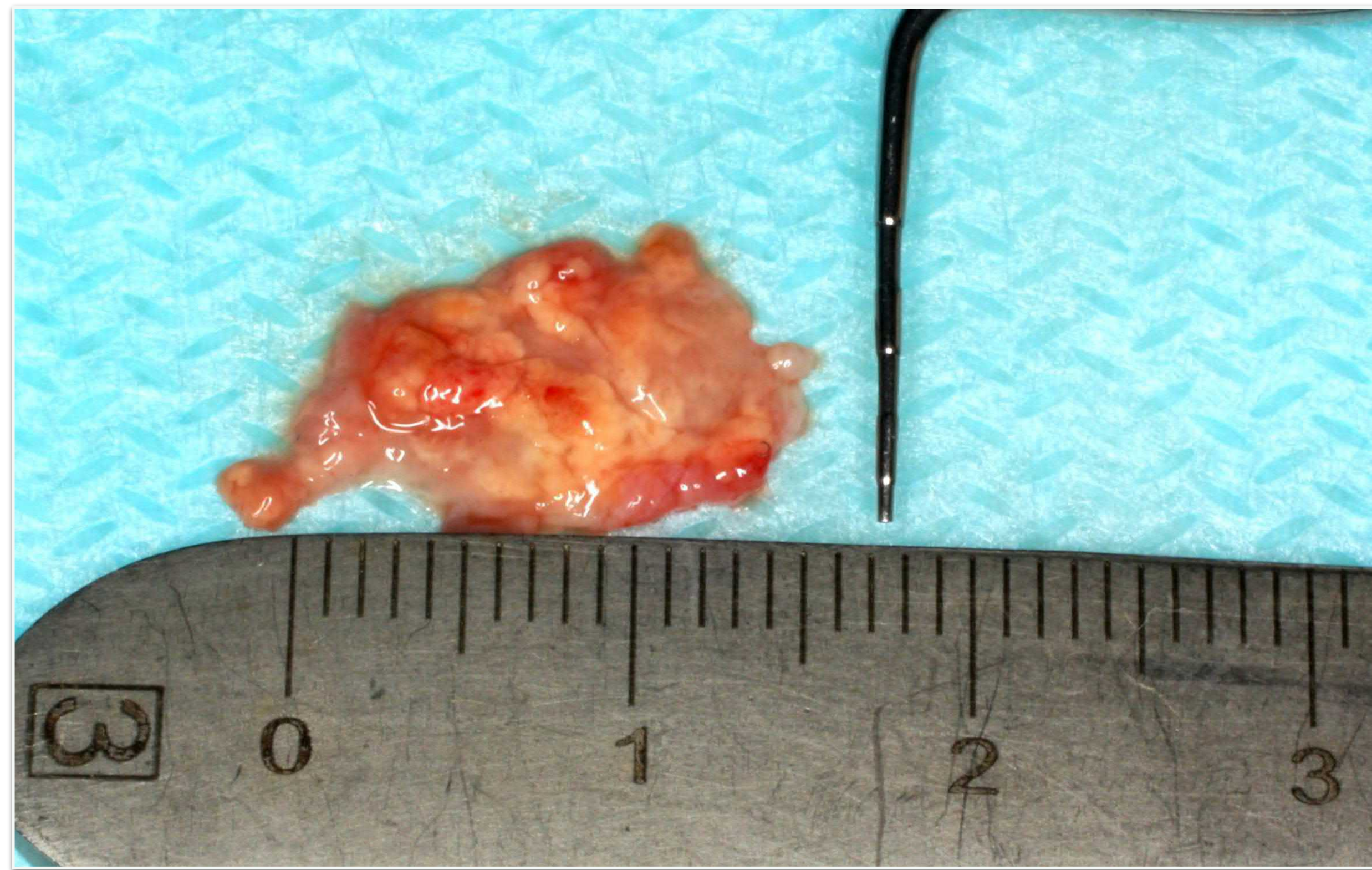
Содержимое кисты



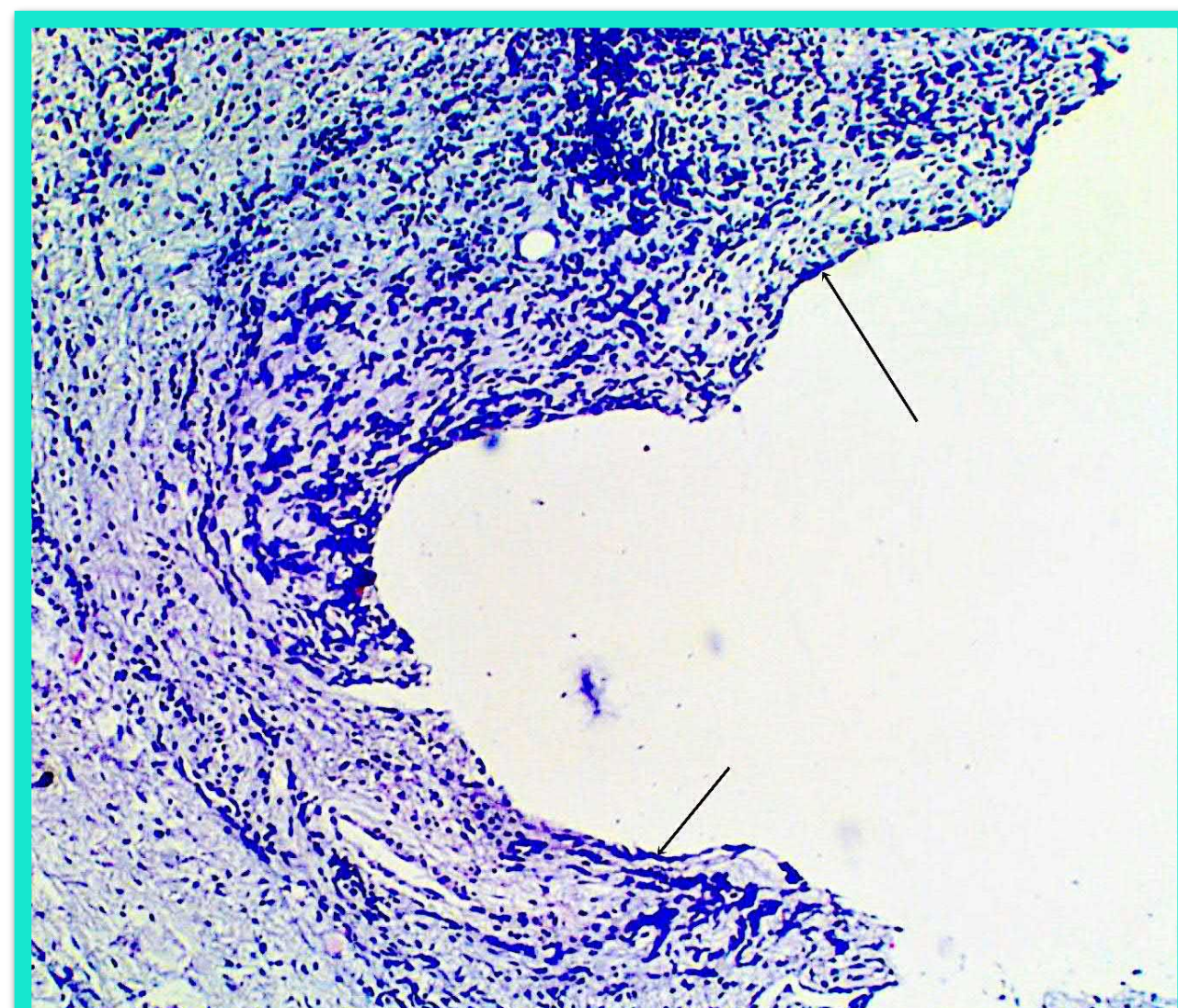


Морфологические Исследования

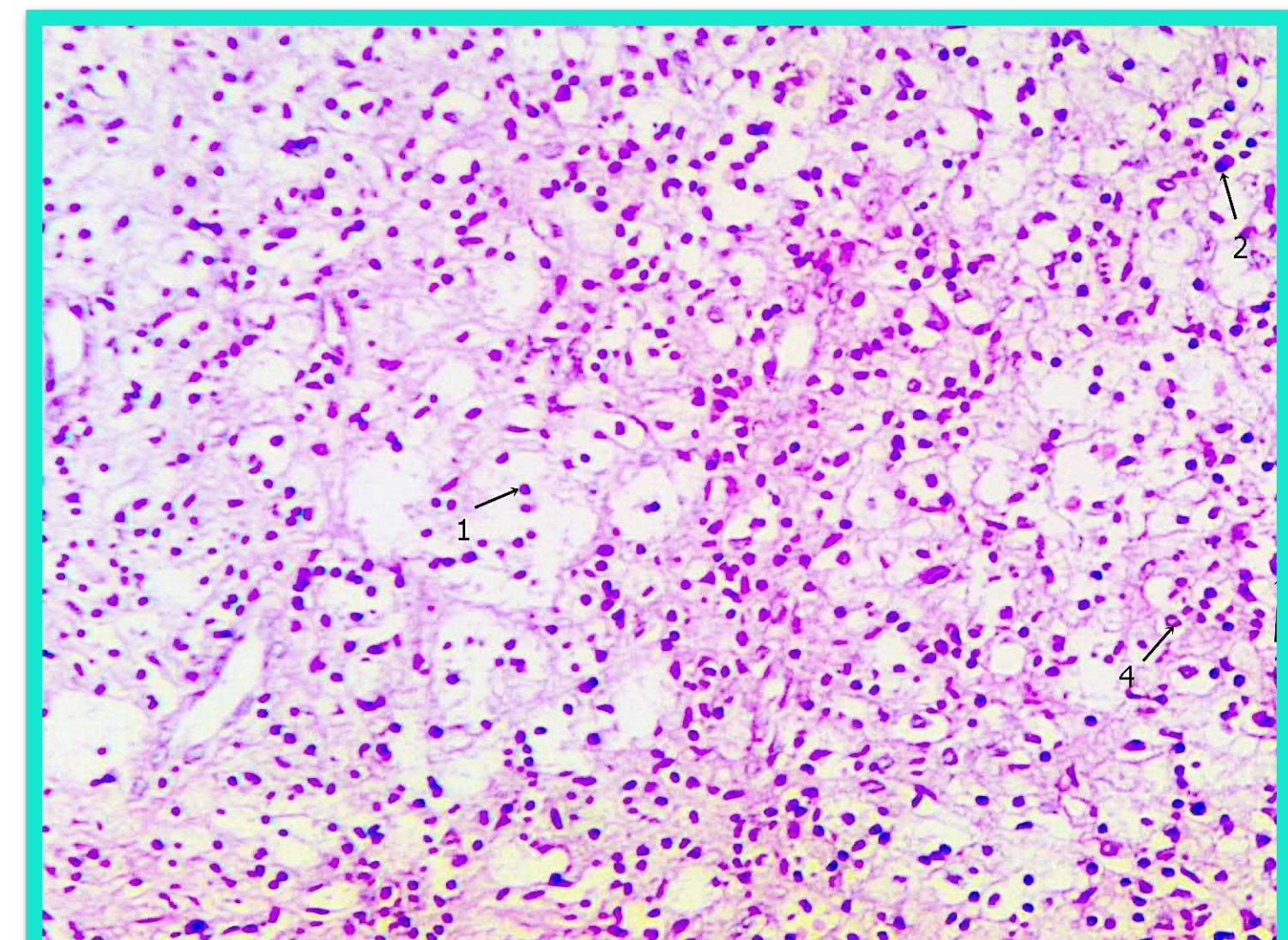




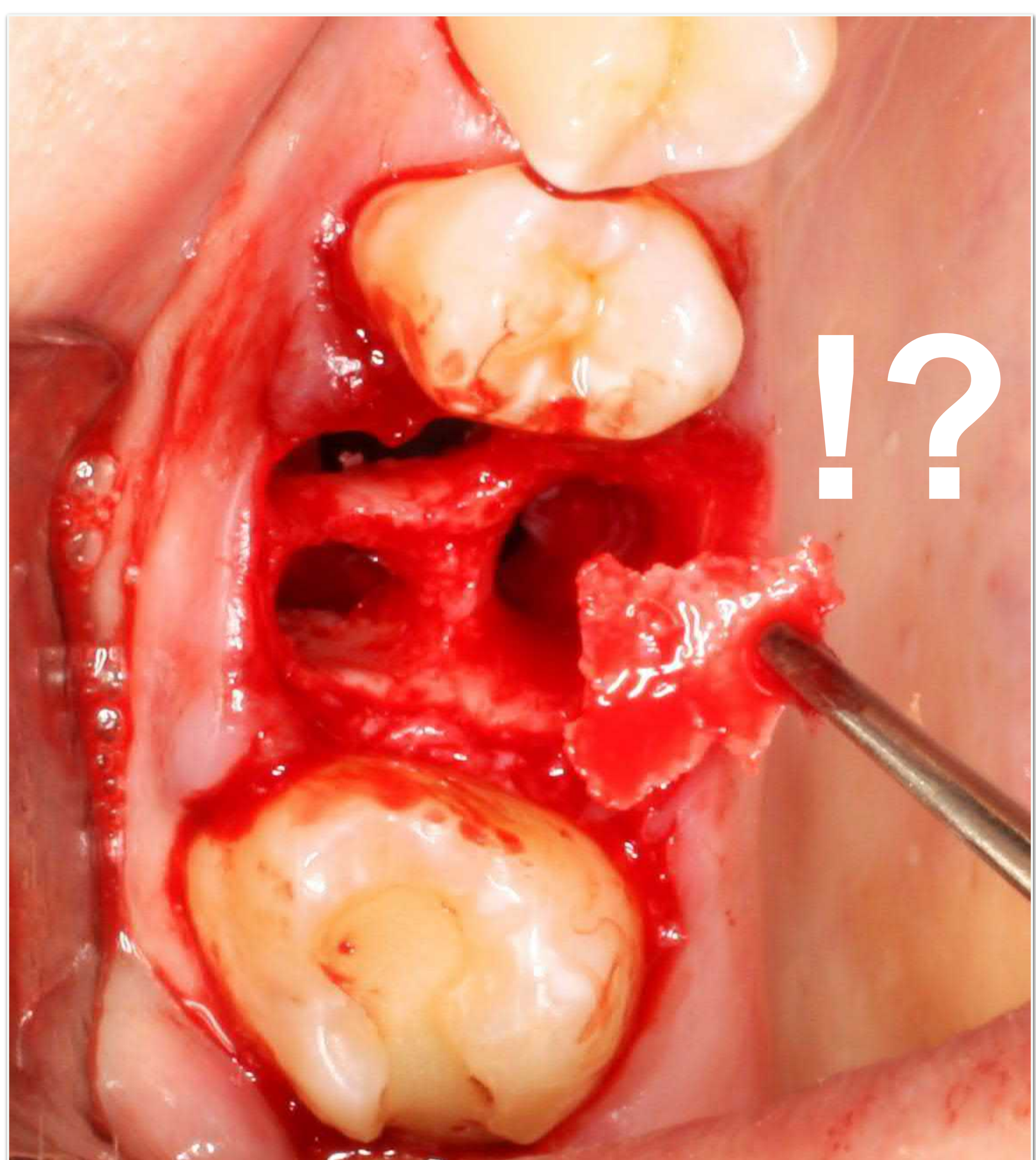
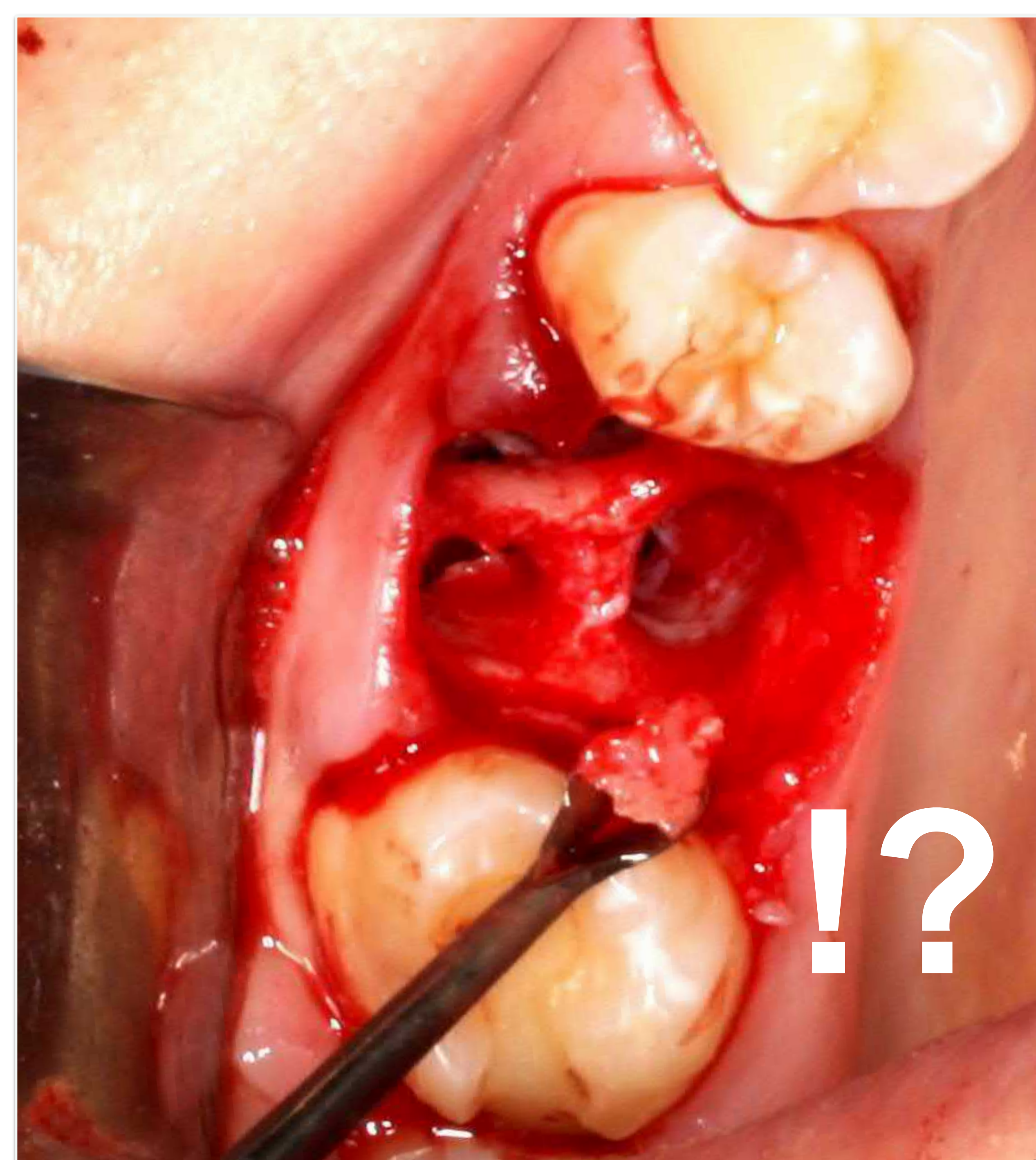
Пикрофуксин по Ван-Гизону, x4. Стенка кисты (1), представленная волокнистой соединительной тканью с умеренным интерстициальным отеком, в просвете скопления клеточного детрита с клетками воспалительного инфильтрата (2).



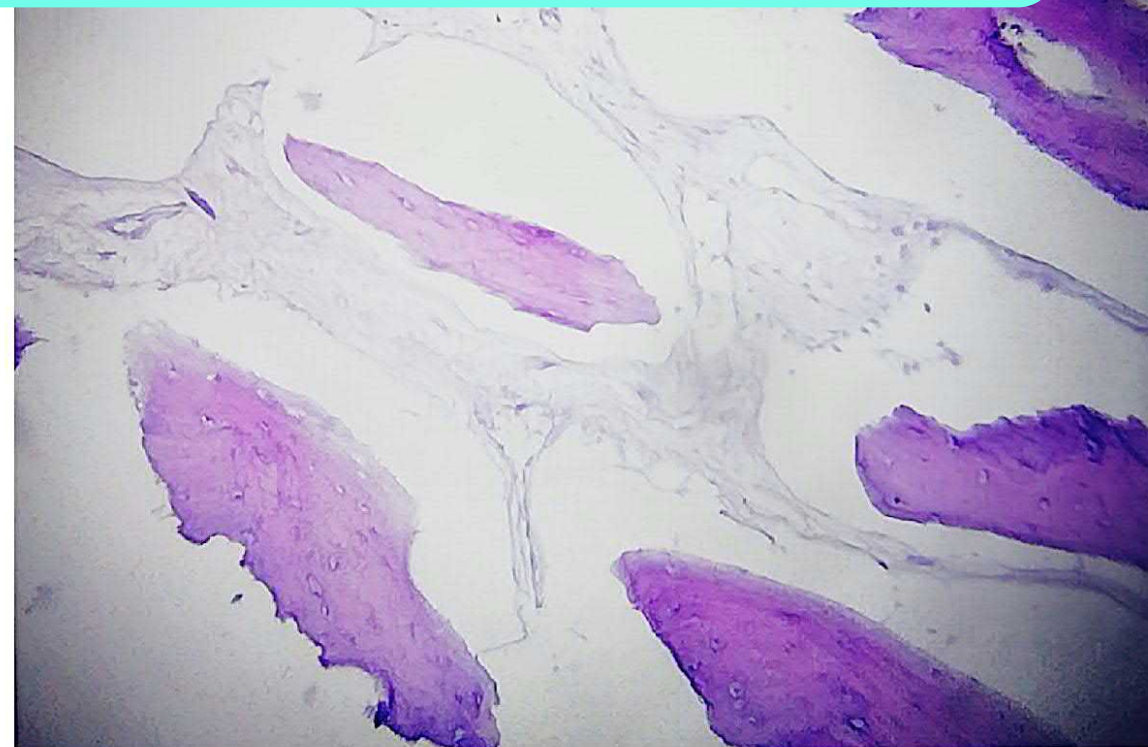
Гематоксилин-эозин, x4. Внутренняя поверхность кисты, на небольших участках выстлана уплощенным эпителием (указан стрелками)



Гематоксилин-эозин, x10. Клетки воспалительного инфильтрата: лимфоциты (1),

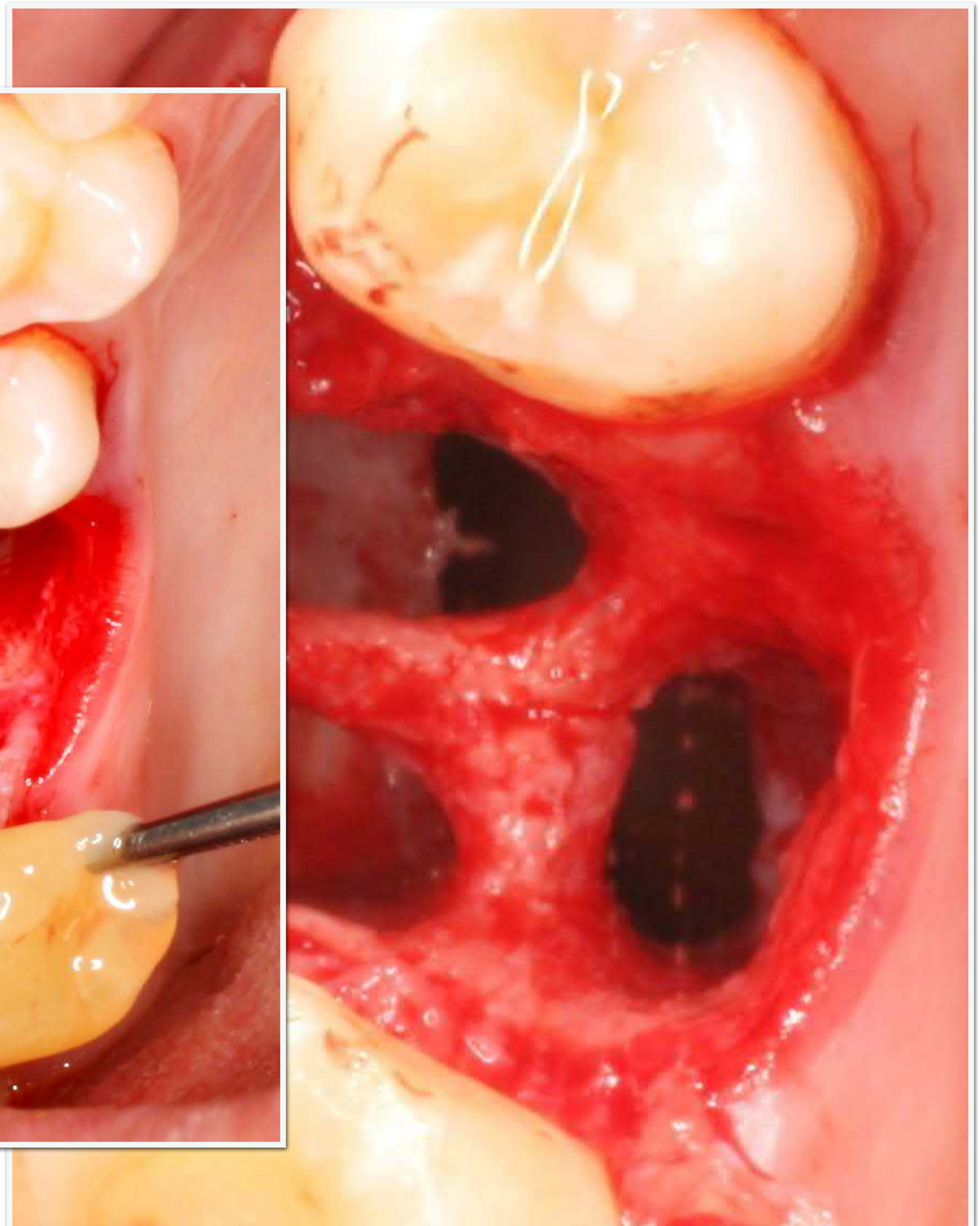
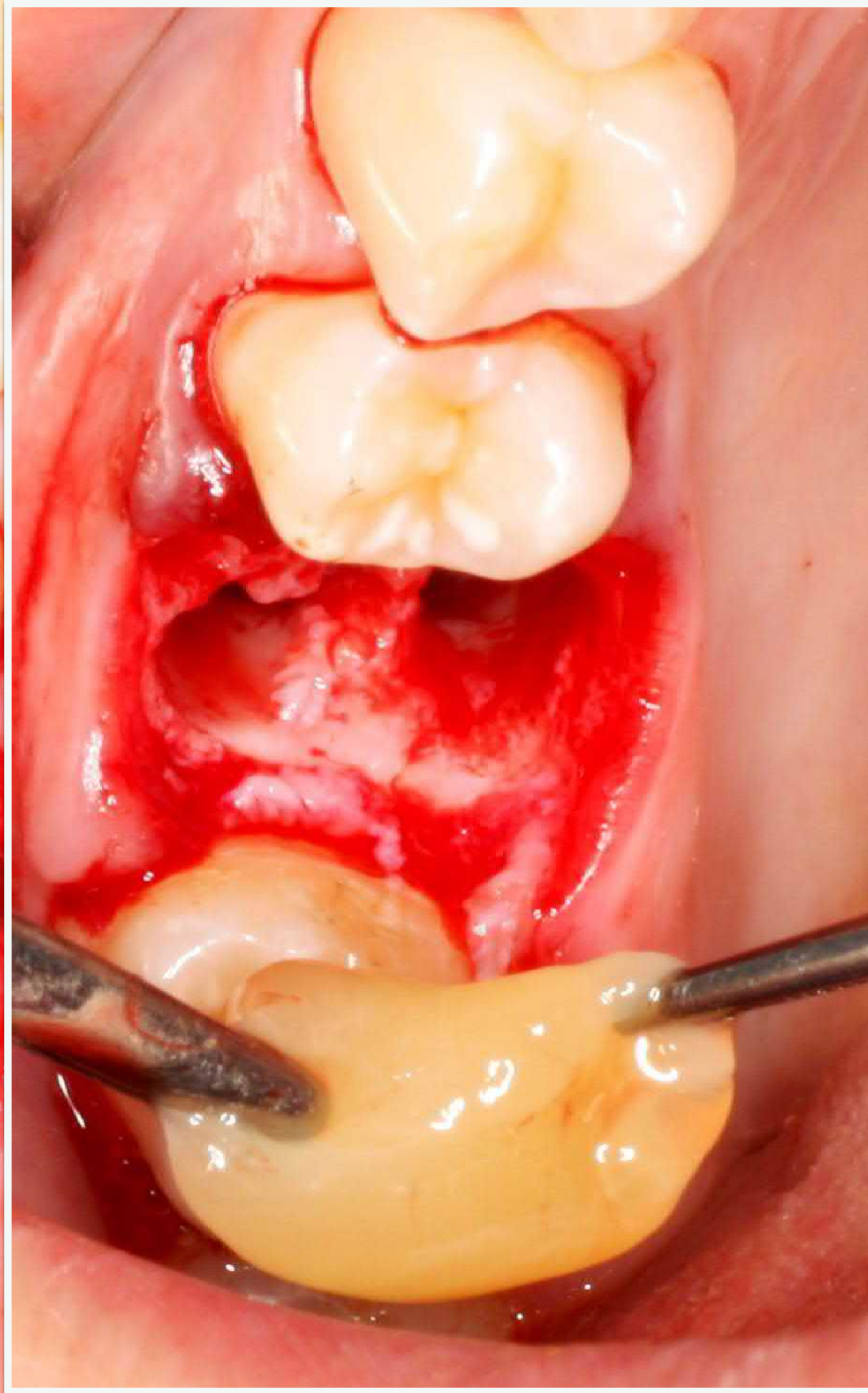
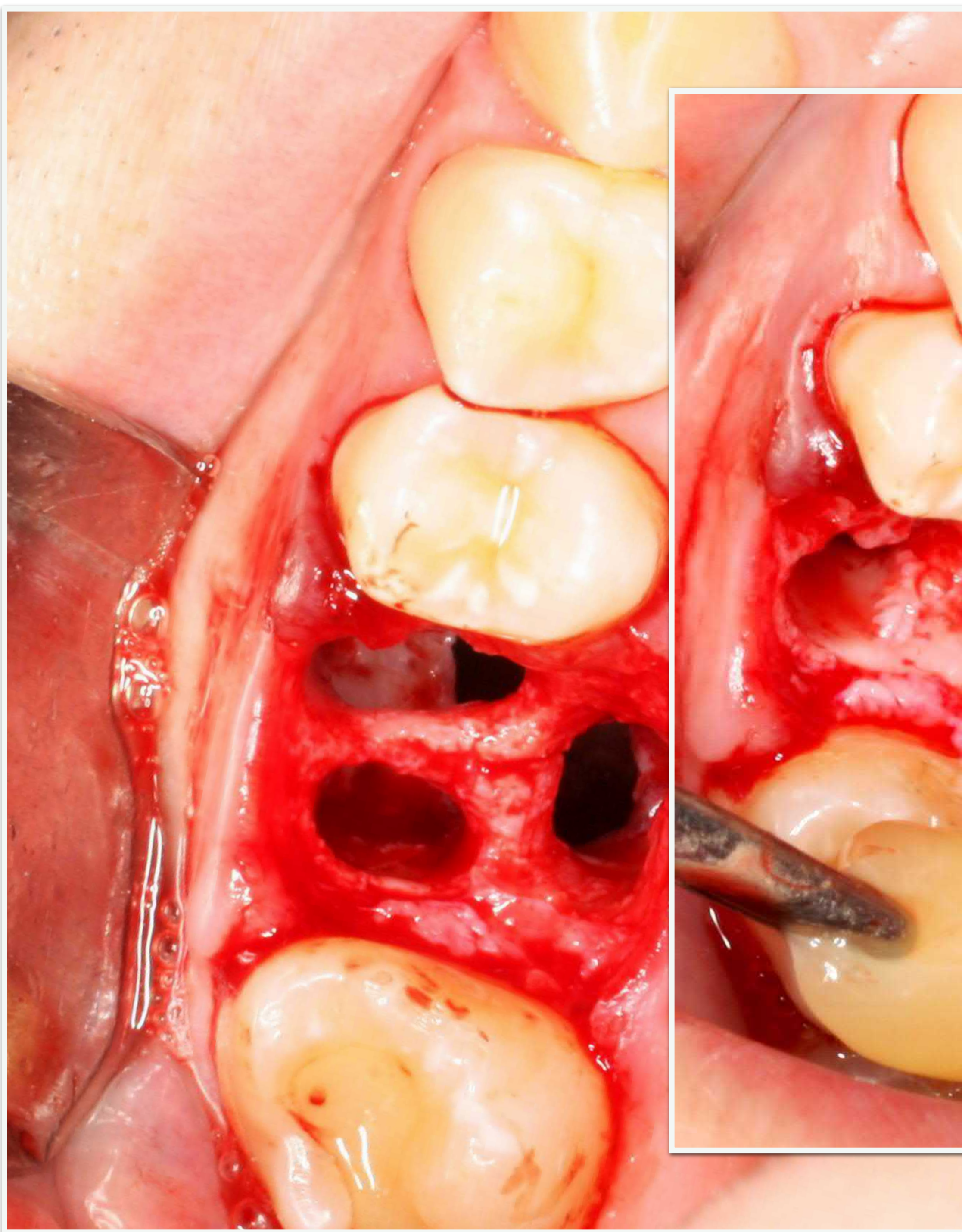


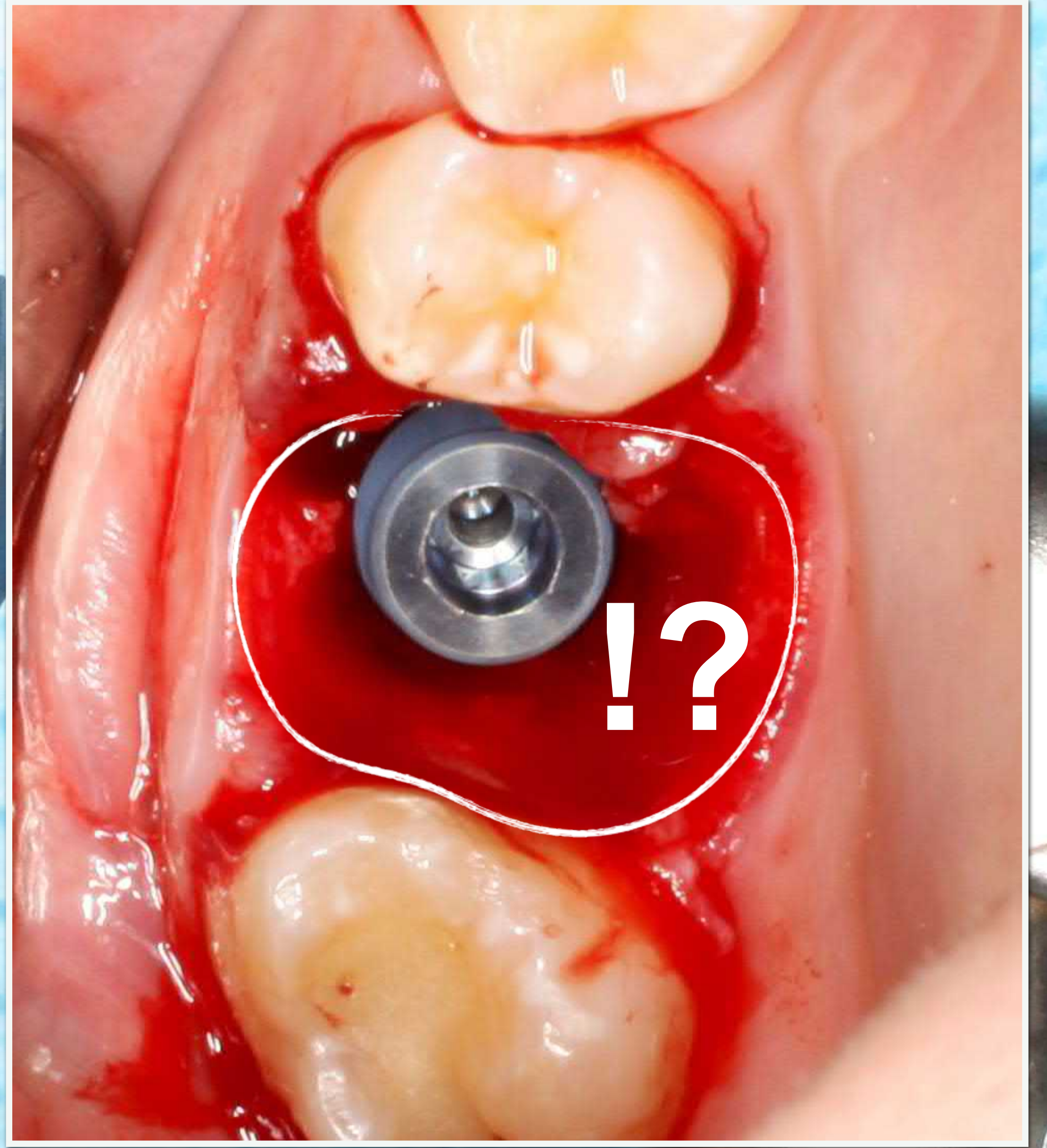
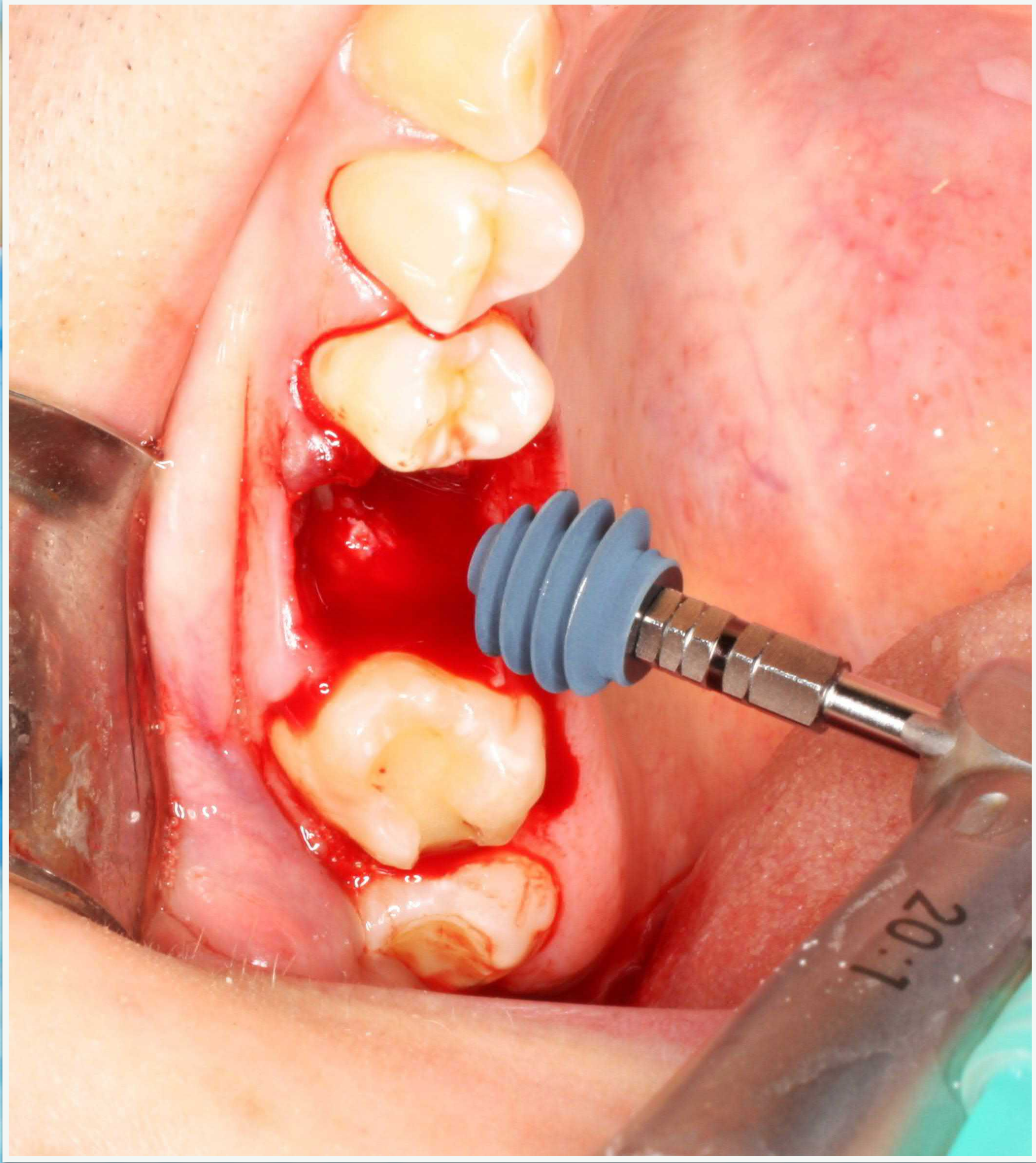
Вывод:
Наличие периапикального процесса
в ряде случаев не является
противопоказанием
для одномоментной имплантации

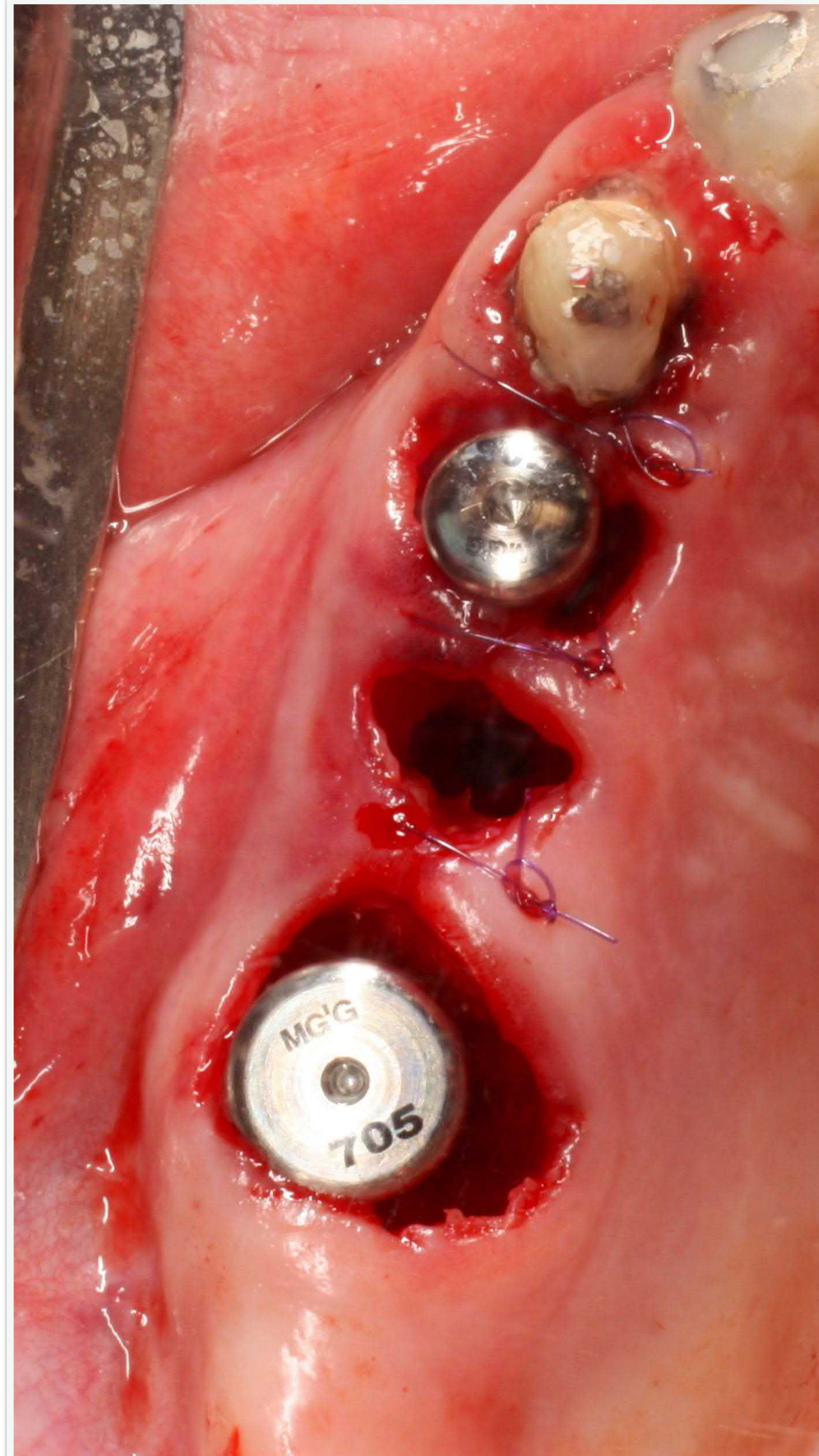
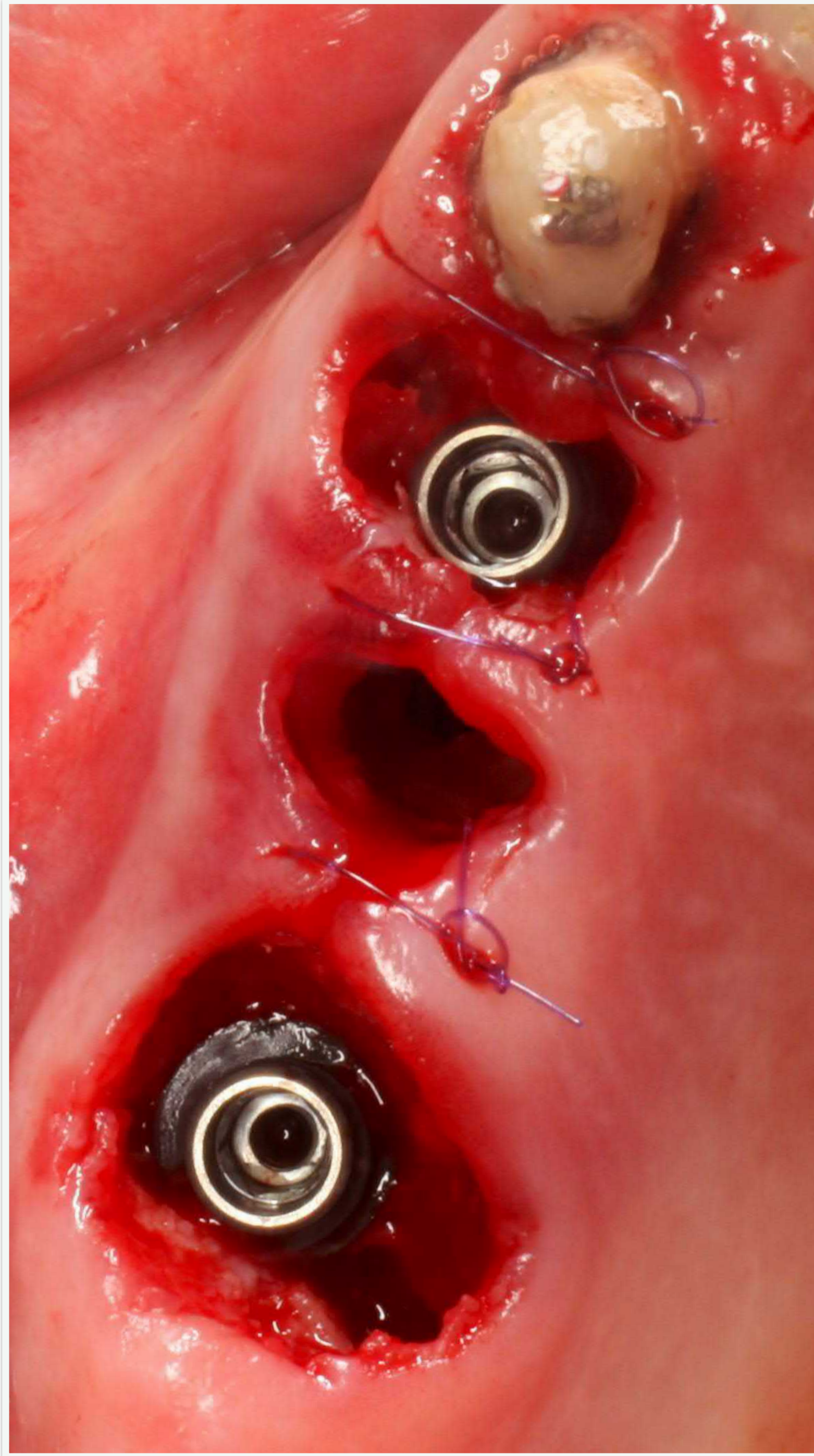


Гематоксилин-эозин, x4. Костный фрагмент, прилежащий к стенке кисты.
Зрелая костная ткань обычного строения.









A New Concept in Maintaining the Emergence Profile in Immediate Posterior Implant Placement: The Anatomic Harmony Abutment

Richard Akin, DDS, MD

As the knowledge base in the demanding realm of esthetic management of anterior implant sites continues to expand, there exists a void in the literature on solutions to accelerate posterior implant protocols. This article proposes a new protocol using the anatomic harmony abutment for immediate molar implant placement. This technique preserves the anatomic emergence form with sutureless implant site sealing and improves the predictability of final restoration fabrication and delivery. The purpose of this report is to describe this concept and its numerous benefits to patients, surgeons, laboratories, and restorative dentists.

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J Oral Maxillofac Surg 74:2385-2392, 2016

2016

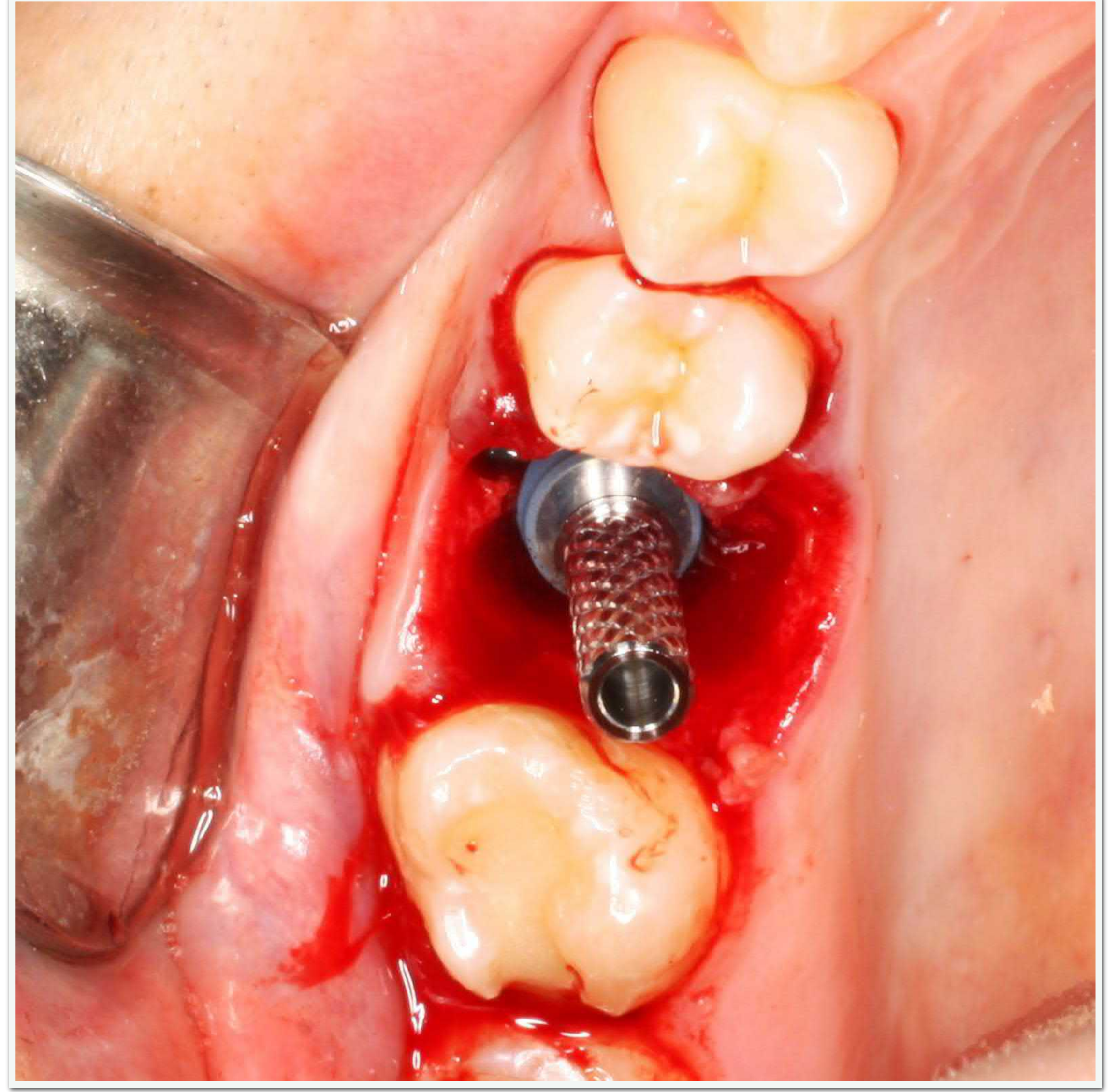


Richard Akin, DDS, MD



FIGURE 9. Abutment schematic.

Richard Akin. Anatomic Harmony Abutment. *J Oral Maxillofac Surg* 2016.



Prosthetic and Surgical Aspects of Achieving Functional and Aesthetic Success of Implantological Treatment Using Individual Suprastructures

Lysov Alexander, DDS, PHD
Belokhvostikov Egor, DMD

Abstract

Currently, dental implantation is widely applied to replace lost teeth. After tooth extraction, hard and soft tissues defect is inevitably formed, which, due to delayed implantation, is alleviated by various methods of preserving the socket. In the case of immediate implantation, it is necessary to alleviate the defect of hard and soft tissues, to create an anatomically correct framework to form a natural gum contour corresponding to the extracted tooth group specificity. At the same time, to achieve the success of implant treatment, the dentist shall take into account many factors. The use of individualized suprastructures at the surgical and prosthetic stages of treatment allows achieving a predictable and optimal result both in functional and aesthetic terms. The purpose of this article is to describe, by the example of several clinical cases, the peculiarities of the manufacture and use of an individual healing abutment, an individualized impression coping, followed by the manufacture and fixation of the final restoration, which preserves and maintains the formed natural contour of tooth eruption. The presented work provides the data of a comparative analysis of various methods of manufacturing suprastructures with a description of their advantages and disadvantages. Recommendations are provided on the technology of treatment implementing the individualized suprastructures, the observance of which will have a positive effect on the results of rehabilitation of patients with the application of dental implants.

Keywords

Dental implantation, individual healing abutment, dental implant-supported prosthetics, soft tissue management, biological width.

Introduction

Currently, dental implantation with subsequent prosthetics is widely used in the partial and complete absence of teeth. The success of implant treatment [1] depends on many factors that shall be considered by the surgeon and prosthodontist, both at the planning and manipulation stages [2]. The absence of one or more teeth hurts the condition of the maxillary ridge and the dentition as a whole. In 2005 Mauricio G

Araújo et al. described the changes in the alveolar structure that occur after tooth extraction. The authors identified two intersecting phases of bone resorption. There is a vertical decrease of bone tissue in the first phase, then the bone decreases in volume in the horizontal direction [3]. It is known that after tooth extraction, soft tissues tend to fill the space that appears in the socket leading to their volume increase. This process is the most active in

the first two weeks after extraction and depends on the thickness of the alveolar bone walls. An increase in the volume of soft tissues is more pronounced with a thin phenotype of the vestibular plate during

flaps to form two small flaps on the pedicles that later mobilize, rotate, and place in the interproximal space between the SHAs [11]. The methods mentioned above are applicable at a two-stage protocol of the

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Belokhvostikov Egor, DMD

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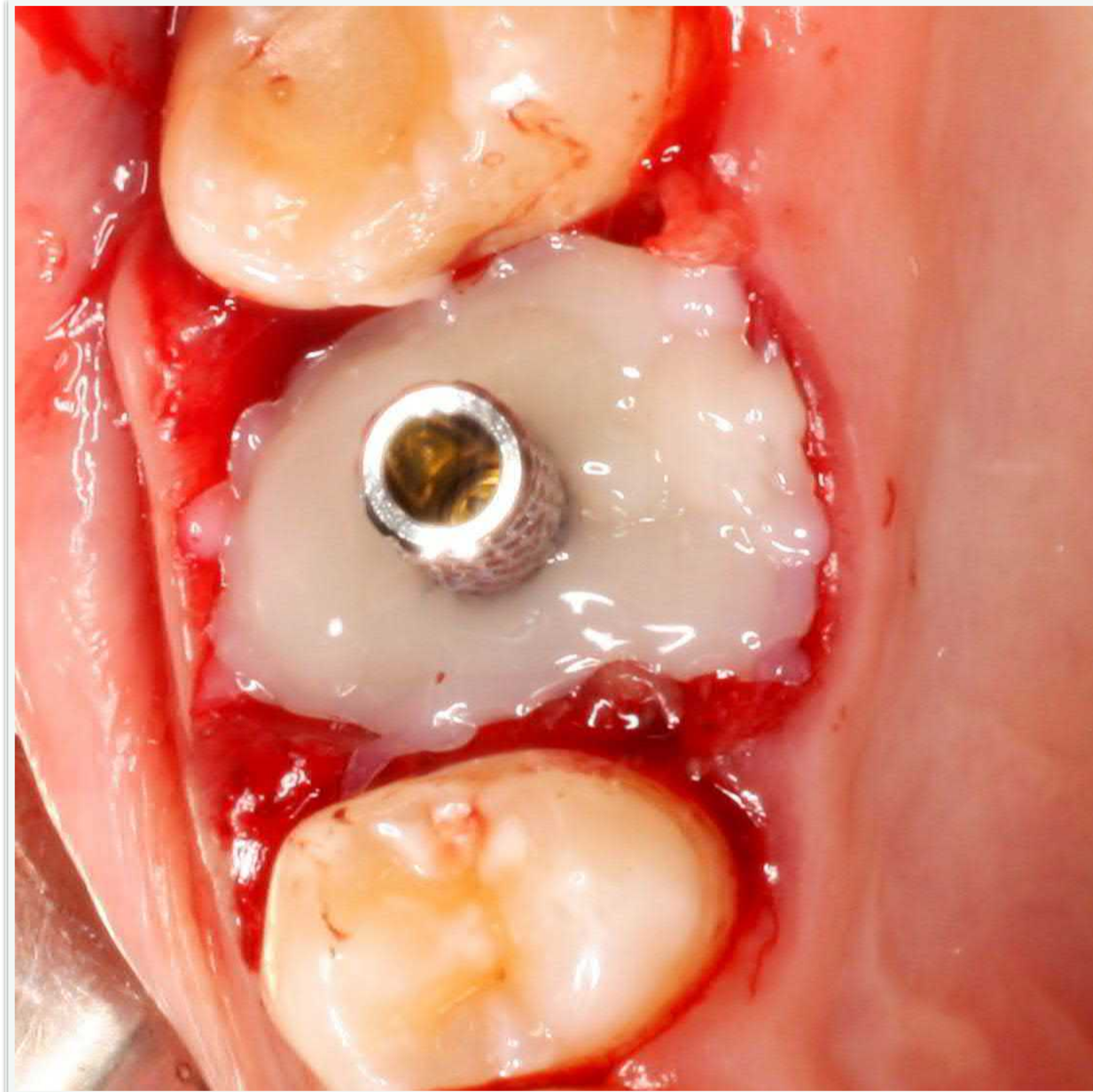
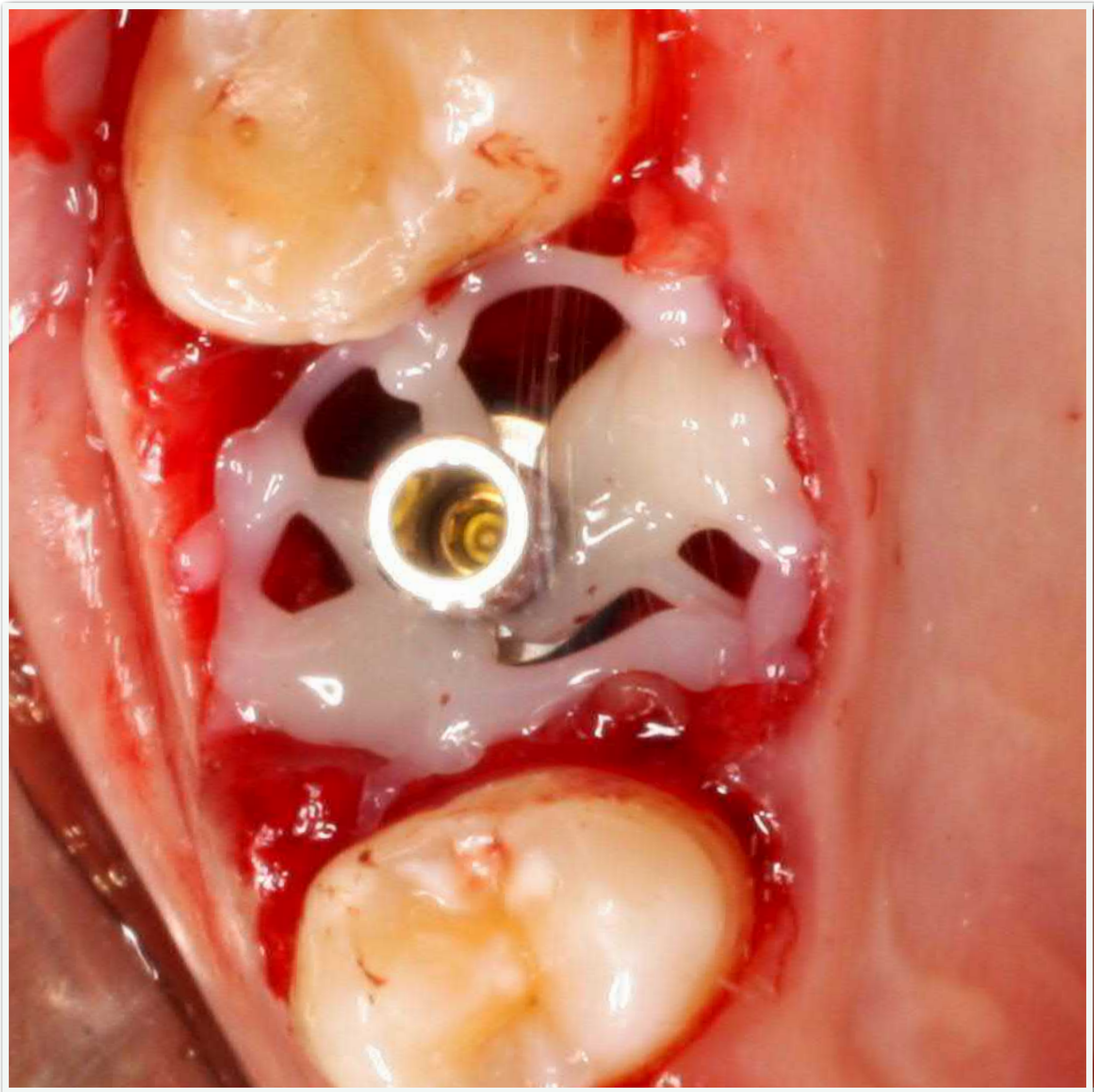
the first two weeks after extraction and depends on the thickness of the alveolar bone walls. An increase in the volume of soft tissues is more pronounced with a thin phenotype of the vestibular plate during the healing period after tooth extraction than with a thick one [4]. At the moment, there are many ways of preserving the socket of an extracted tooth before delayed implantation [5, 6, 7].

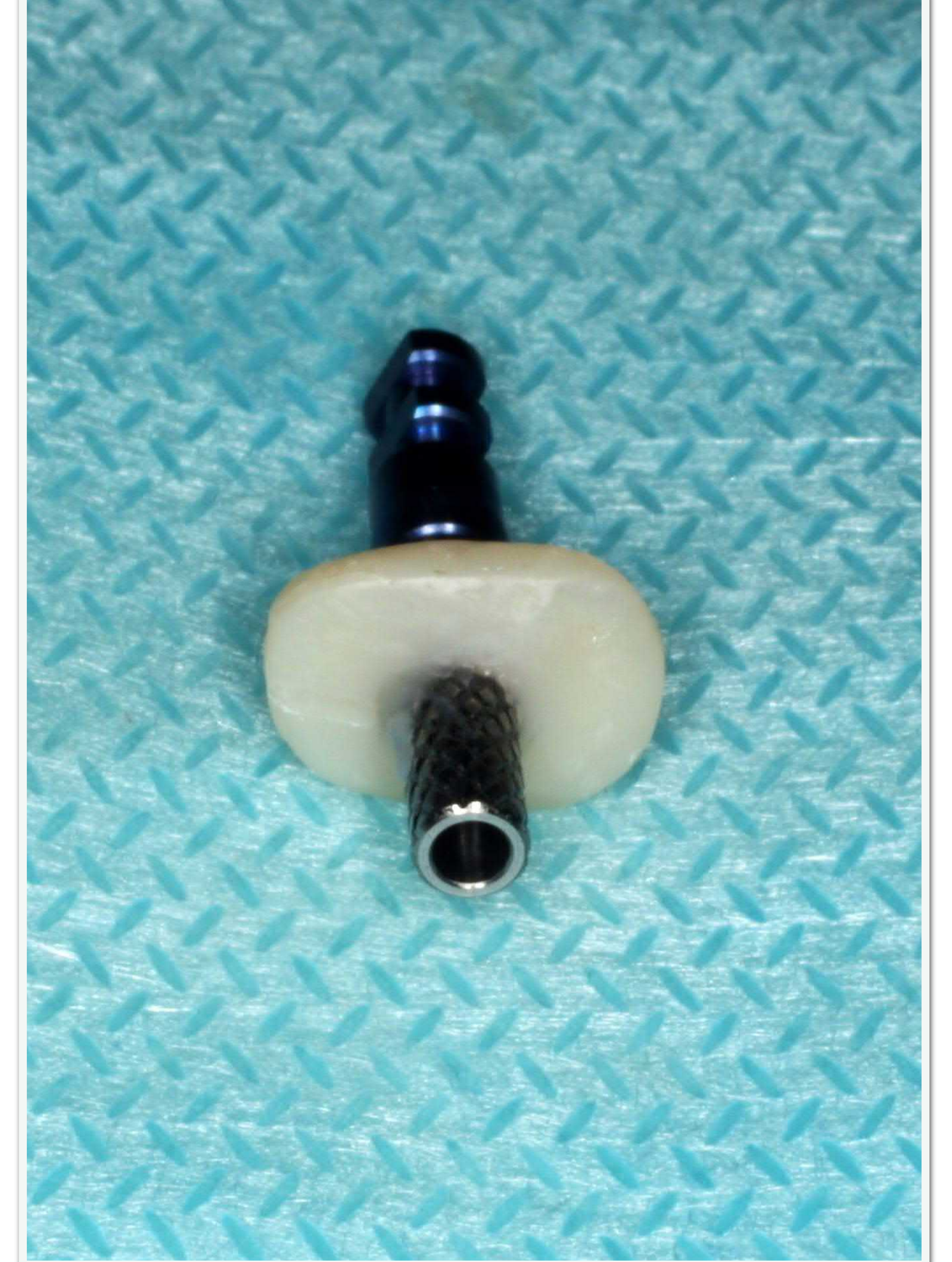
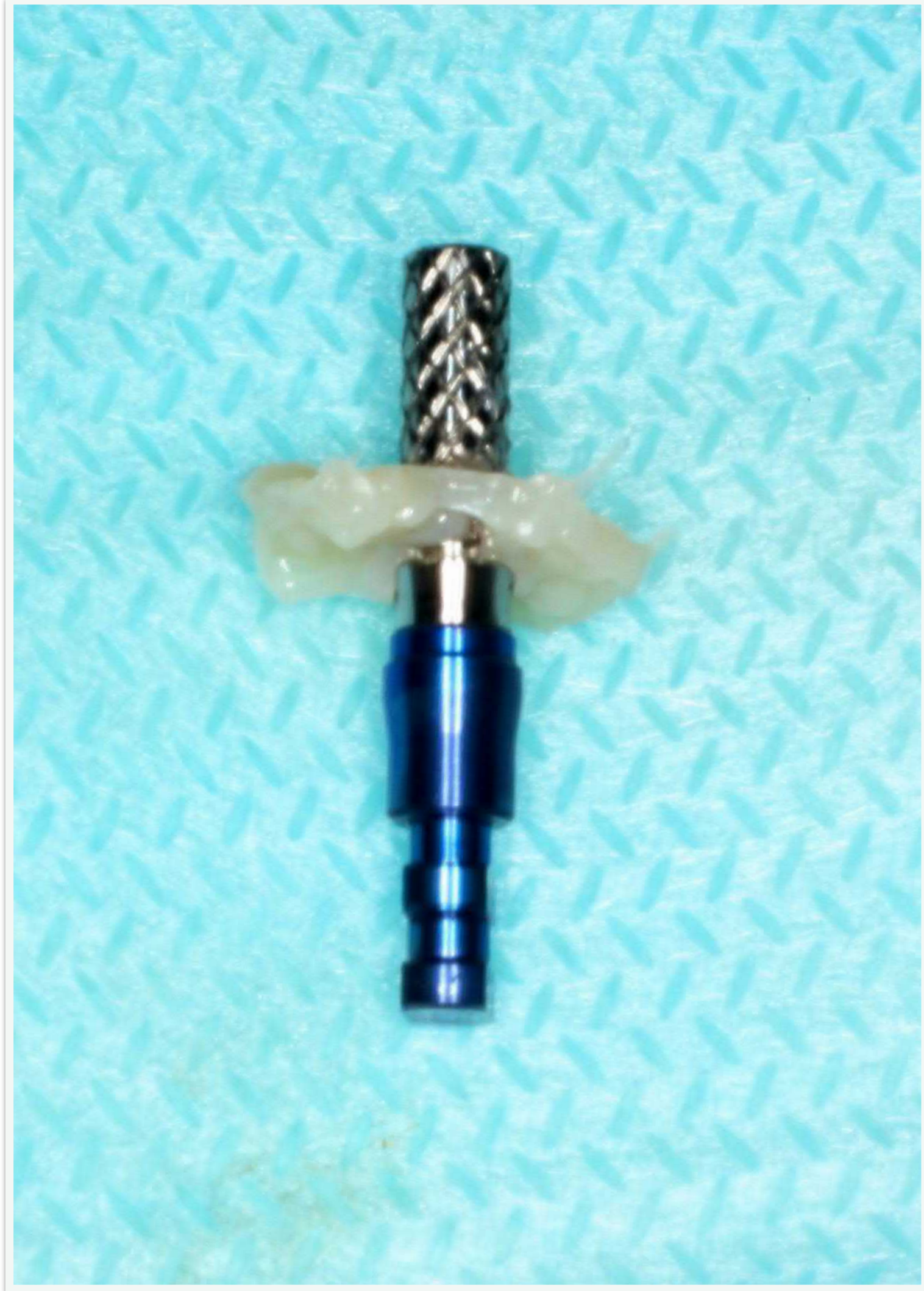
Most of them describe manipulations that consider the reduction of the amount of bone resorption as the main purpose, but at the same time, preserving the natural contour of soft tissues remains relevant and necessary. Based on the available data, one can conclude that after healing the sockets, the natural profile of tooth eruption is most likely to be lost due to the unpredictability of the bone atrophy and the final position of the gums [8, 9]. To create the contour of the gums during tooth extraction and immediate implantation, the role of frames supporting soft tissues is performed by standard healing abutments, as a rule (from now on SHA). This suprastructure has been known and widely used since long, but has several disadvantages. For example, SHA has a cylindrical shape that, as a rule, does not correspond to the natural profile of teething, being of oval shape in molars and tending to a triangle shape in the frontal group of teeth. The largest sizes of SHA do not exceed 7-8 mm in diameter, and this is still less than the diameter of the socket of the removed molar. For these reasons, additional manipulations have to be used to compensate for the soft tissue defect during tooth extraction. In 2017, a technique for creating a soft-tissue buffer zone with simultaneous implantation in the lateral part of the upper jaw was described. At the first surgical stage, tooth extraction, immediate implantation, and soft tissue management surgery using a rotated connective tissue autograft on a pedicle from the palate are performed.

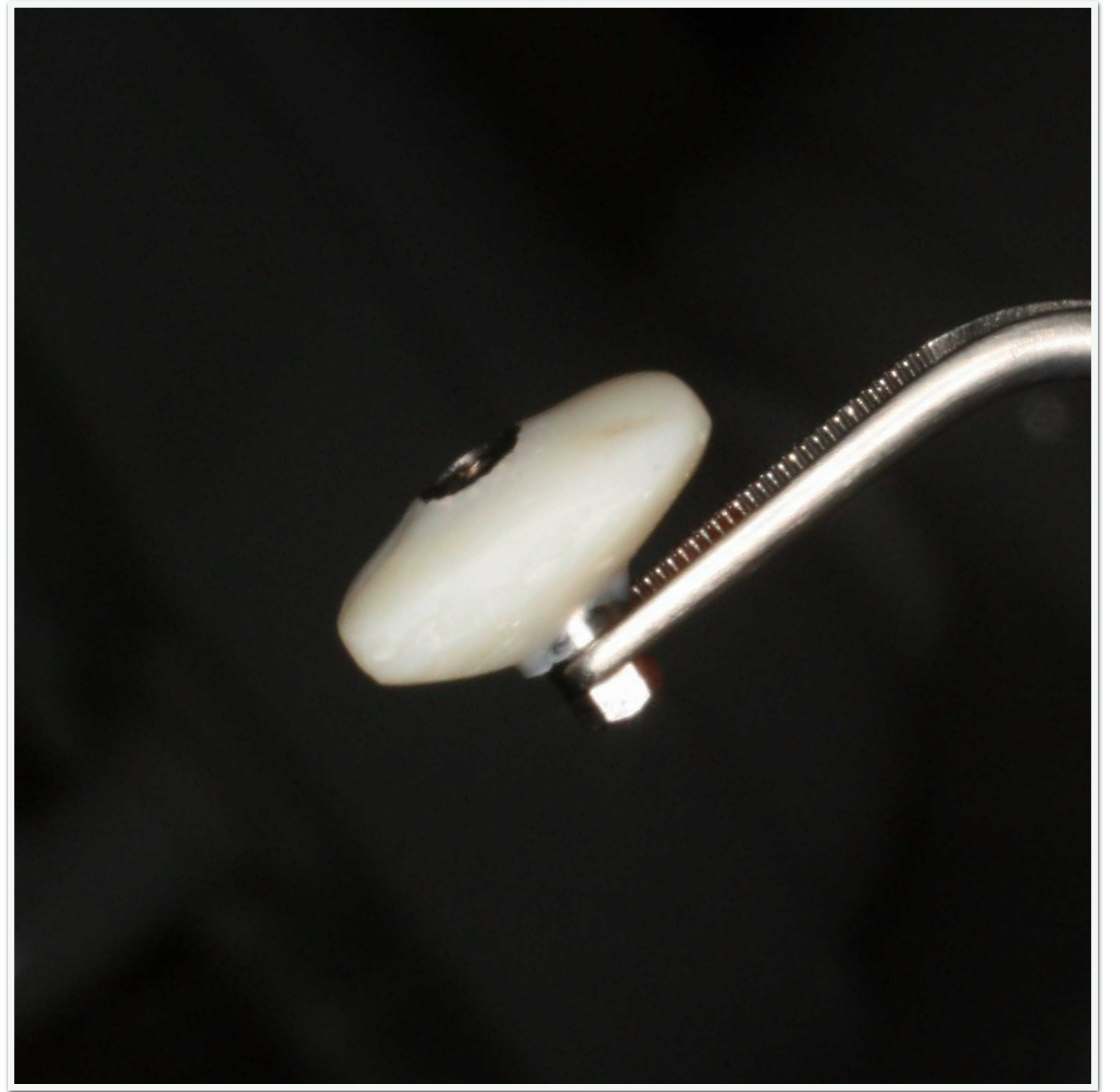
At the second stage, the SHA is installed. According to the authors, this technique reduces the risk of complications of implant treatment by creating conditions for the biological width in the coronal direction, increasing the thickness and volume of soft tissues above the dental implant platform [10]. The method of soft tissue management proposed by P. Palacci exists. During the installation of the SHAs, semilunar incisions are made on the mucoperiosteal

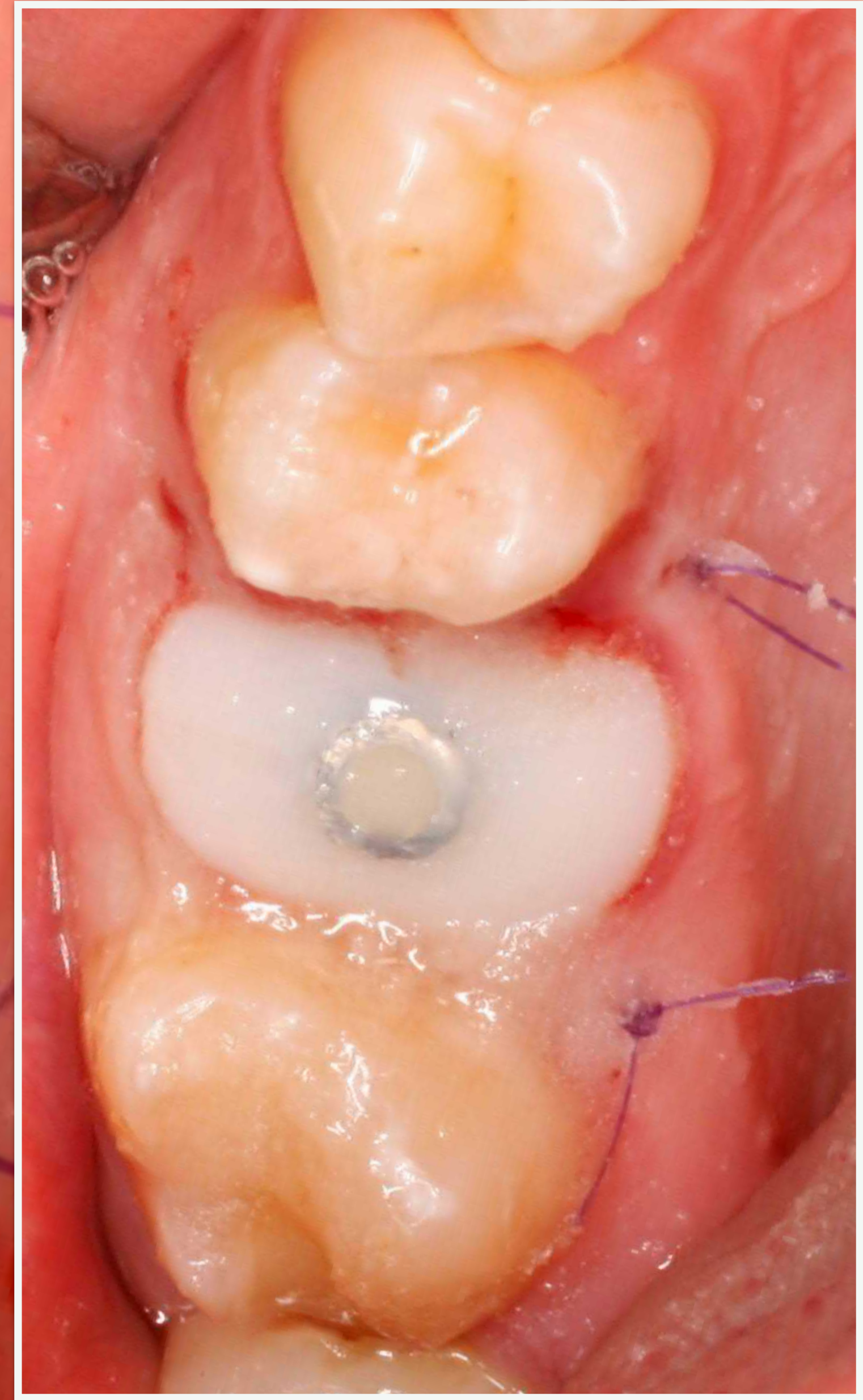
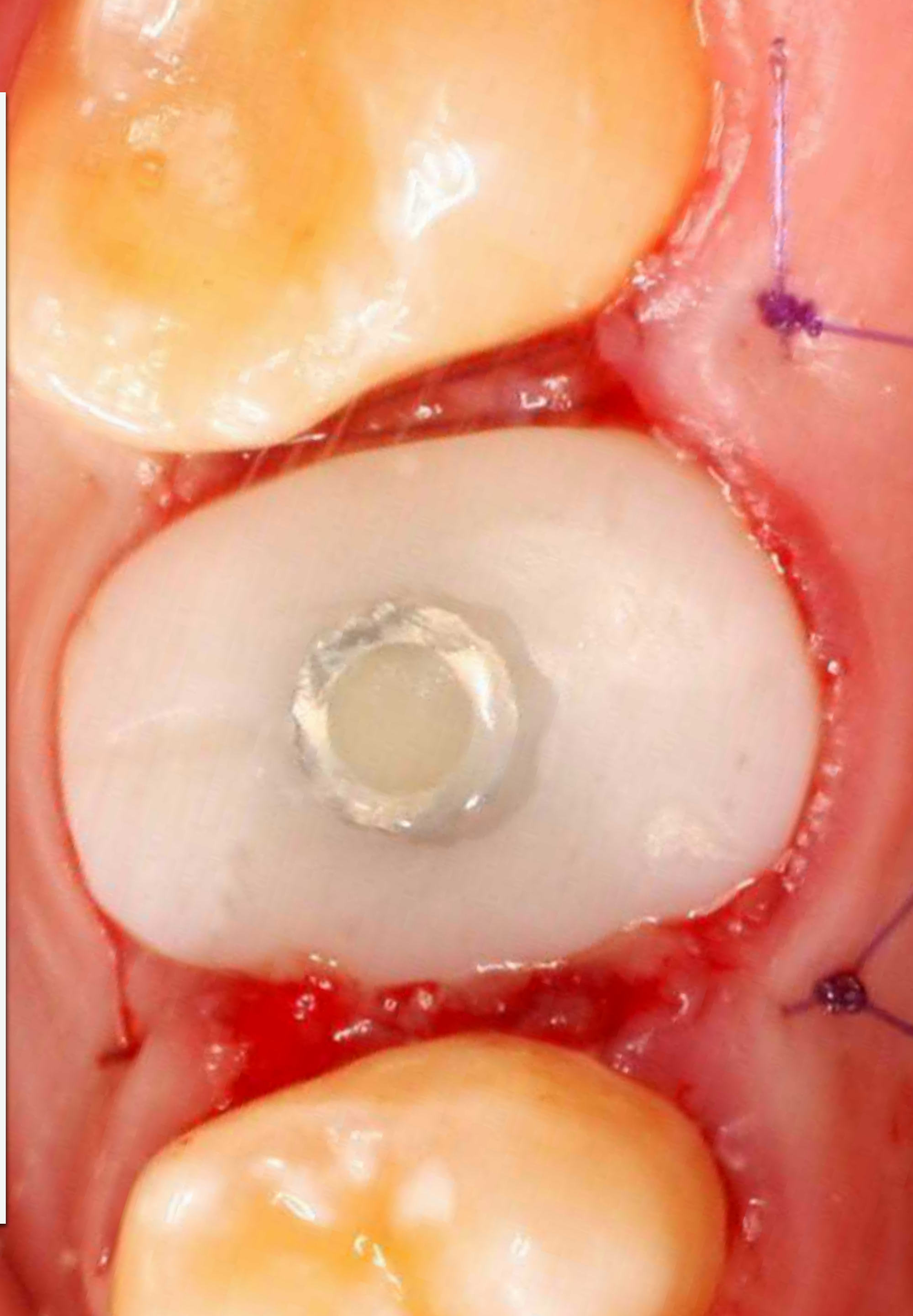
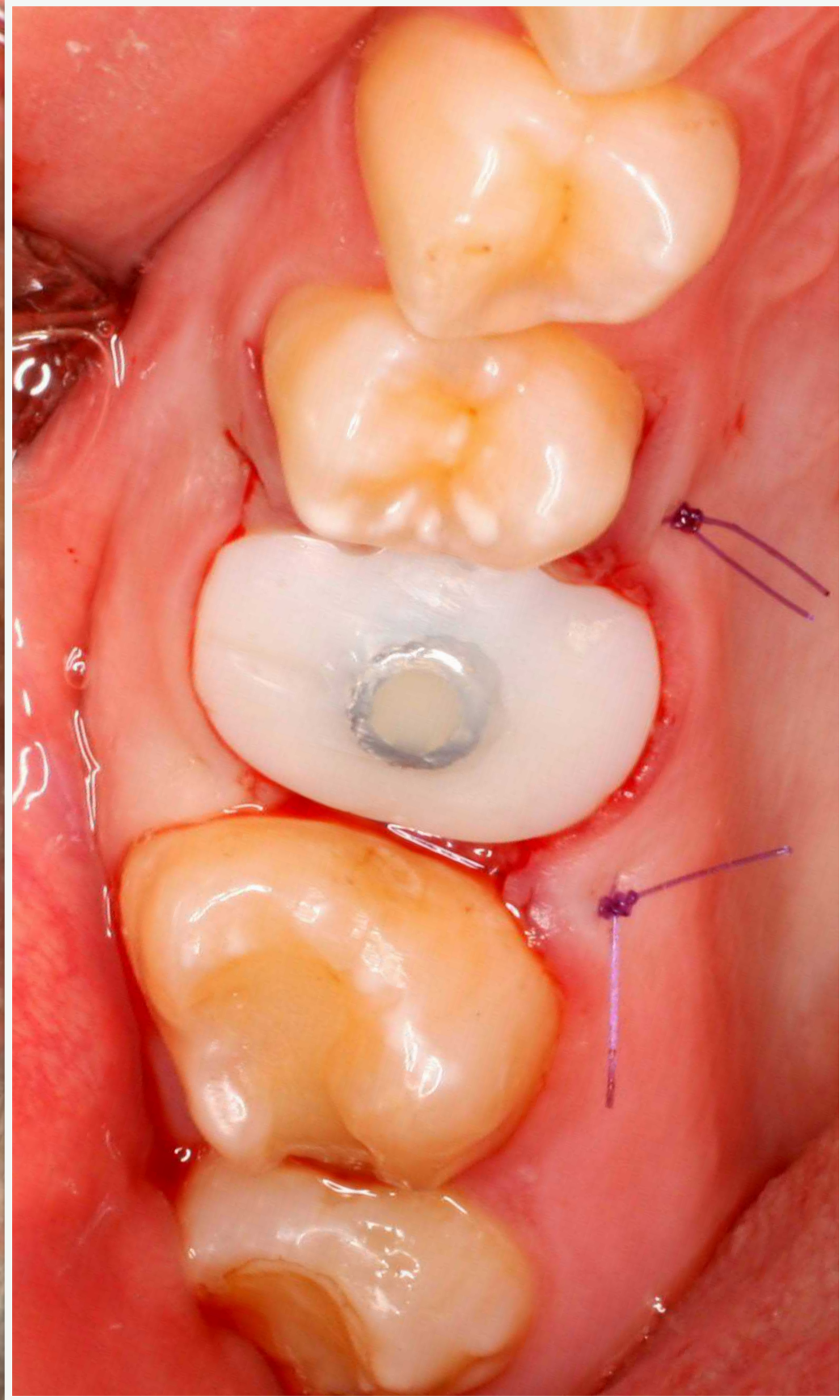
flaps to form two small flaps on the pedicles that later mobilize, rotate, and place in the interproximal space between the SHAs [11]. The methods mentioned above are applicable at a two-stage protocol of the implant treatment. It implies the installation of the SHA at the second surgical stage that certainly increases both the patient's discomfort and the duration of treatment. The additional risk of complications also occurs.

Over the last five years, works describing the methods of gum shaping during simultaneous dental implantation, considering the individual characteristics of peri-implant tissues, have been published. So, in 2016 Akin R. described manufacturing Individual Healing Abutment (from now on IHA) by a direct method on the day of surgery. The essence of the technique is as follows. After low-traumatic tooth extraction, a dental implant with fixed impression transfer is installed in its socket; its surface is covered with an adhesive. Further, the composite-resin material is applied to the transfer, adapted with a blunt spatula along the contours of the socket, and polymerized using a LED lamp. Then IHA is removed from the implant for finishing. Thus, a suprastructure that repeats the shape of the socket is produced. It also serves as a frame for managing soft tissues corresponding to the natural contour of tooth eruption [12]. Subsequently, various studies were carried out on the use of IHA to contour the gums, for example. In 2017 Lambert J. Stumpel and co-authors proposed an indirect method of making IHA using an alginate jaw model. At the same time, before the surgical intervention, an impression is taken from the patient. Then a jaw model shall be made from the alginate mass, from which the crown part of the tooth is removed with a scalpel, and the socket is processed using a spherical bur to imitate a defect in hard and soft tissues. Further, the light cured composite is used to model the body of IHA and four fixing wings that rest on the edges of the well at the buccal and lingual walls. Afterward, they are polymerized using a LED lamp. A hole is prepared in the abutment body made by the method described above to adapt the temporary structure to the titanium cylinder fixed to the implant. Afterward, IHA is transferred from the model into the oral cavity [13]. In 2019 a group of researchers



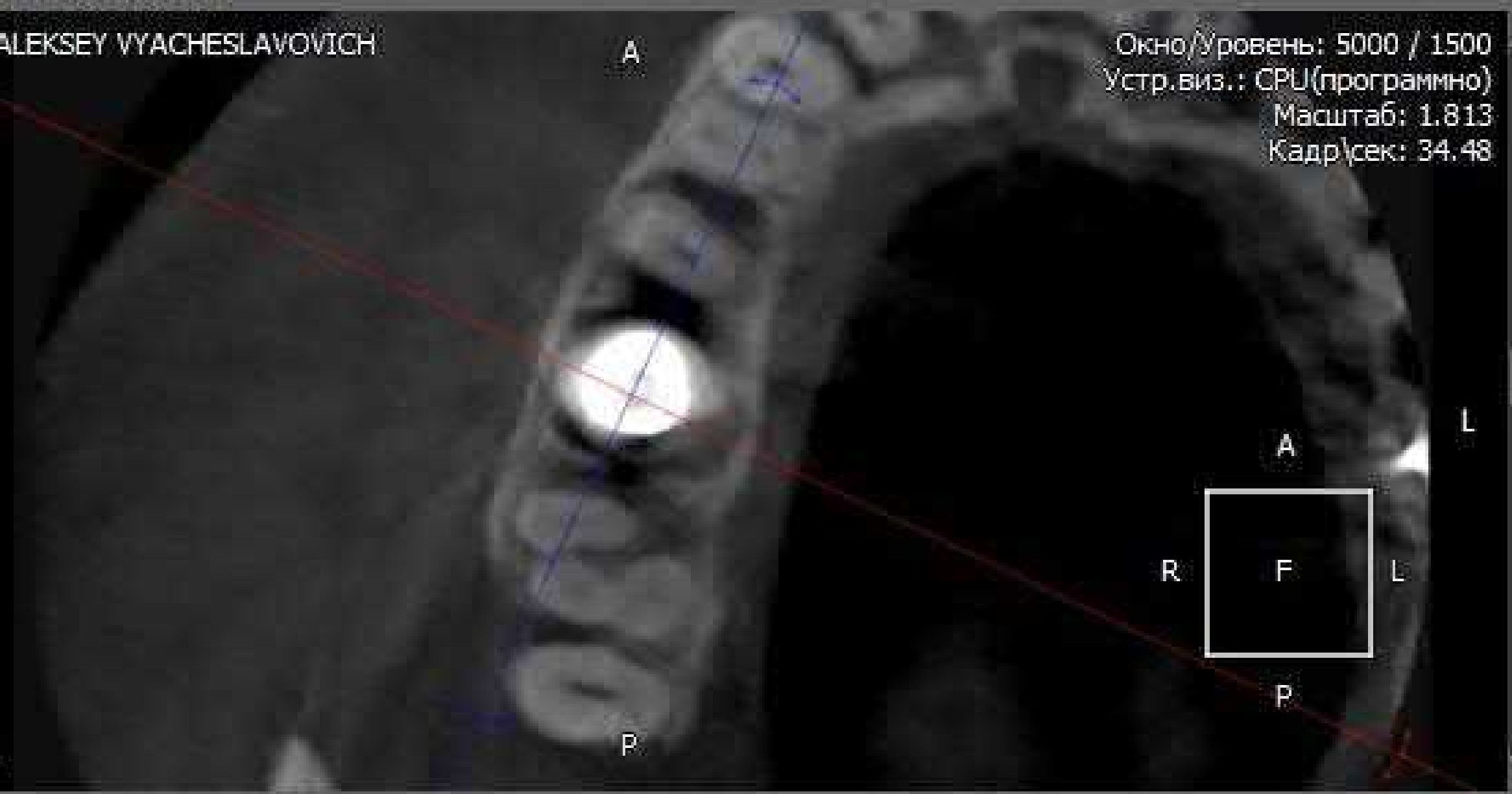






Аксиальная плоскость

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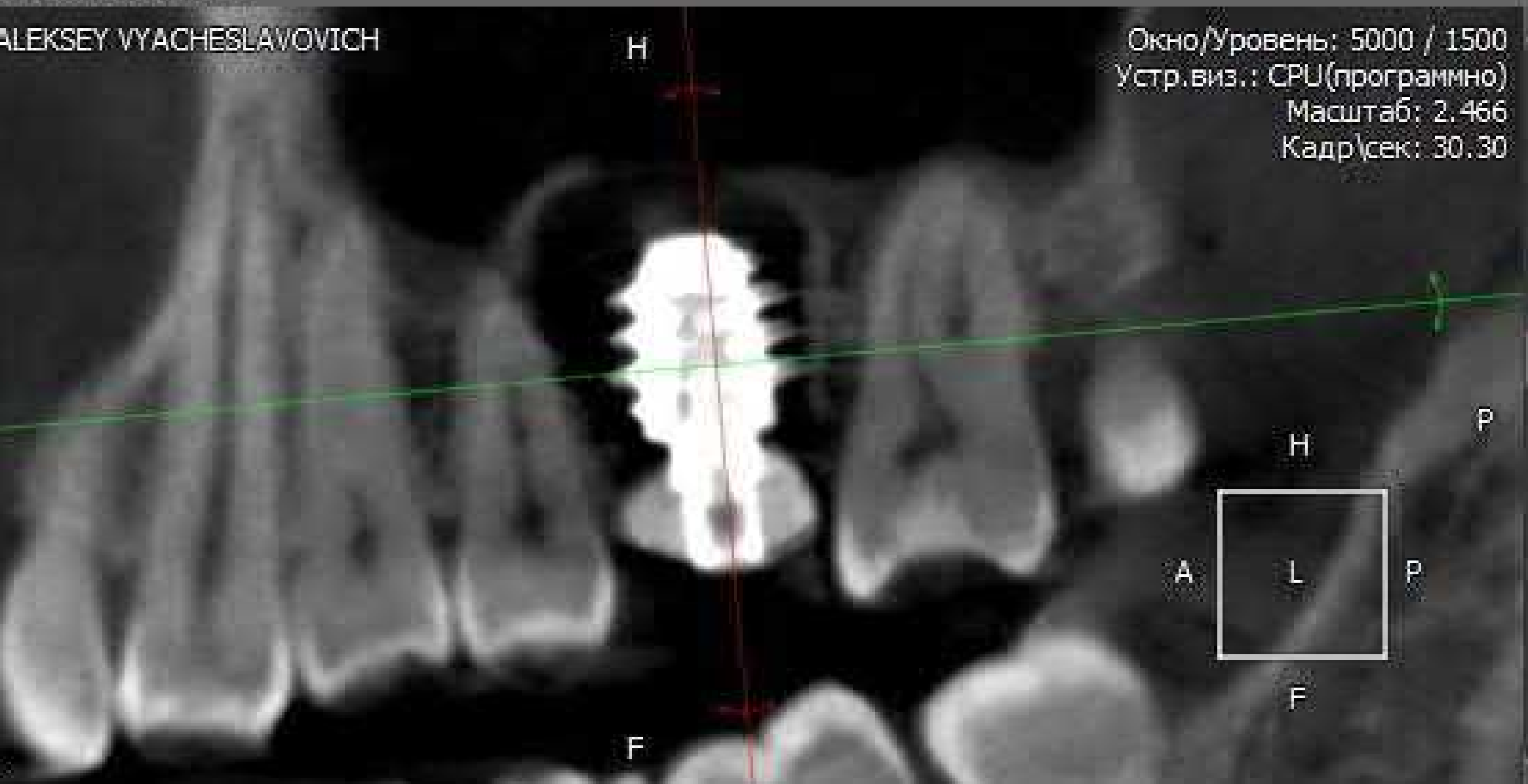
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16:38:37



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Толщина: 0.20 мм

Сагиттальная плоскость

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1989-02-10
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16:38:37



Нет данных
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V ALEKSEY VYACHESLAVOVICH

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Масштаб: 2.564
Кадр\сек: 34.48

18734 ТИХОНОВ ALEKSEY VYACHESLAVOVICH
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16:38:37

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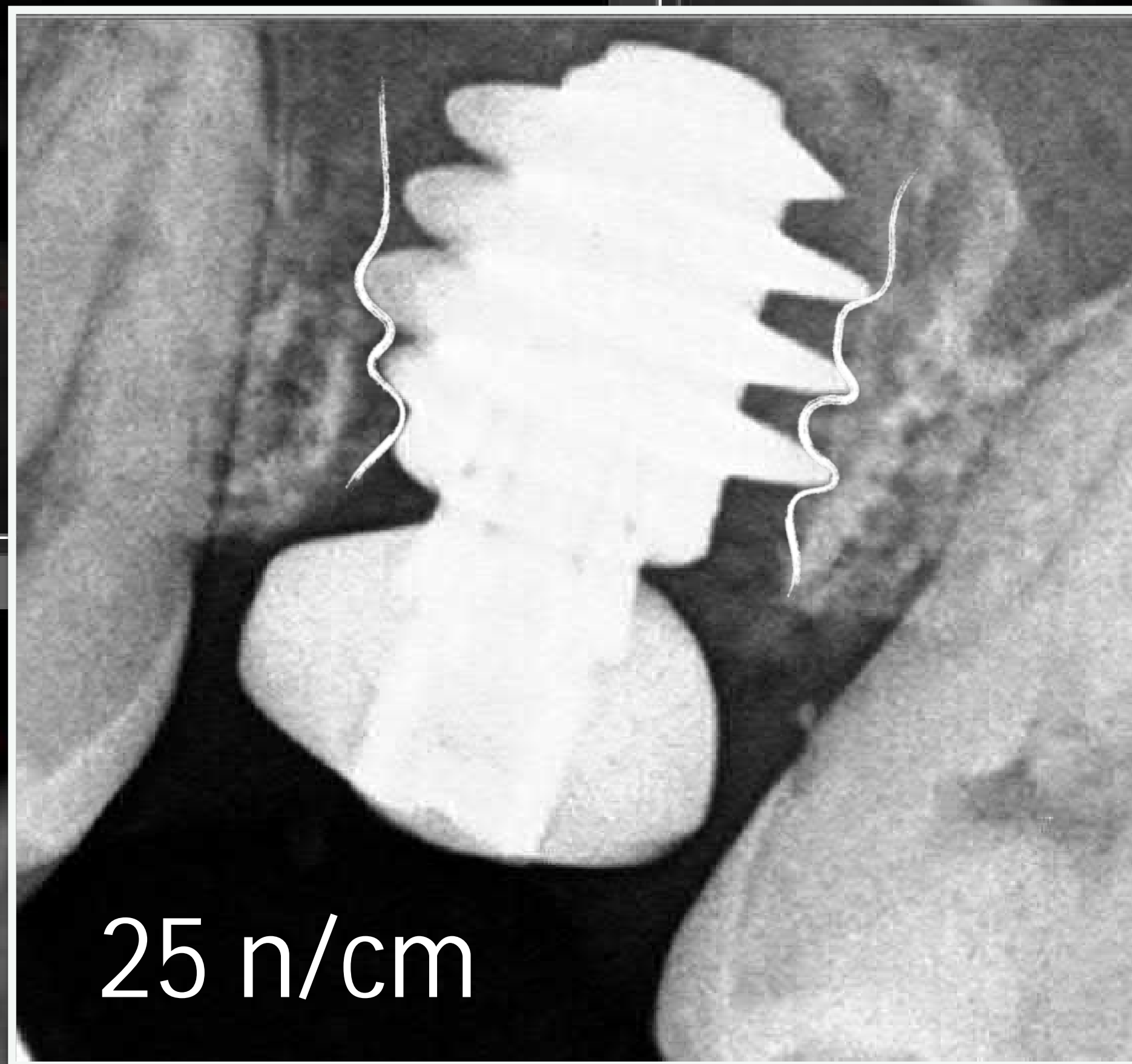
ная плоскость

V ALEKSEY VYACHESLAVOVICH

H

2.85 mm

1.99 mm



2.1 mm

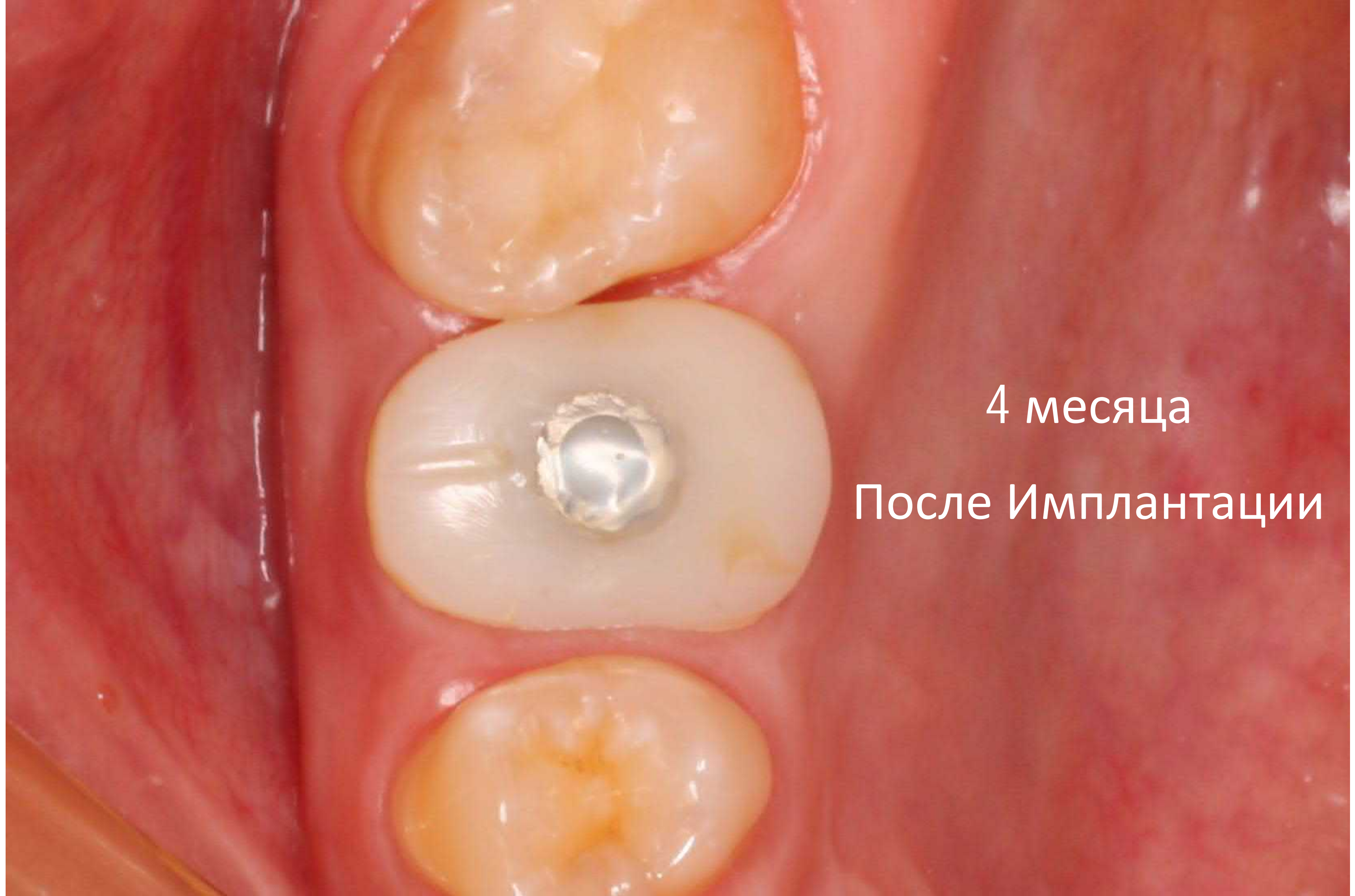
2.39 mm

4.27 mm

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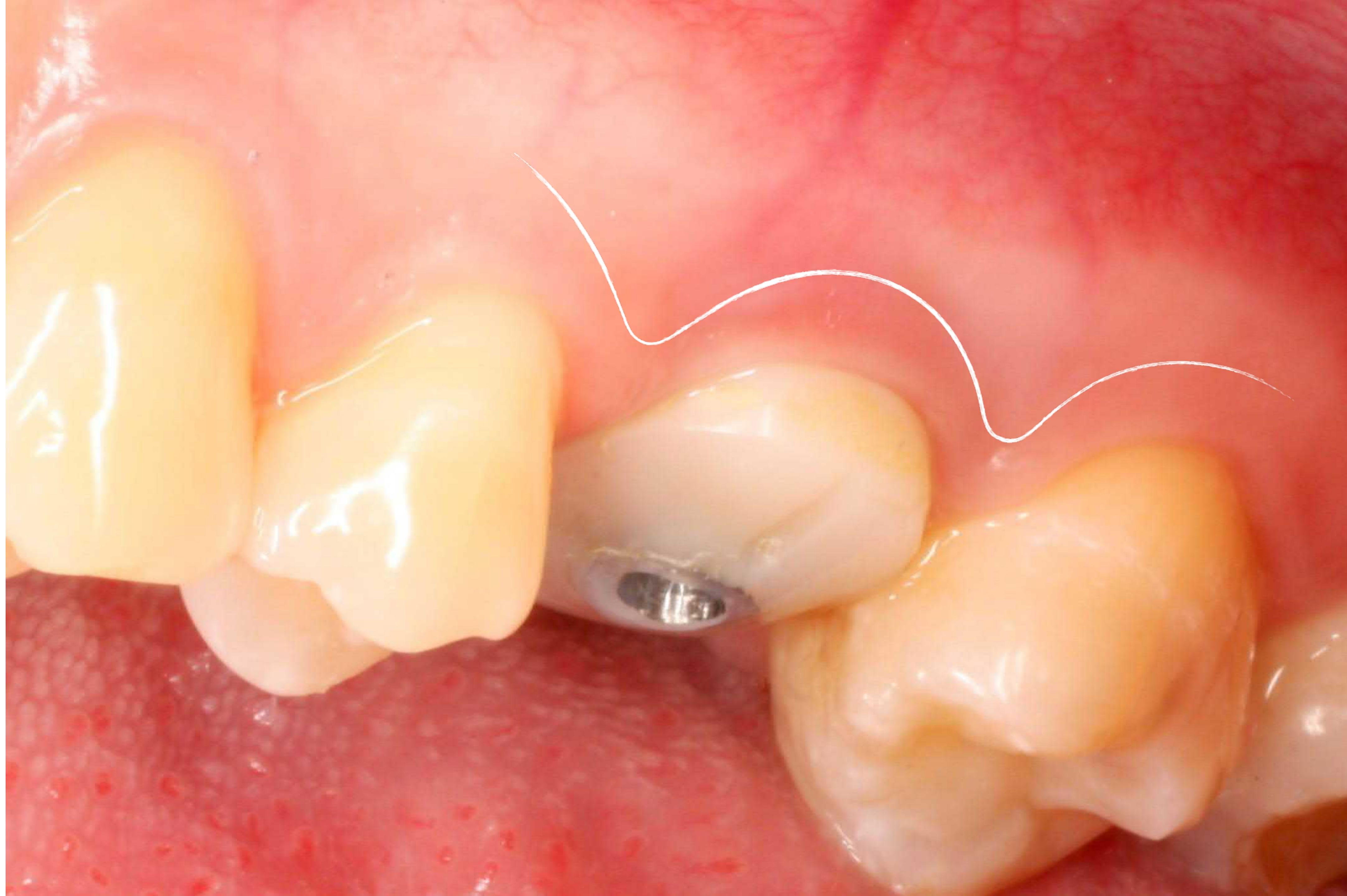
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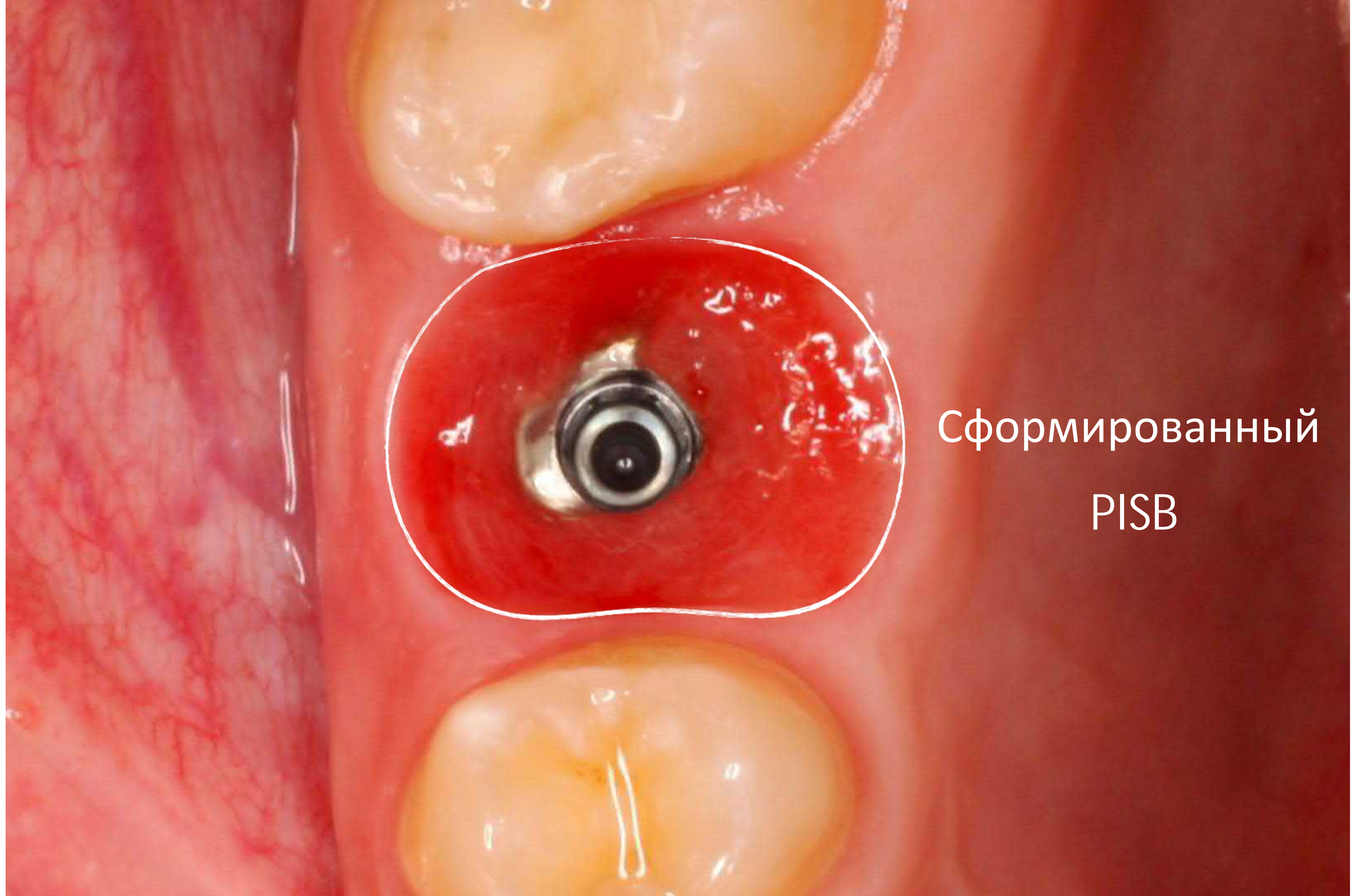
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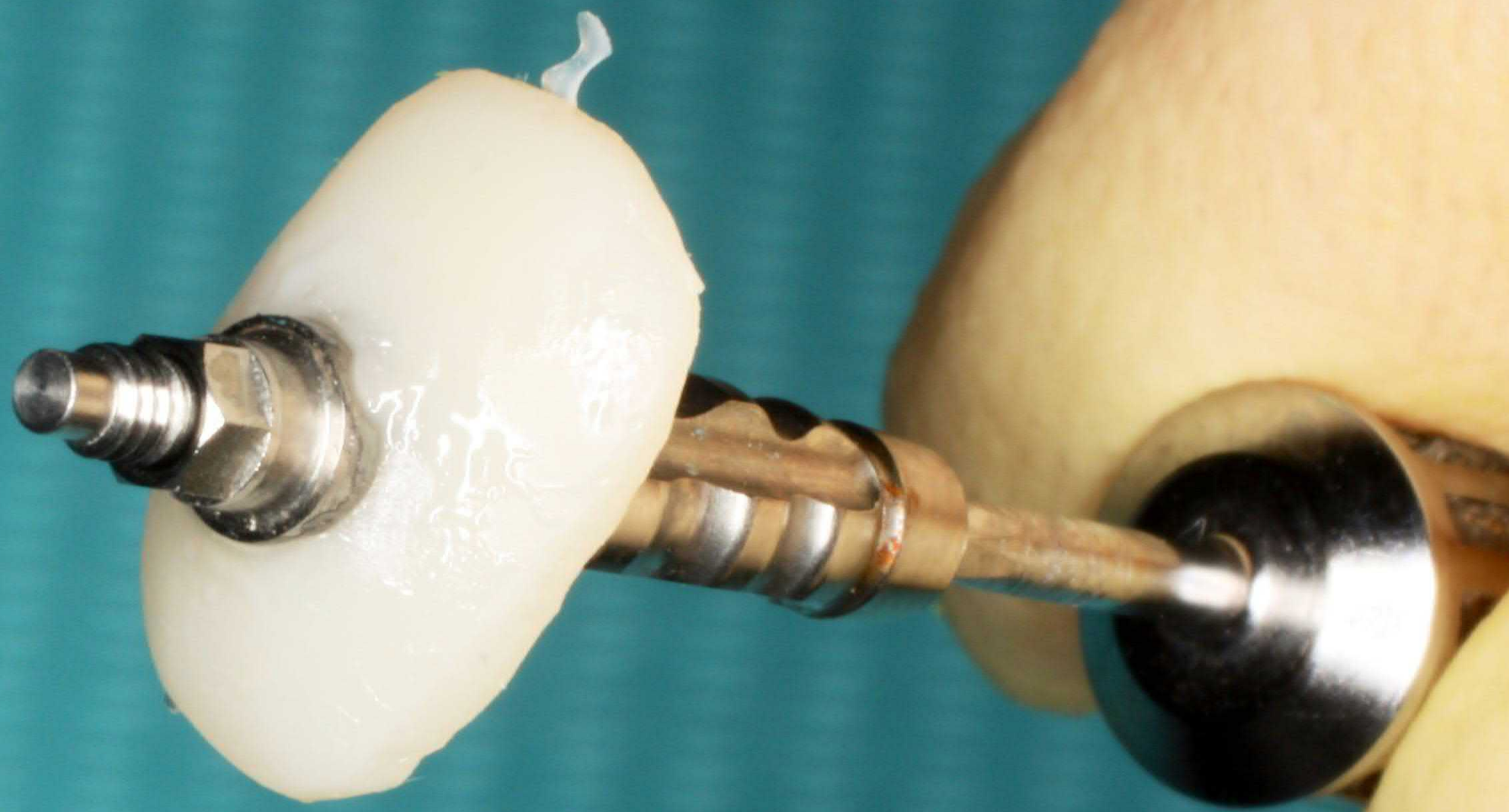
4 месяца

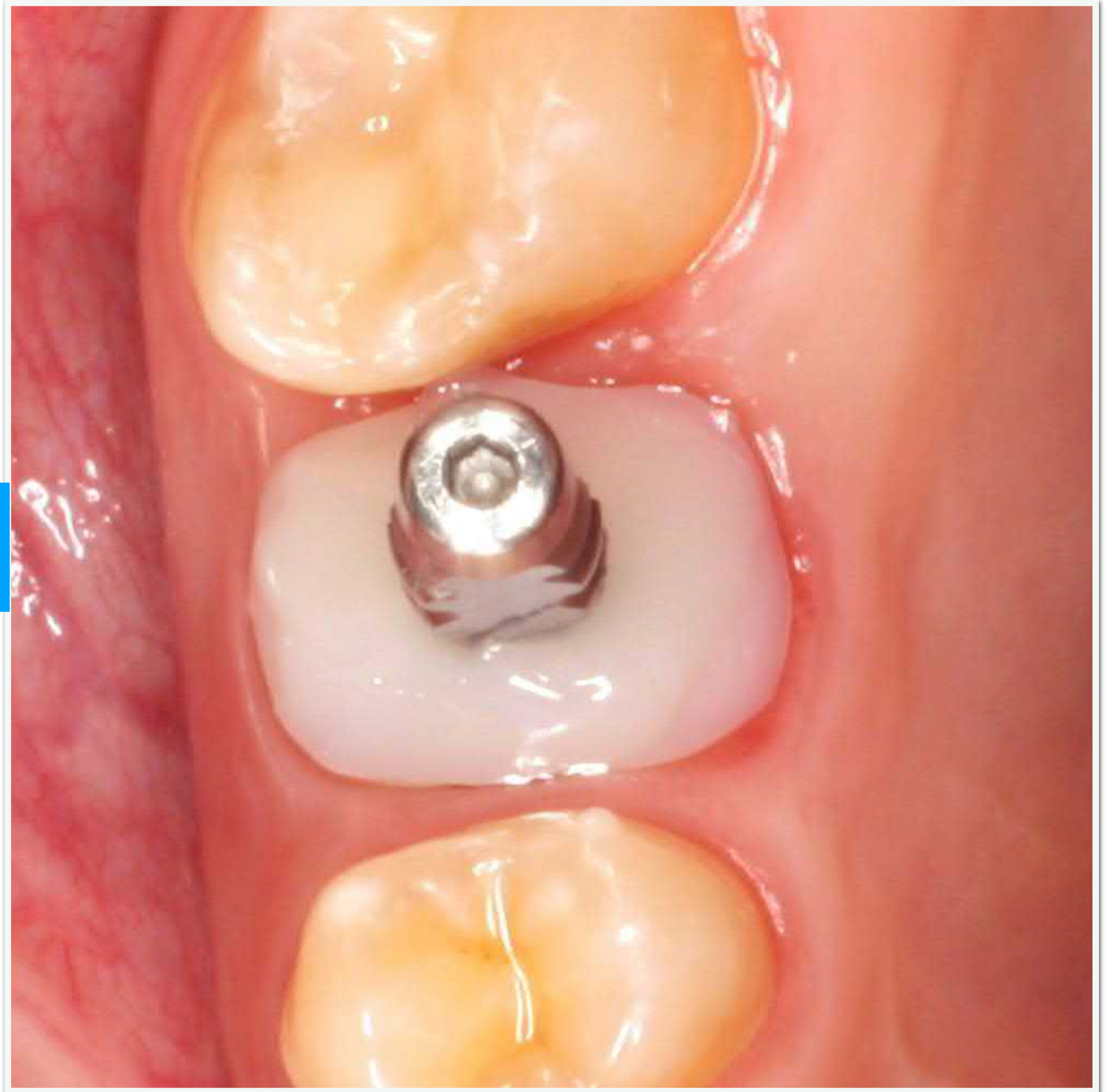
После Имплантации

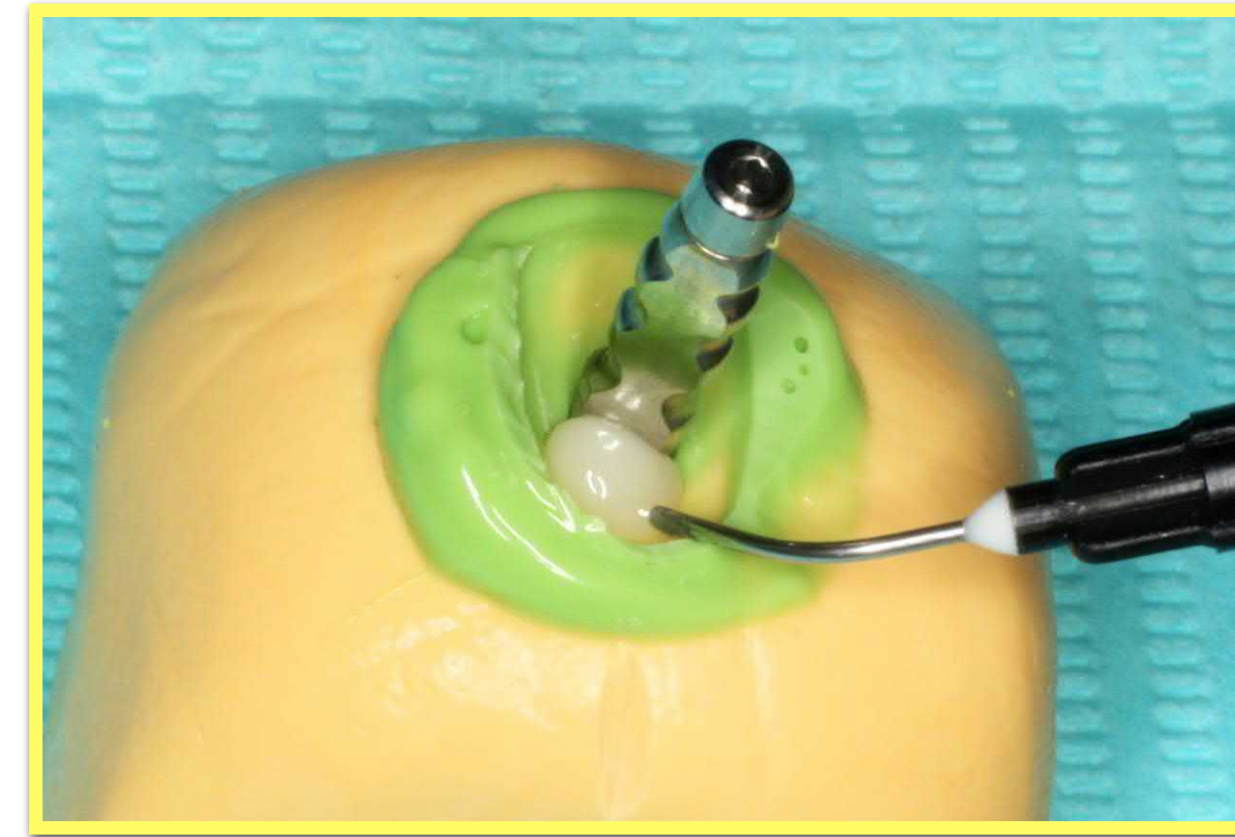
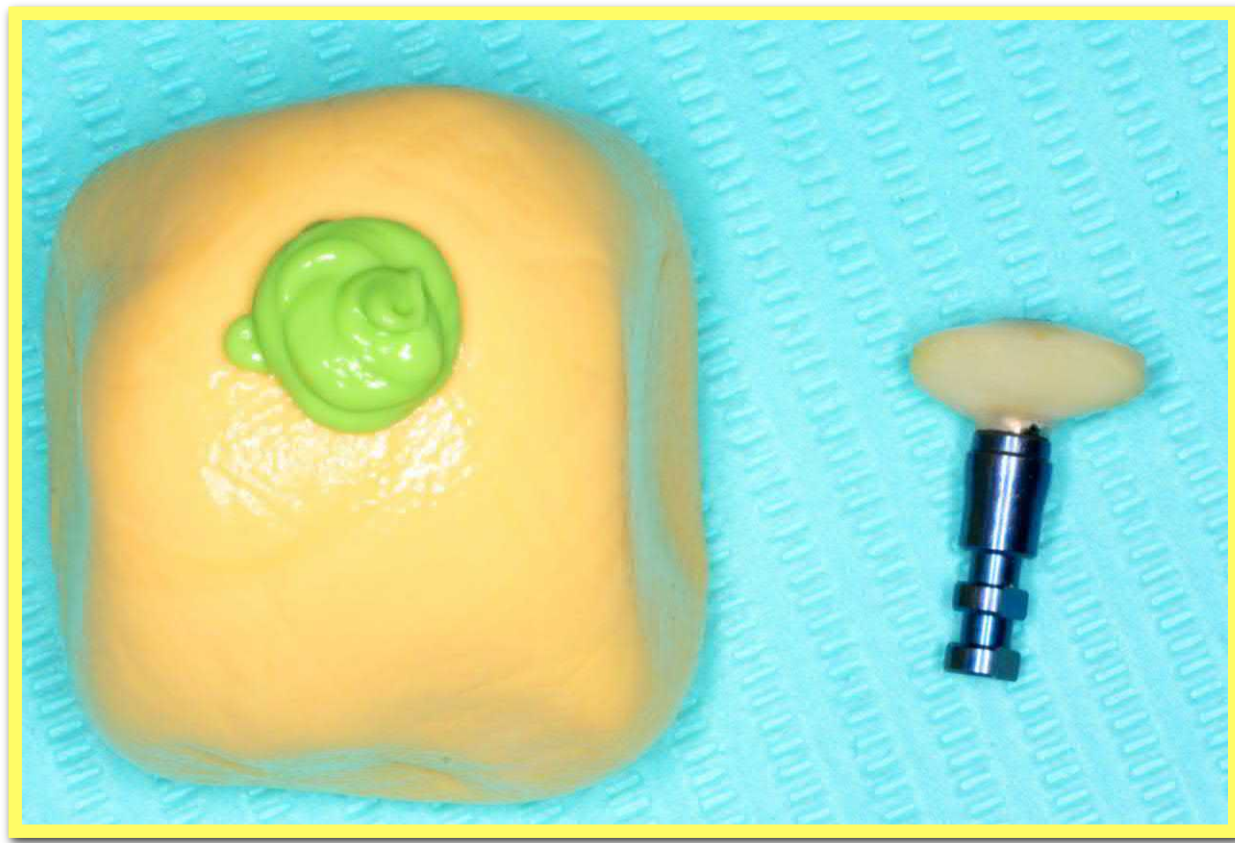




Сформированный
PISB

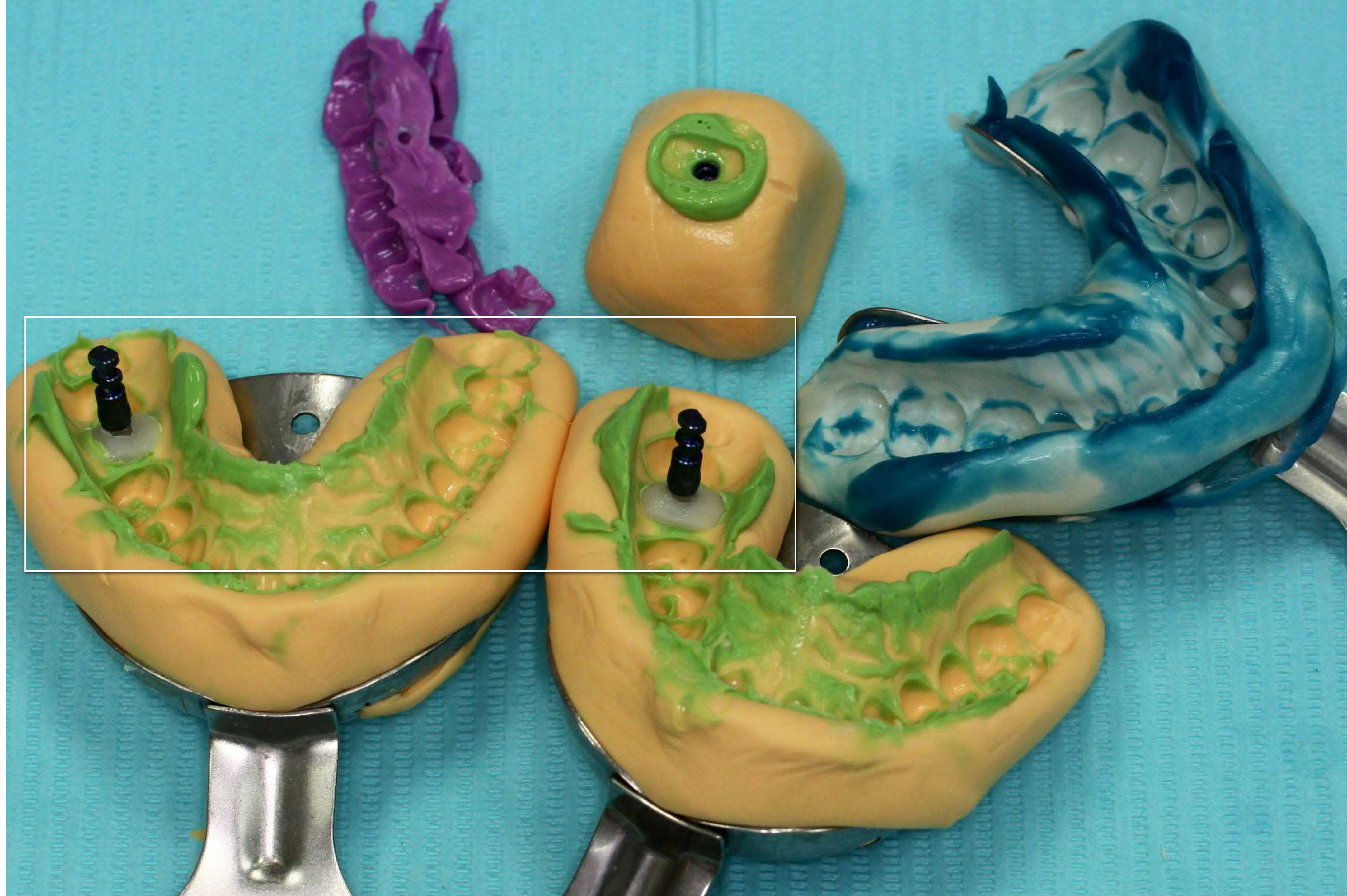


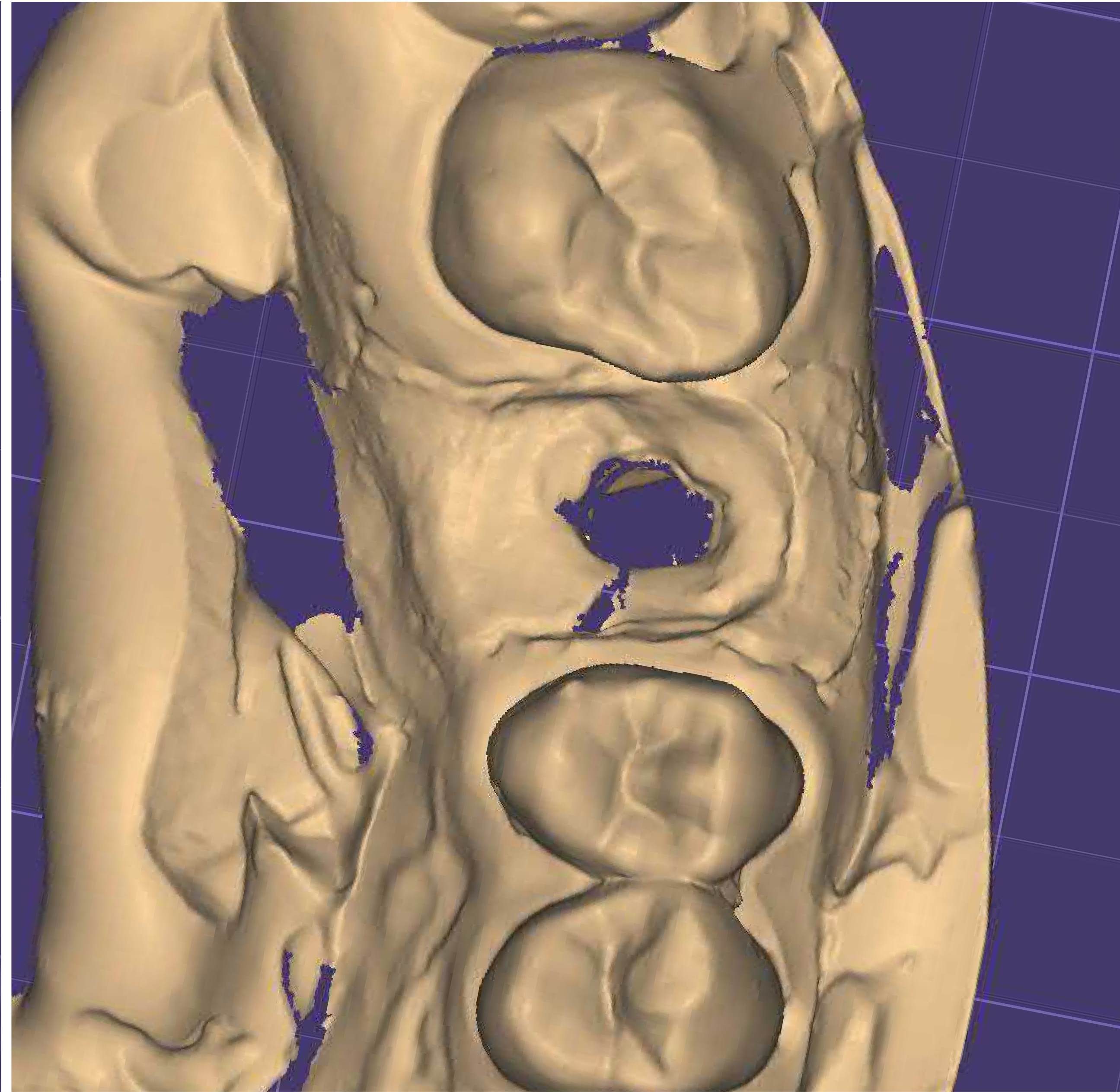
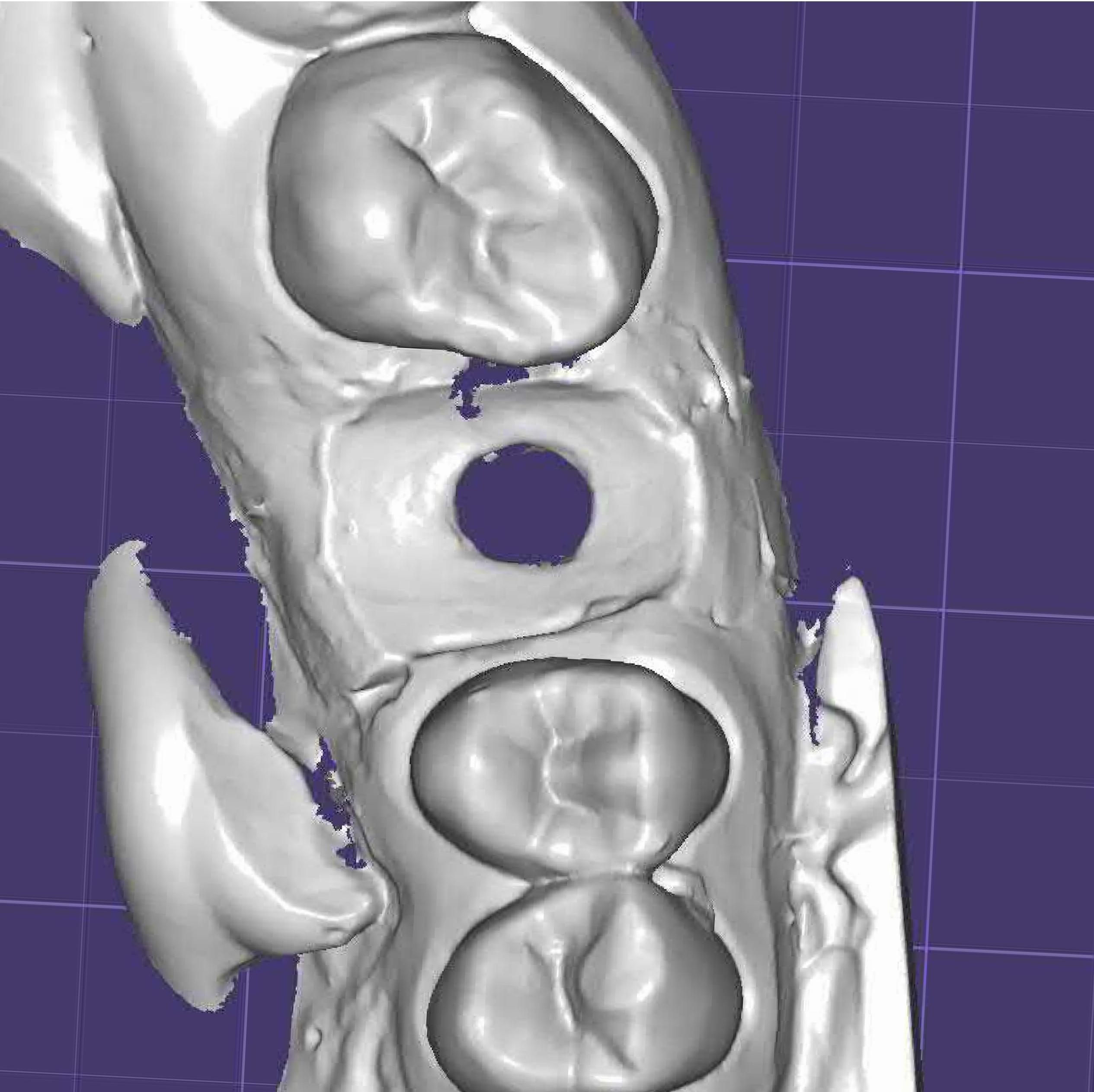


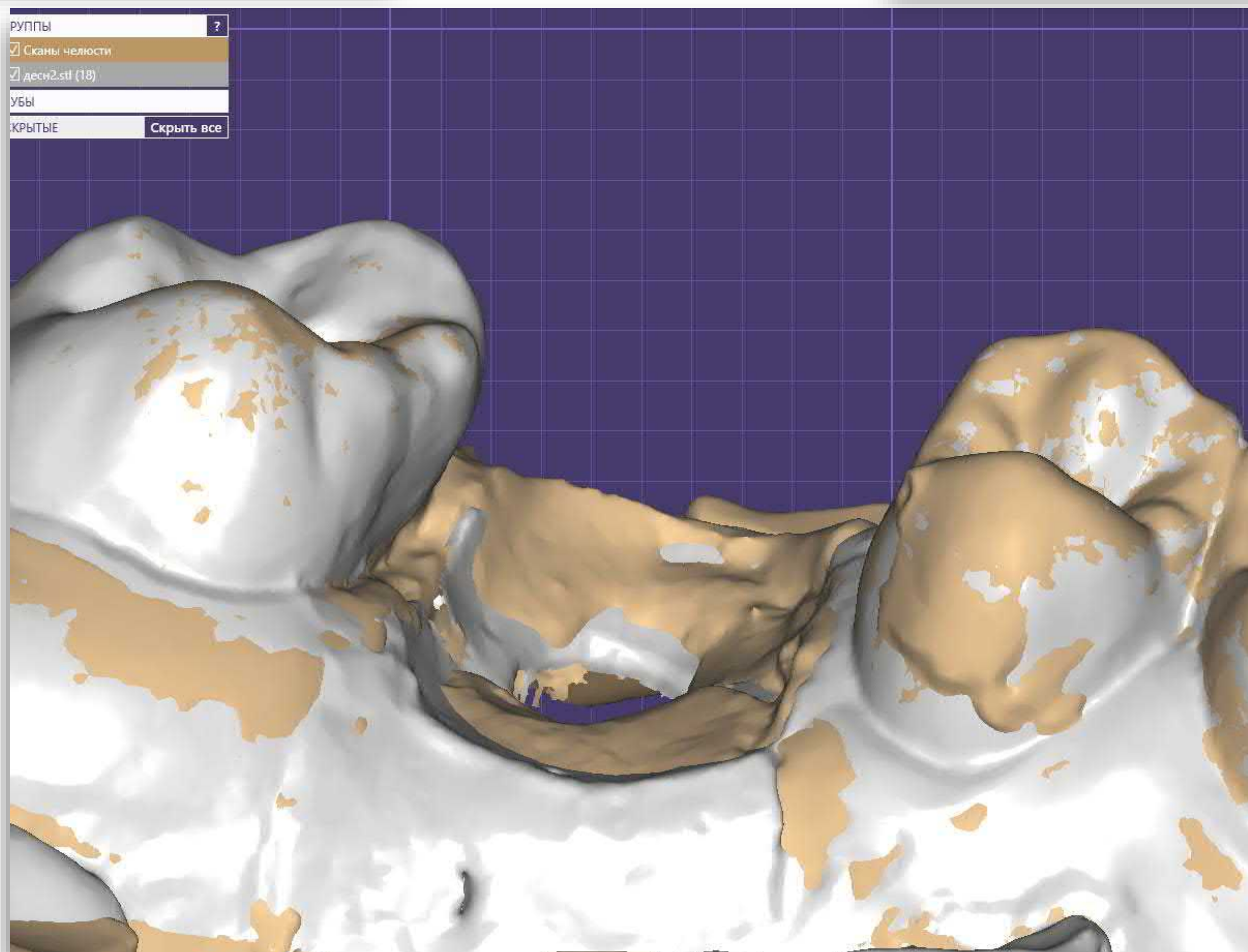
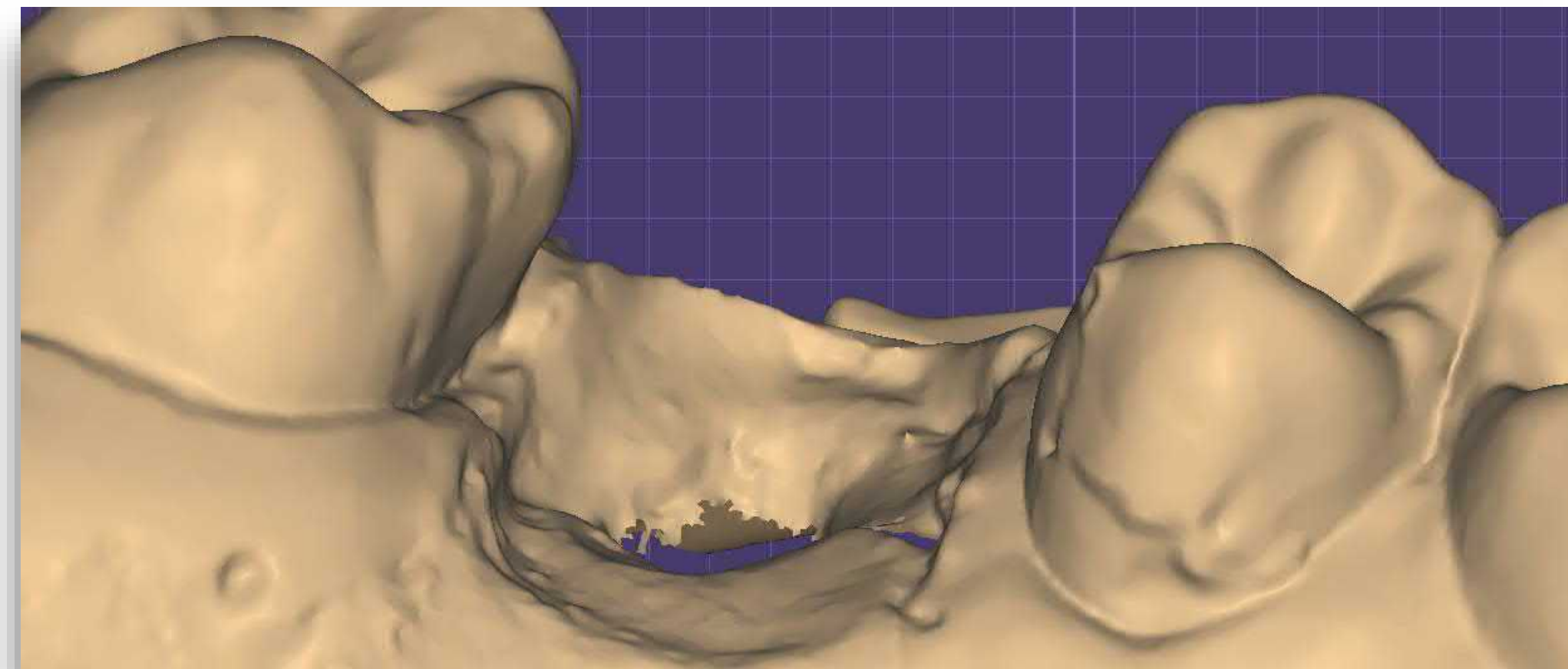
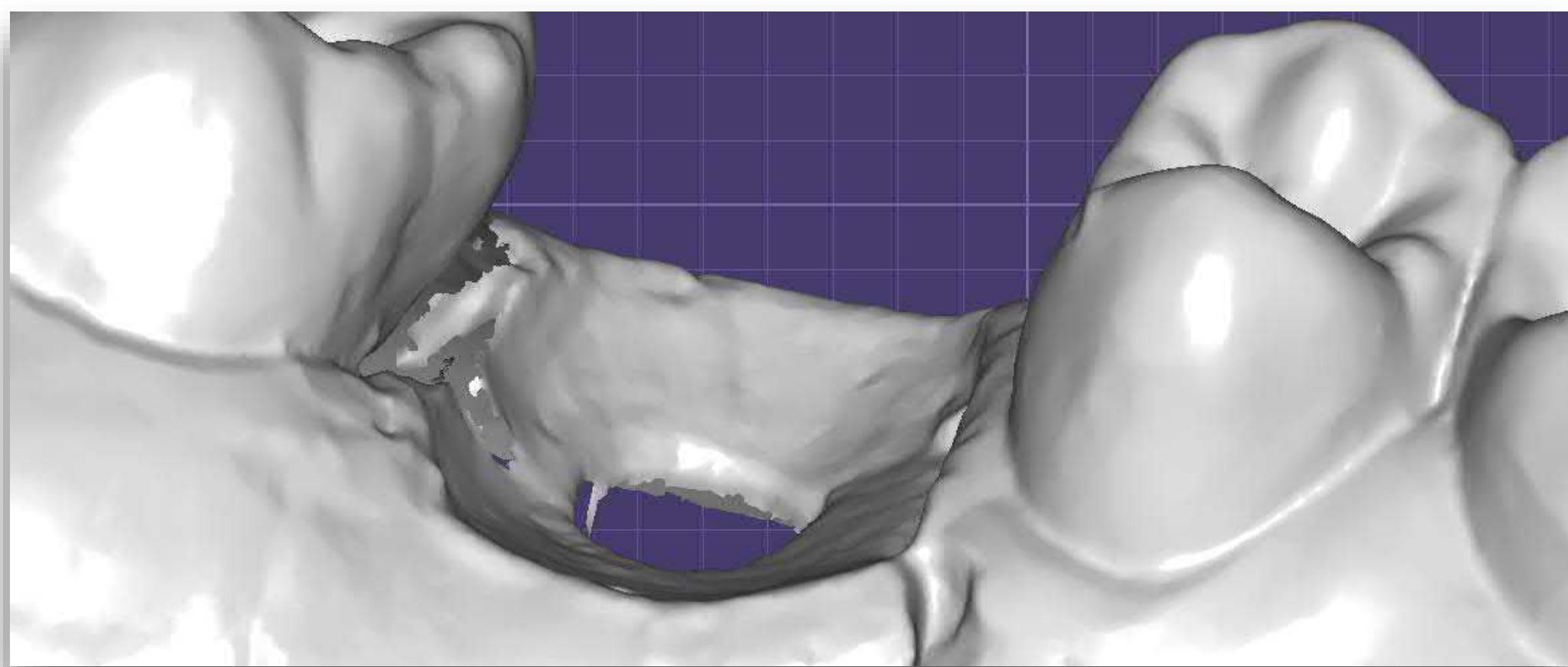


Упругость/Податливость
мягких тканей в зоне PISB









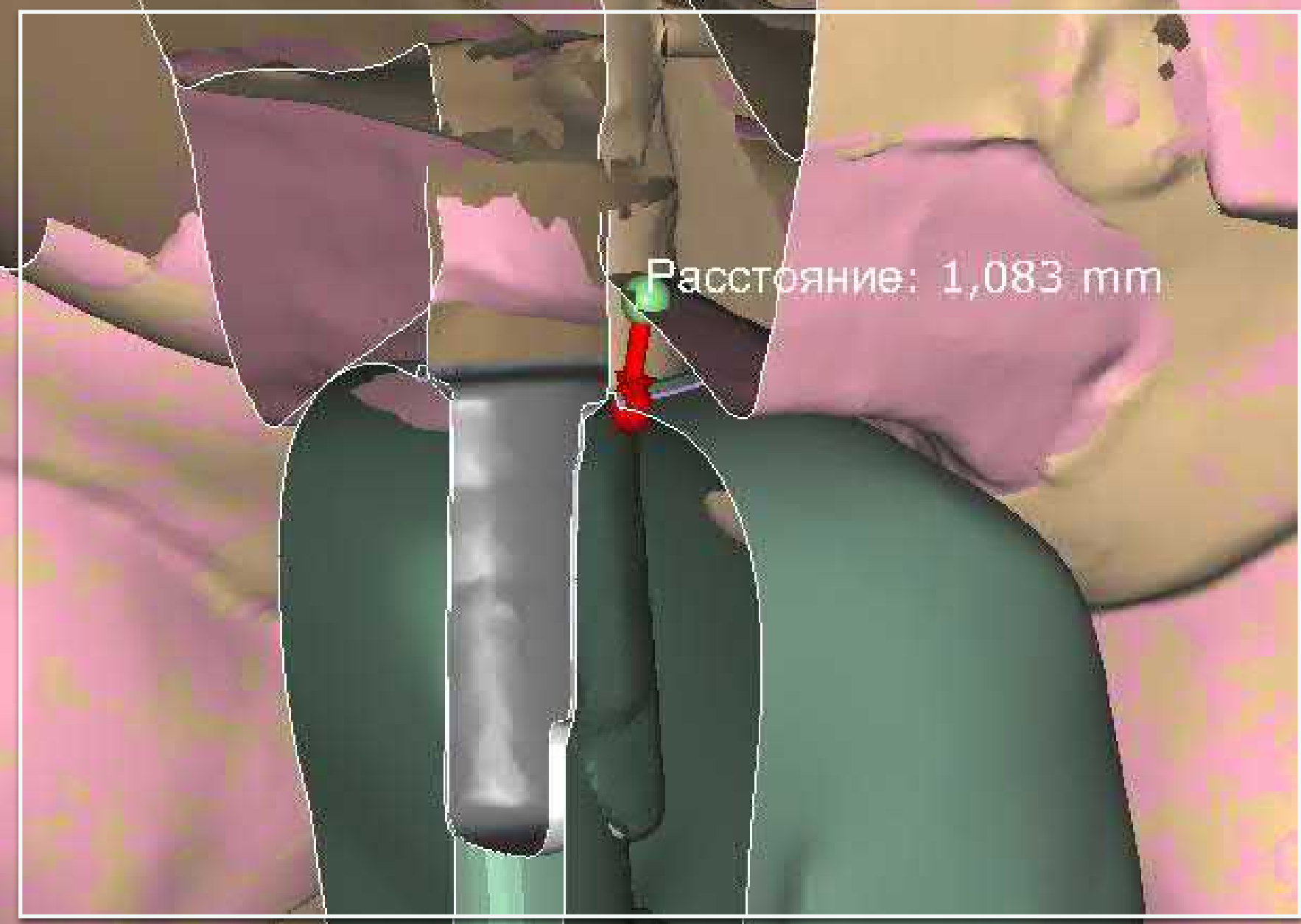
- ГРУППЫ
- Антагонисты
 - Сканы челюсти
 - Сканы десны
 - Полная анатомия
 - Абатменты
 - Винтовые каналы
 - Объединенные части
 - Основания реставраций
 - Мин. толщина
 - Остальные части
- ЗУБЫ
- СКРЫТЫЕ Показать все

Разрез

✂ Добавить плоскость ✋ Удалить все плоскости

Позиция < > Активирован Поворот

↺ Сброс ↻ Инверт. ✂ Удалить

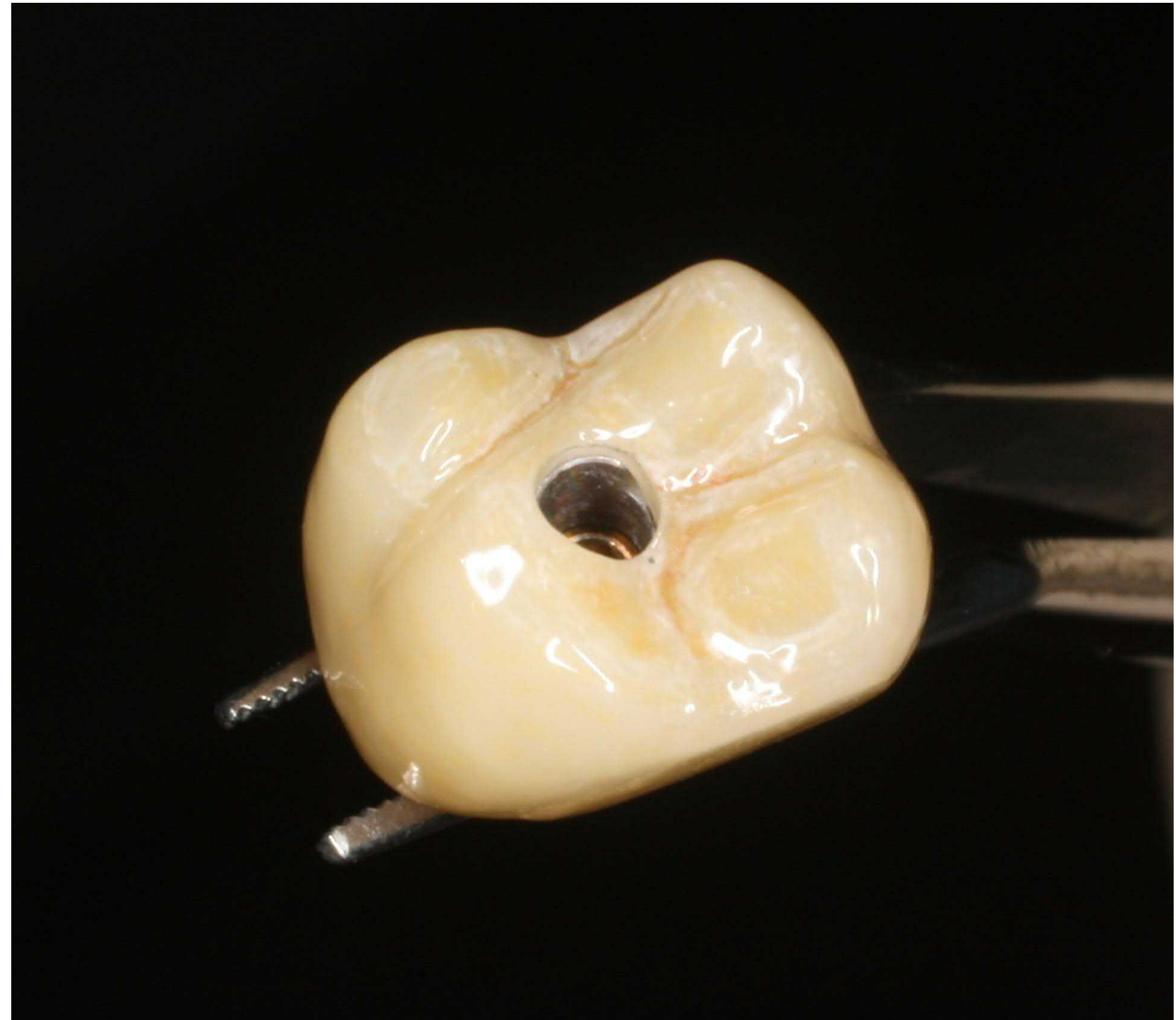


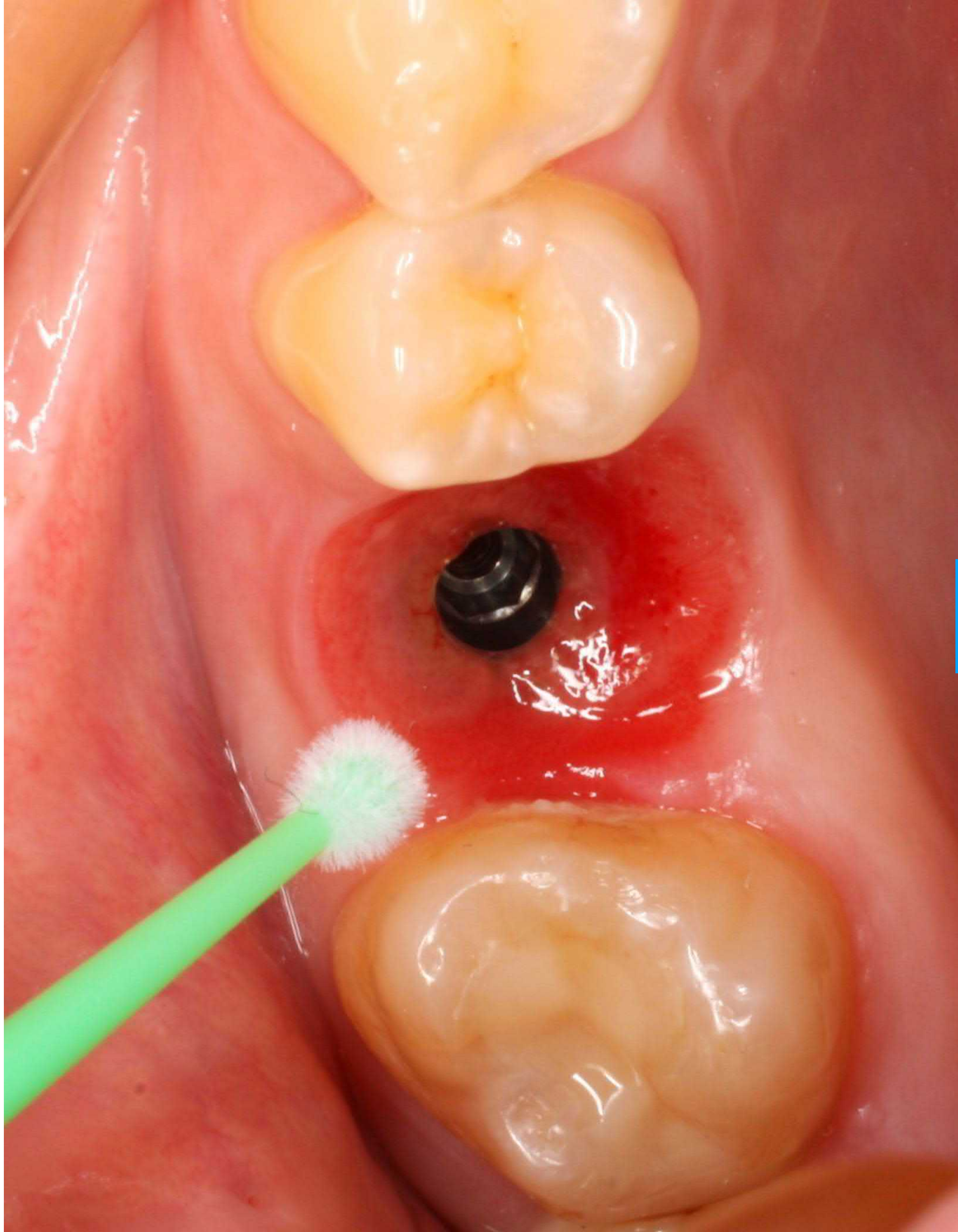
Линейка

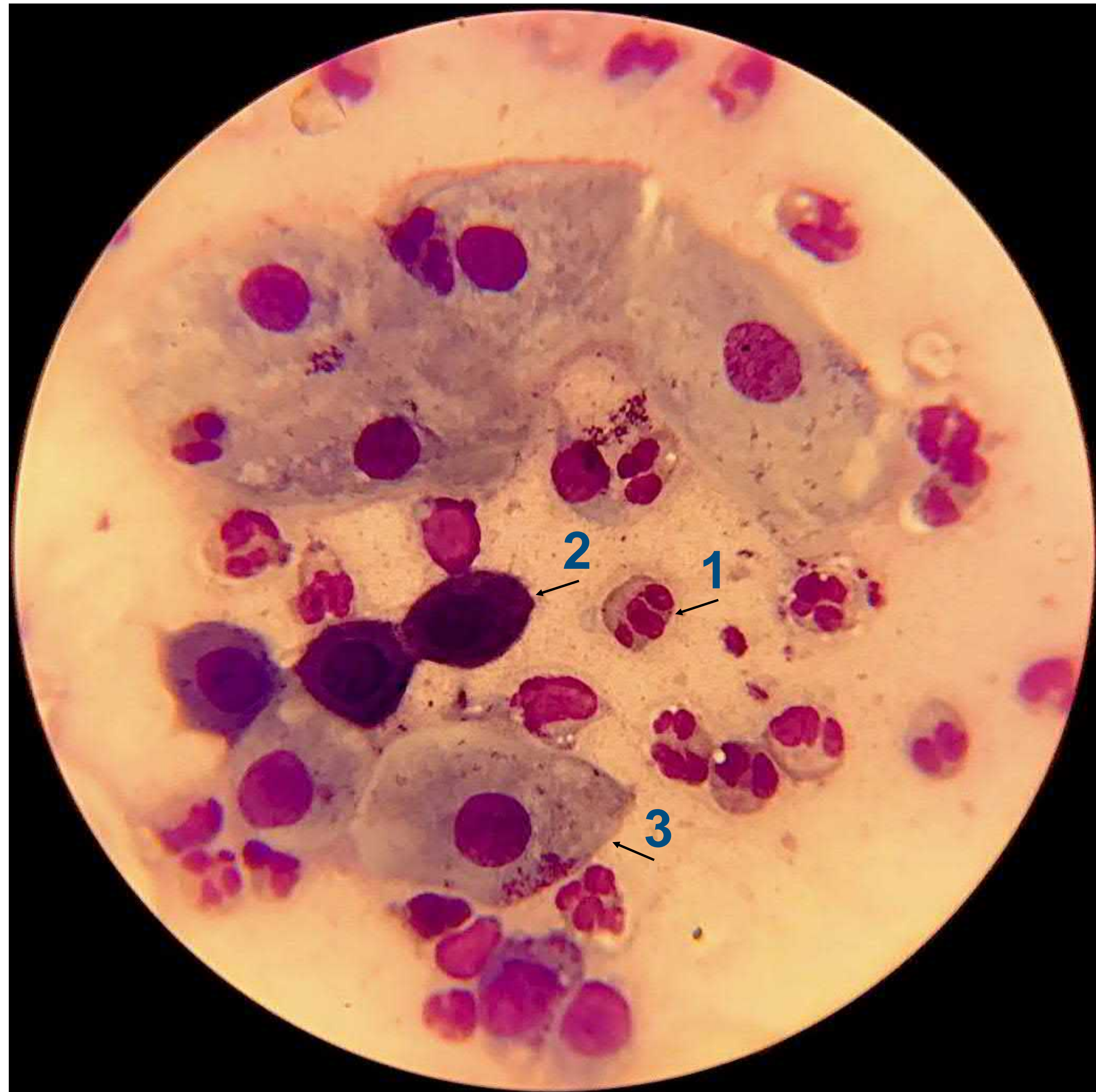
Перемещение точек мышью:

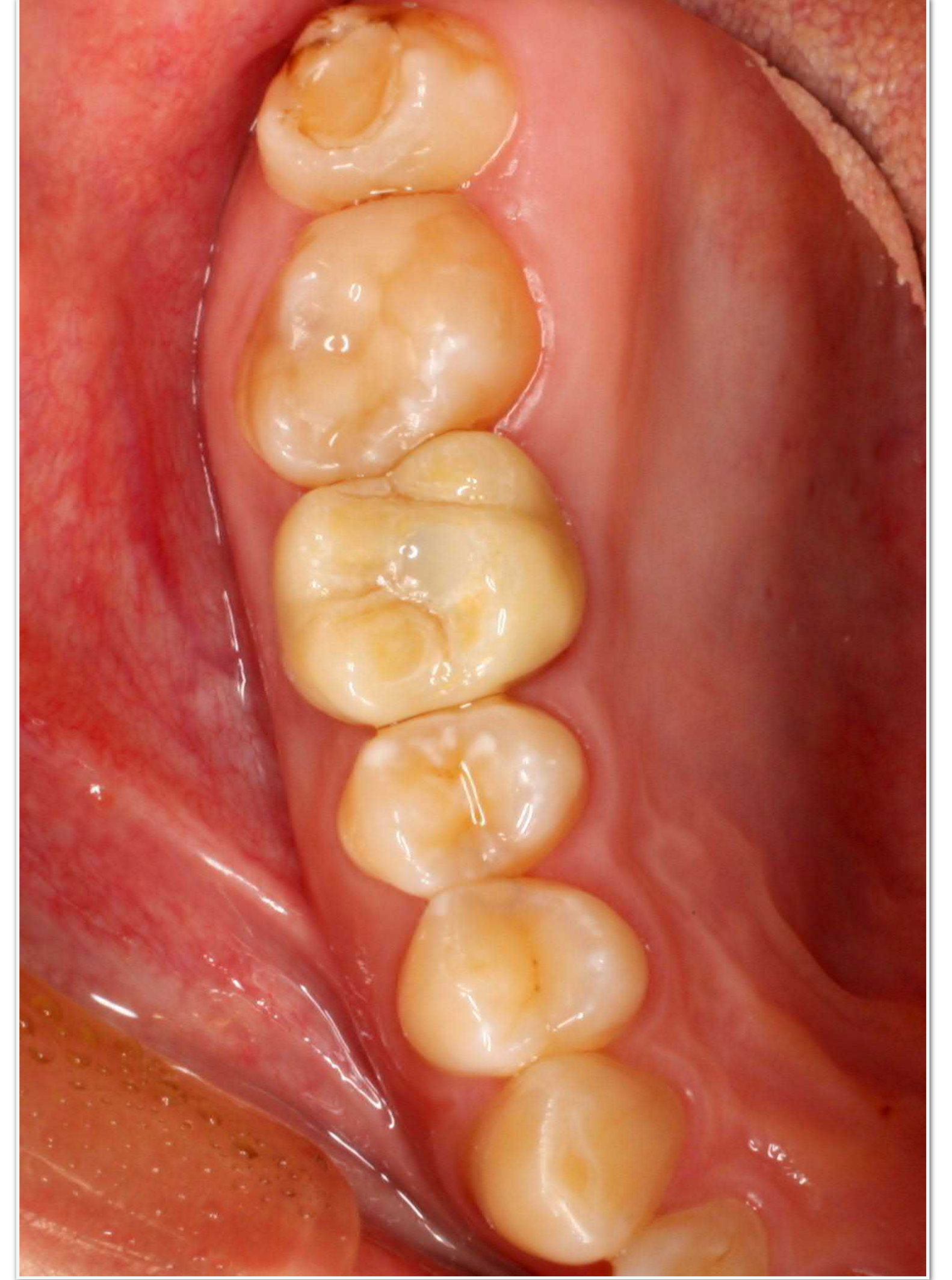
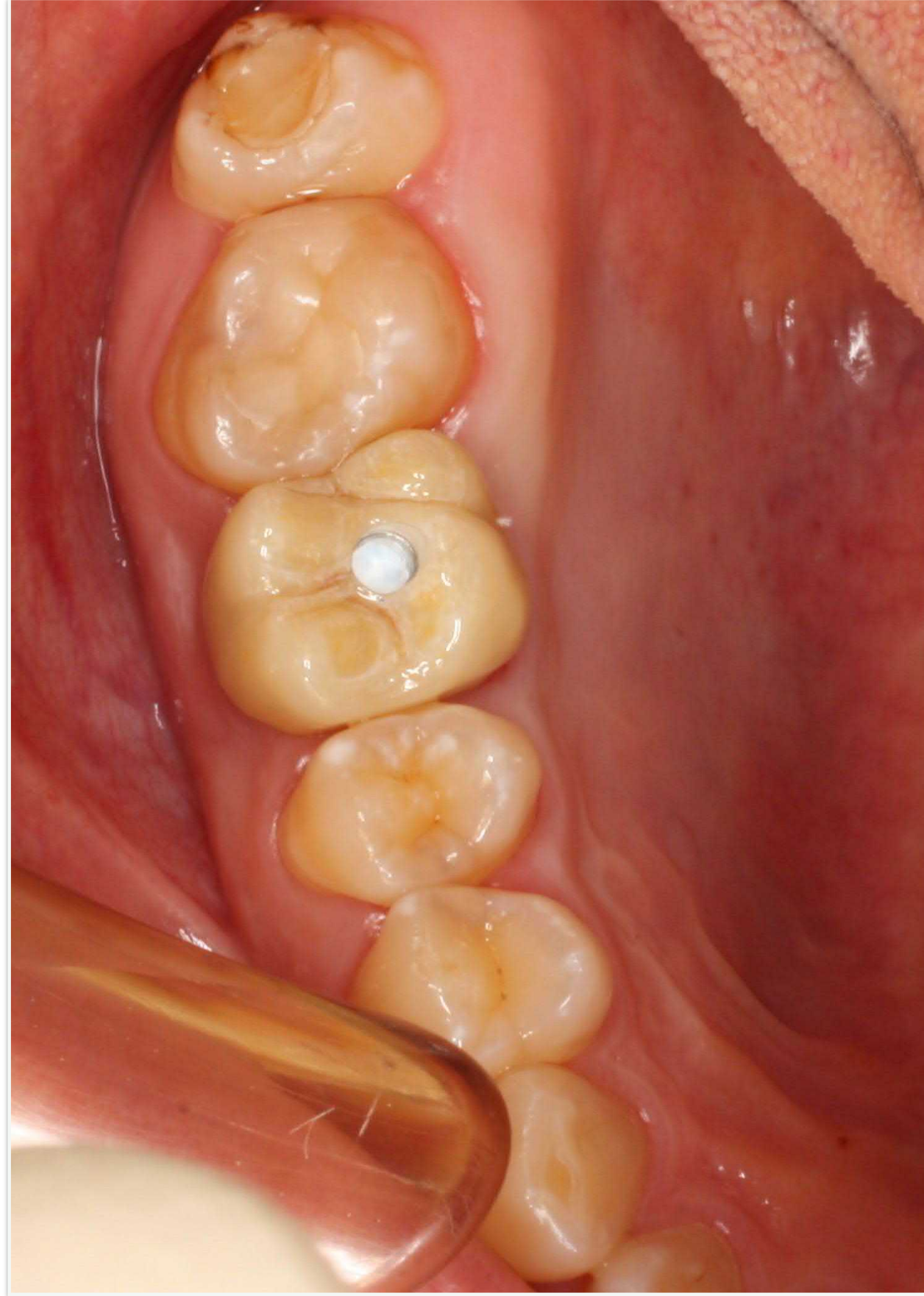
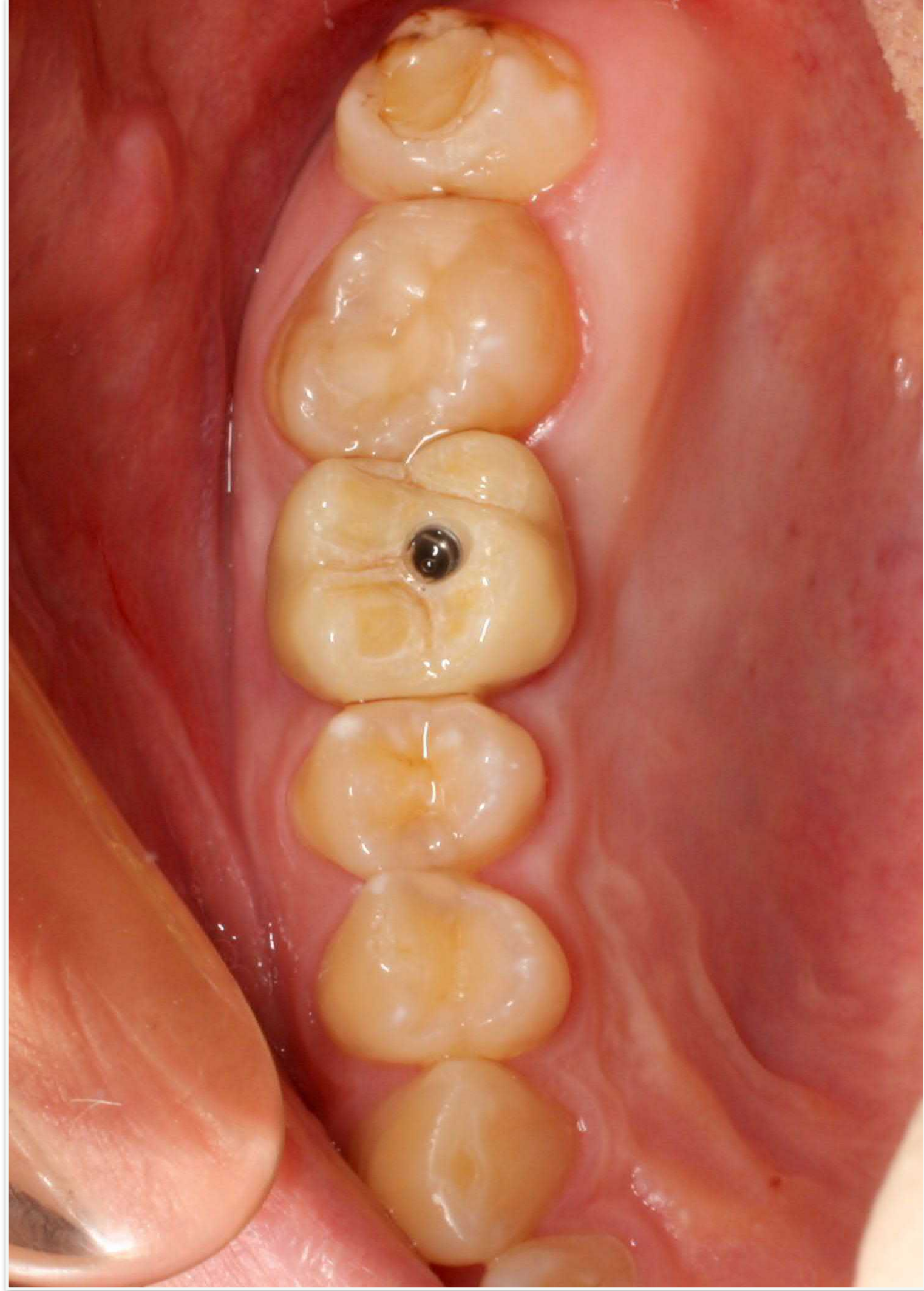
📏 📍 📍 🔒

ТОЧКА НАЧАЛА





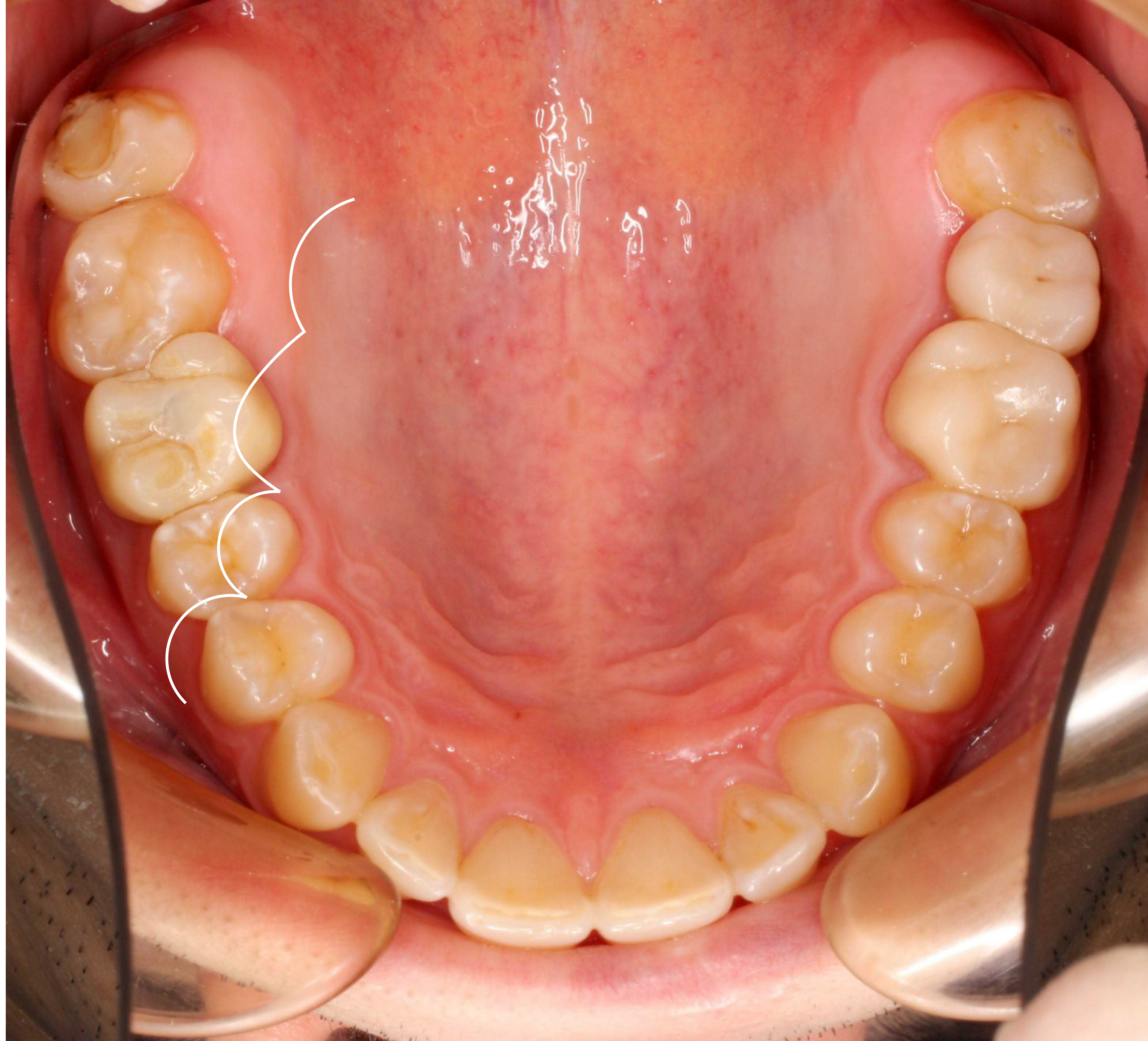


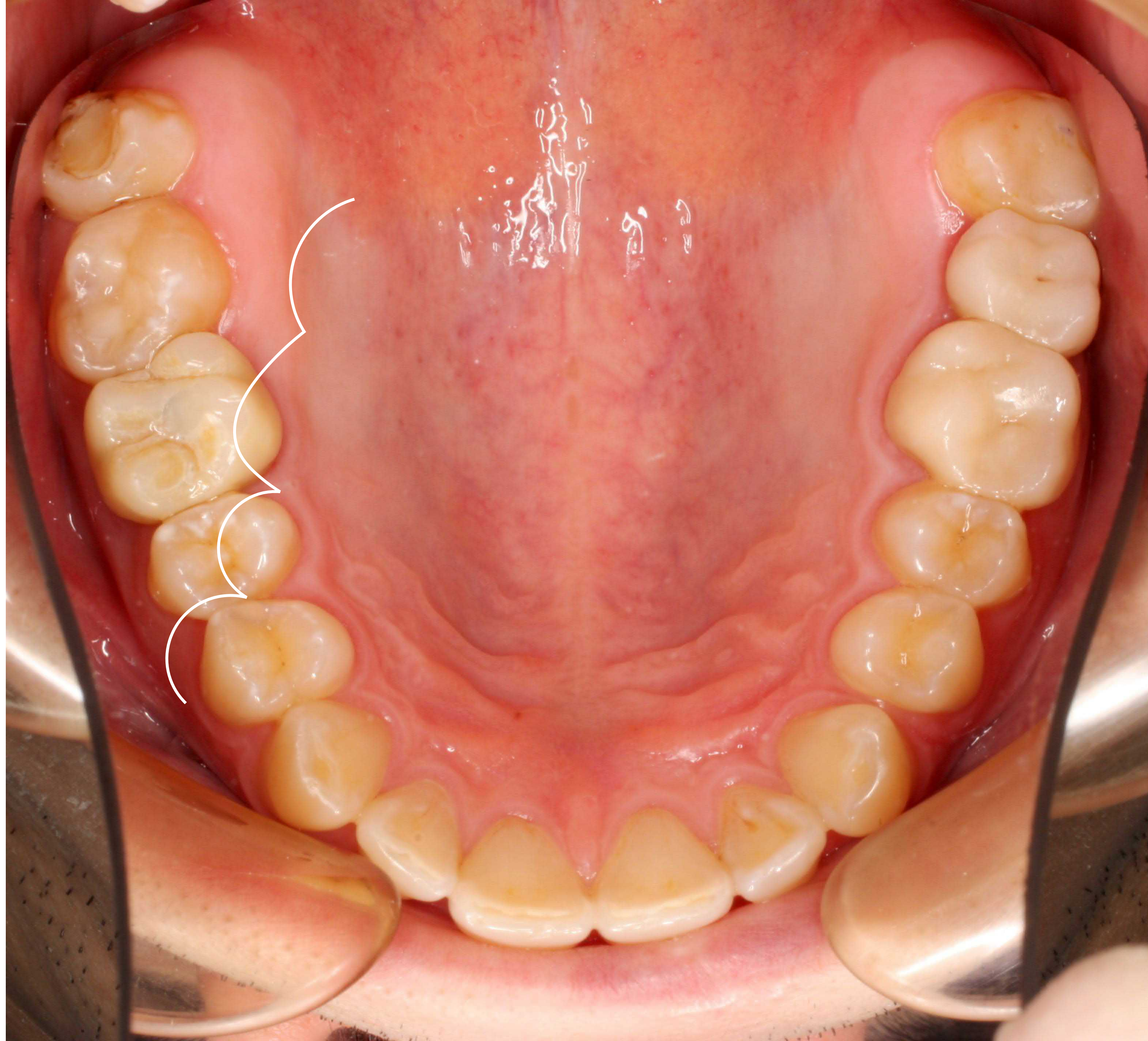












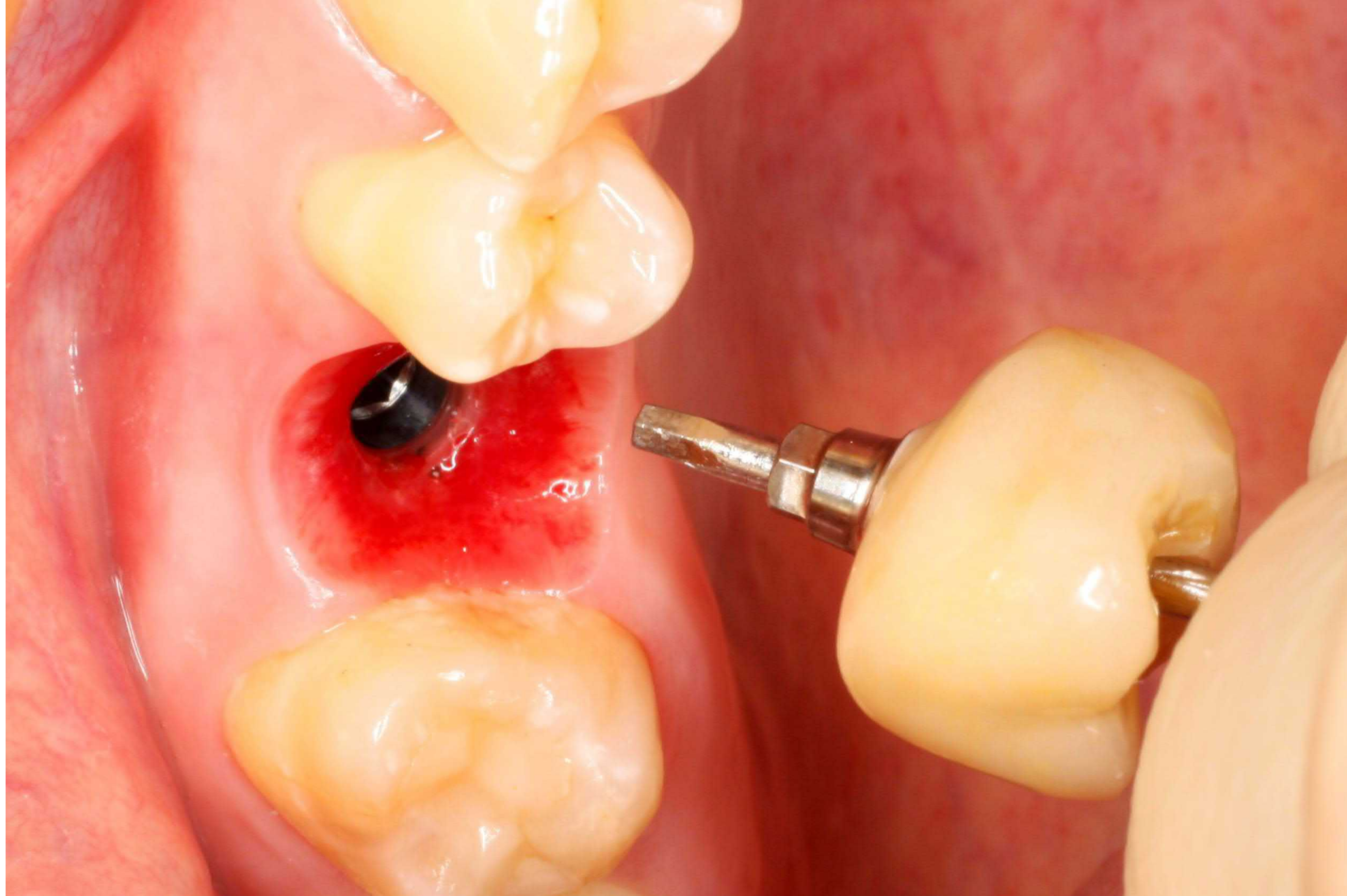
Анализ отдаленных результатов

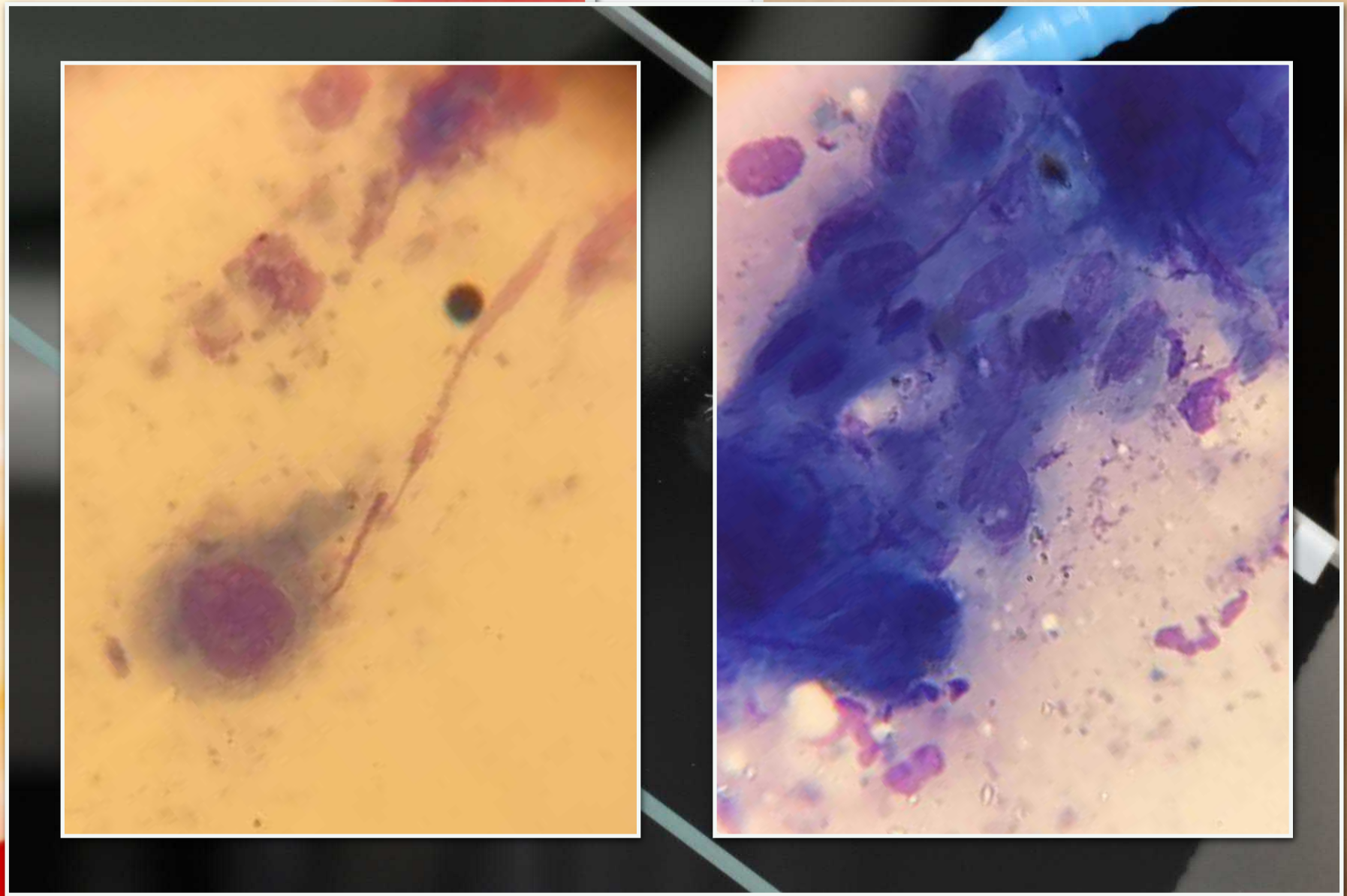
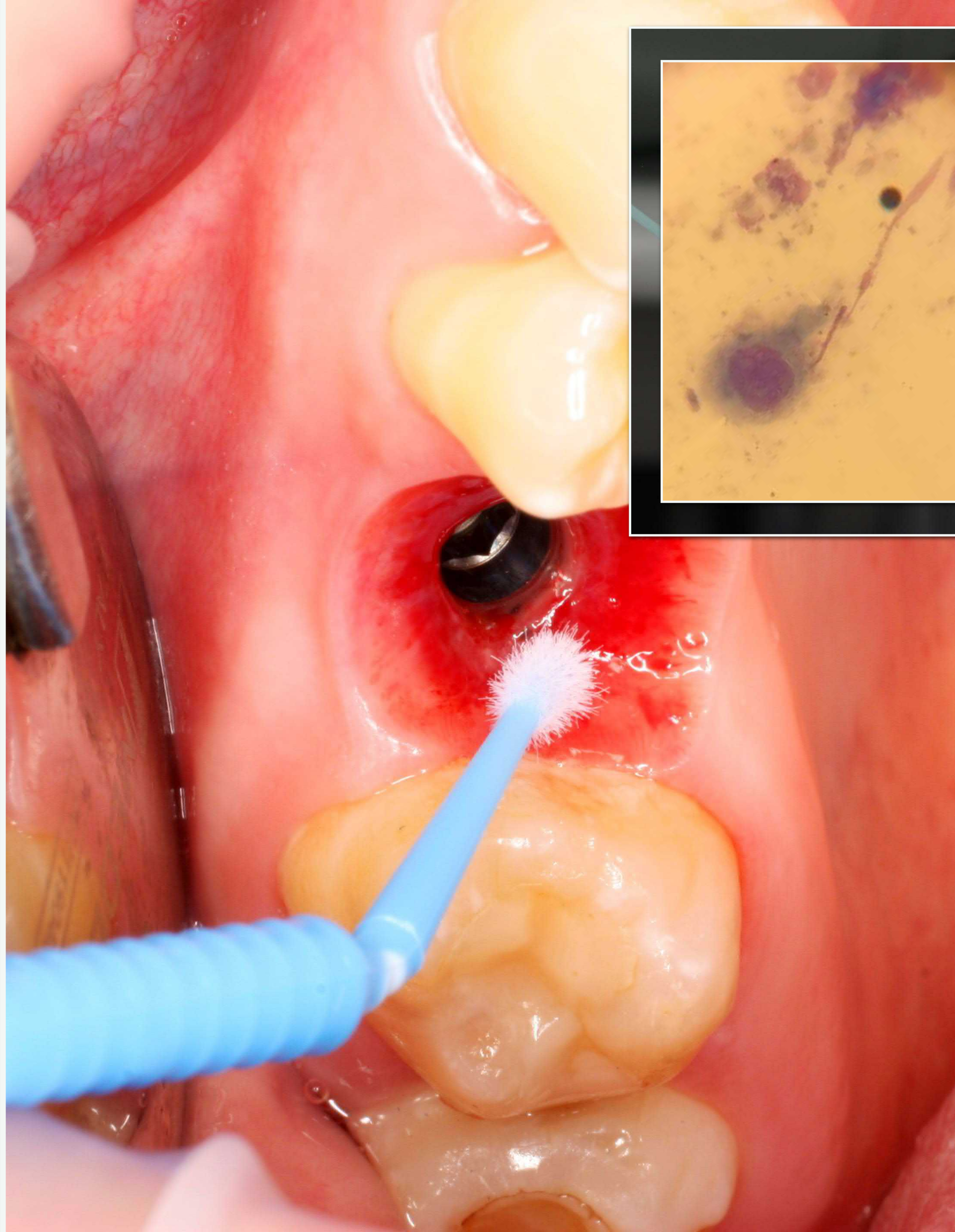
Сразу после фиксации

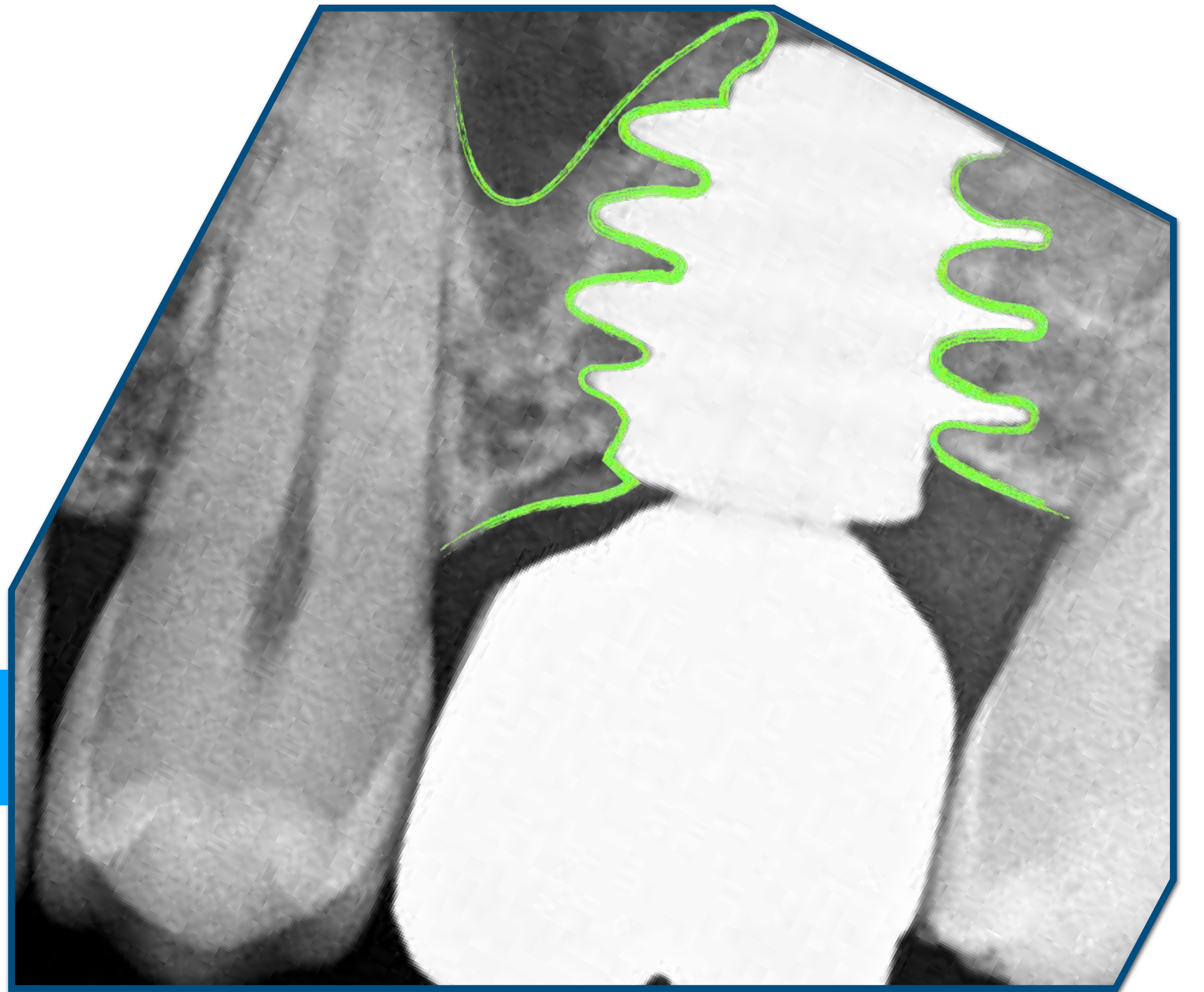
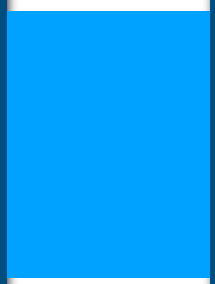
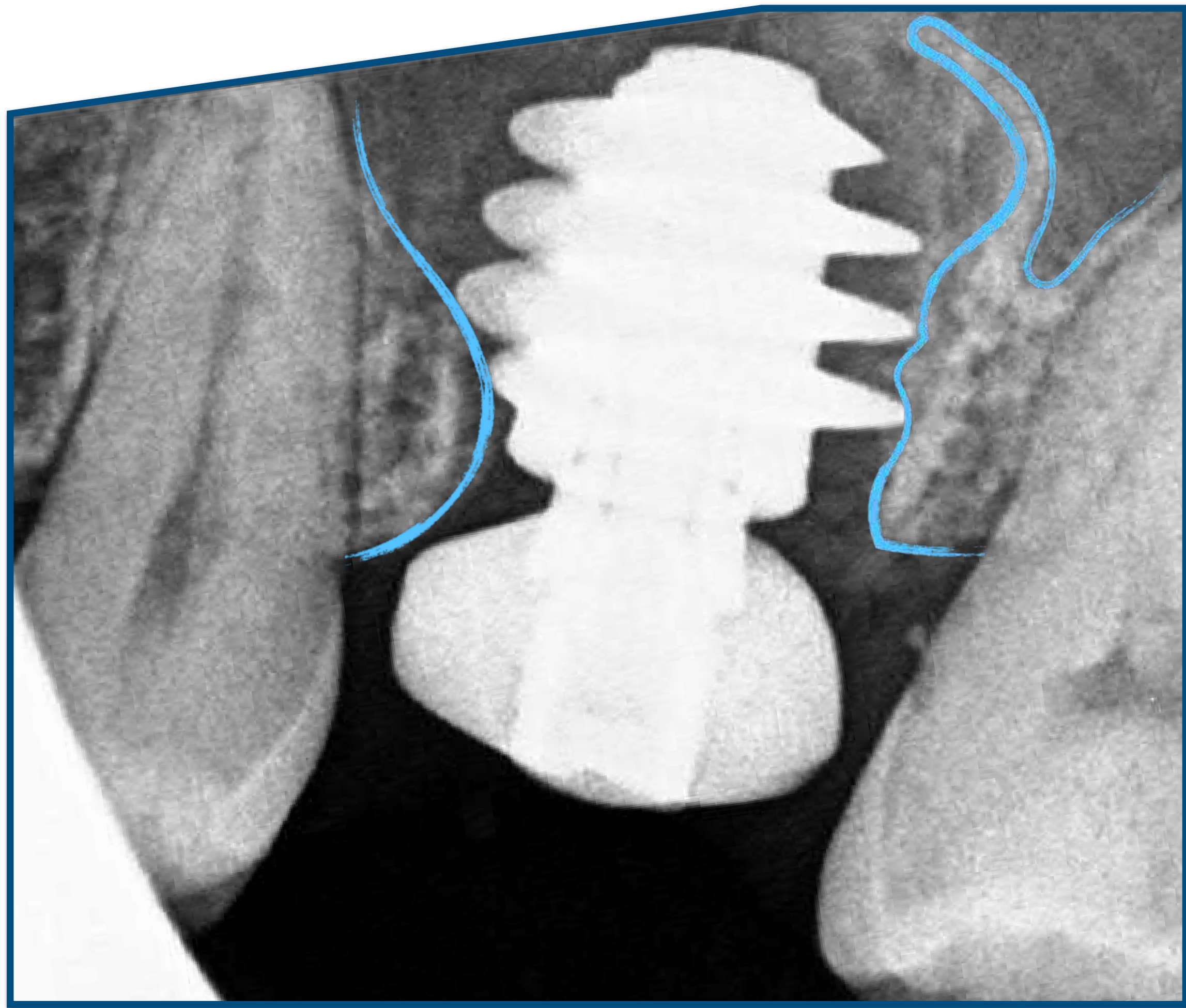


Через год после имплантации





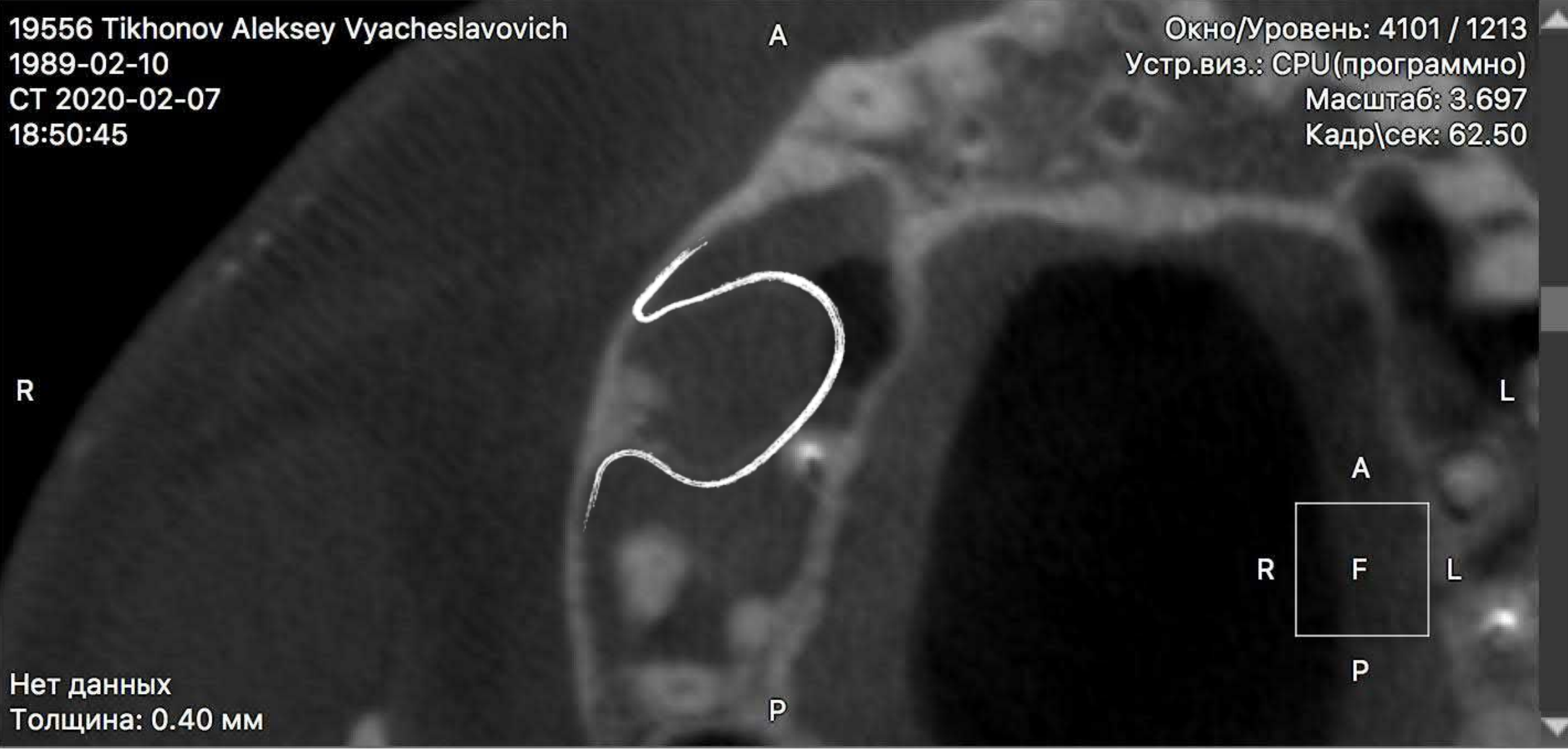




Аксиальная плоскость

19556 Tikhonov Aleksey Vyacheslavovich
1989-02-10
СТ 2020-02-07
18:50:45

Окно/Уровень: 4101 / 1213
Устр.виз.: CPU(программно)
Масштаб: 3.697
Кадр\сек: 62.50



Нет данных
Толщина: 0.40 мм

Фронтальная плоскость

19556 Tikhonov Aleksey Vyacheslavovich
1989-02-10
СТ 2020-02-07
18:50:45

Окно/Уровень: 4101 / 1213
Устр.виз.: CPU(программно)
Масштаб: 4.076
Кадр\сек: 33.33

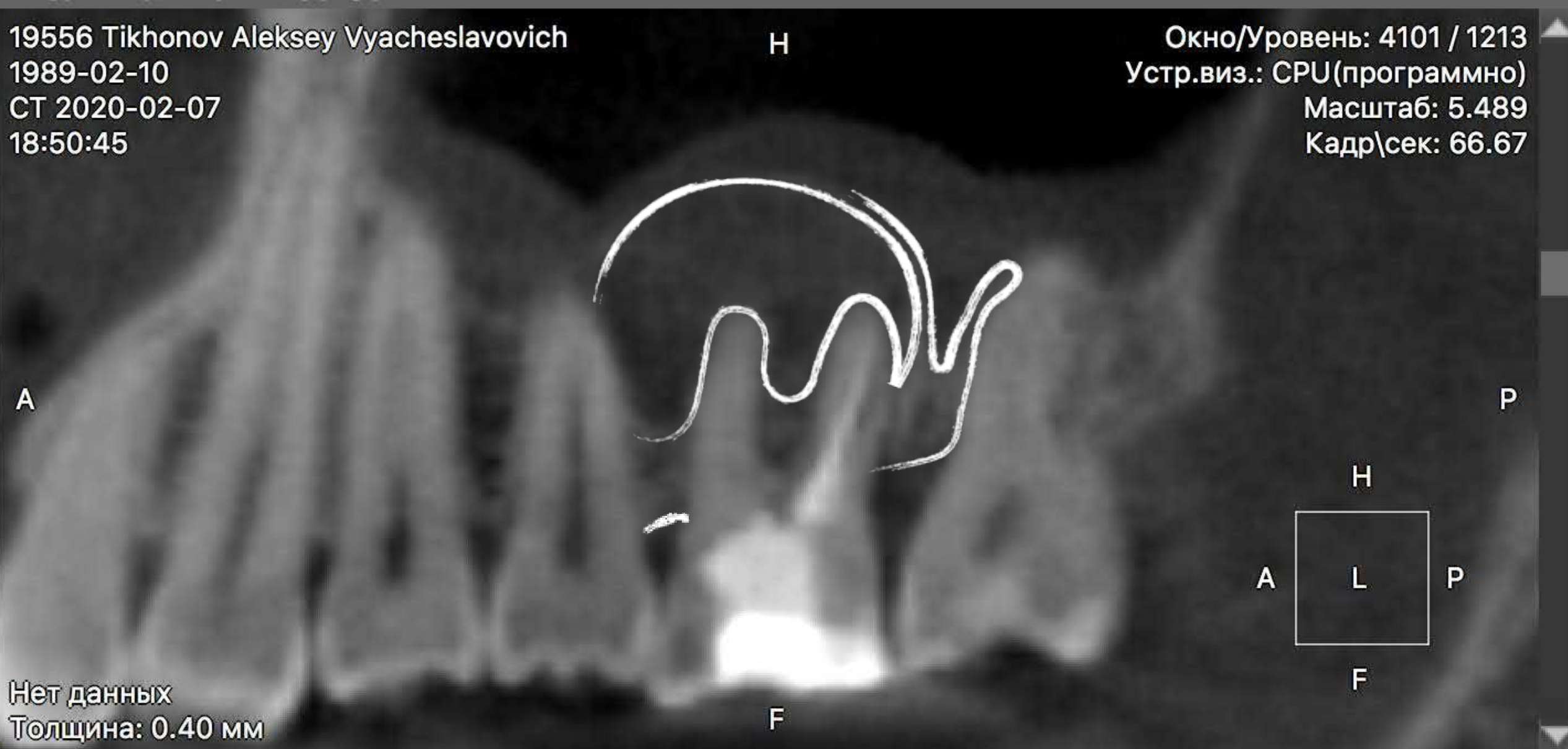


Нет данных
Толщина: 0.40 мм

Сагиттальная плоскость

19556 Tikhonov Aleksey Vyacheslavovich
1989-02-10
СТ 2020-02-07
18:50:45

Окно/Уровень: 4101 / 1213
Устр.виз.: CPU(программно)
Масштаб: 5.489
Кадр\сек: 66.67



Нет данных
Толщина: 0.40 мм

Аксиальная плоскость

18734 TIKHONOV ALEKSEY VYACHESLAVOVICH
1989-02-10
СТ 2020-10-02
16:38:37

Окно/Уровень: 5000 / 1500
Устр.виз.: CPU(программно)
Масштаб: 1.559
Кадр\сек: 55.56



Нет данных
Толщина: 0.20 мм

Фронтальная плоскость

18734 TIKHONOV ALEKSEY VYACHESLAVOVICH
1989-02-10
СТ 2020-10-02
16:38:37

Окно/Уровень: 5000 / 1500
Устр.виз.: CPU(программно)
Масштаб: 2.039
Кадр\сек: 34.48



Нет данных
Толщина: 0.20 мм

Сагиттальная плоскость

18734 TIKHONOV ALEKSEY VYACHESLAVOVICH
1989-02-10
СТ 2020-10-02
16:38:37

Окно/Уровень: 5000 / 1500
Устр.виз.: CPU(программно)
Масштаб: 2.407
Кадр\сек: 66.67

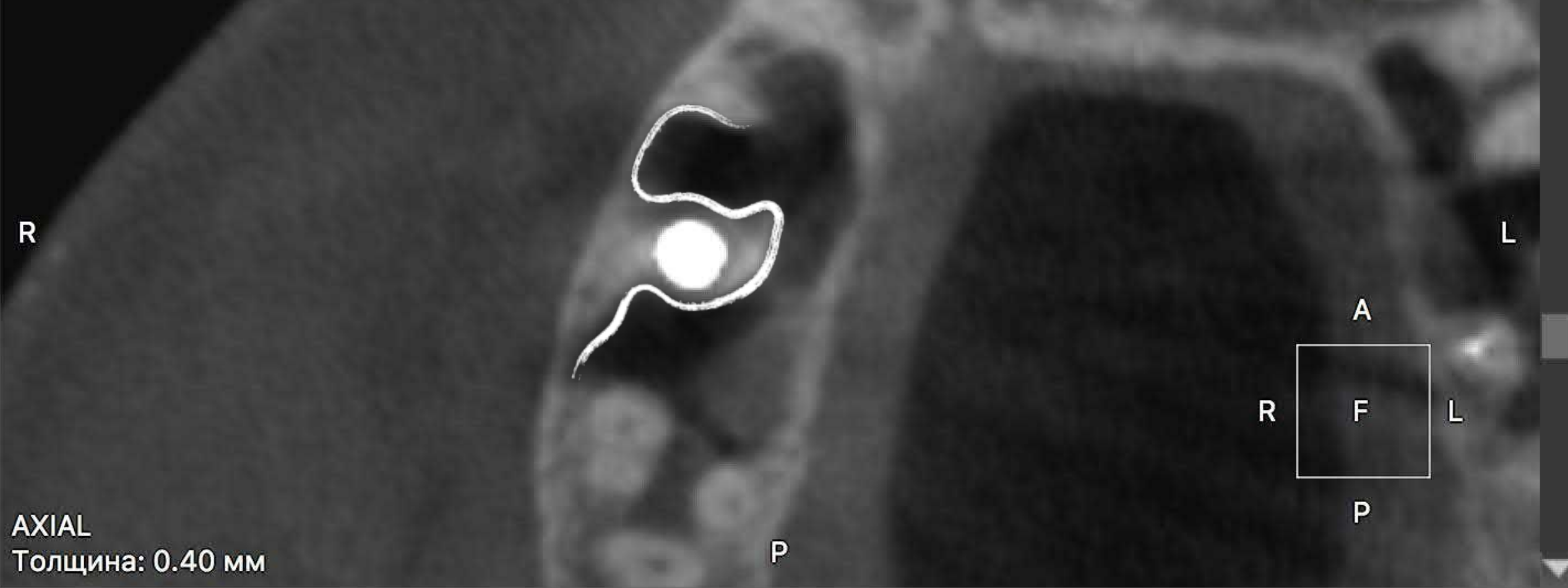


Нет данных
Толщина: 0.20 мм

Аксиальная плоскость

19556 Tikhonov Aleksey Vyacheslavovich
1989-02-10
СТ 2021-11-21
15:59:07

Окно/Уровень: 4100 / 848
Устр.виз.: CPU(программно)
Масштаб: 3.920
Кадр\сек: 62.50

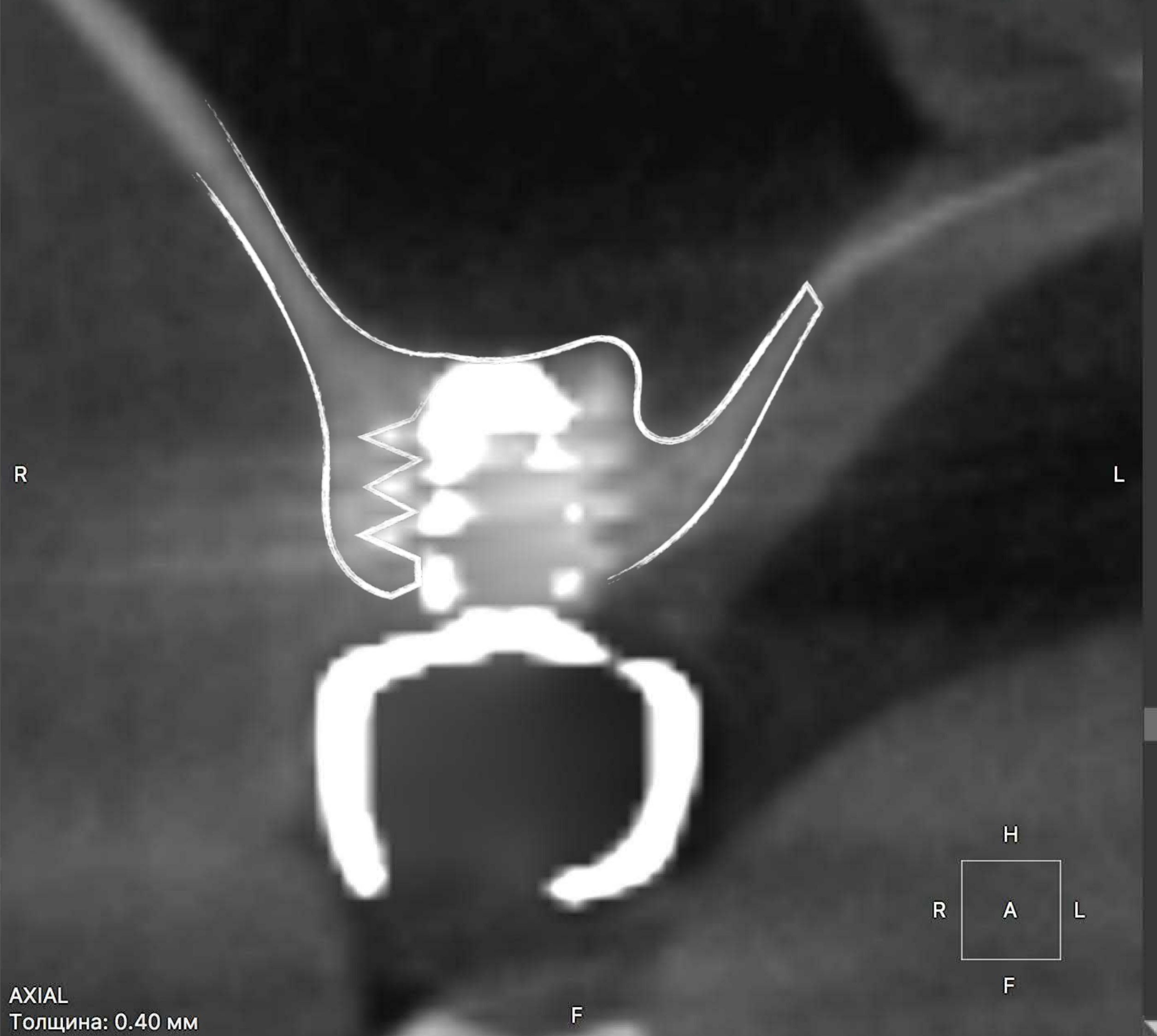


AXIAL
Толщина: 0.40 мм

Фронтальная плоскость

19556 Tikhonov Aleksey Vyacheslavovich
1989-02-10
СТ 2021-11-21
15:59:07

Окно/Уровень: 4100 / 848
Устр.виз.: CPU(программно)
Масштаб: 4.516
Кадр\сек: 34.48

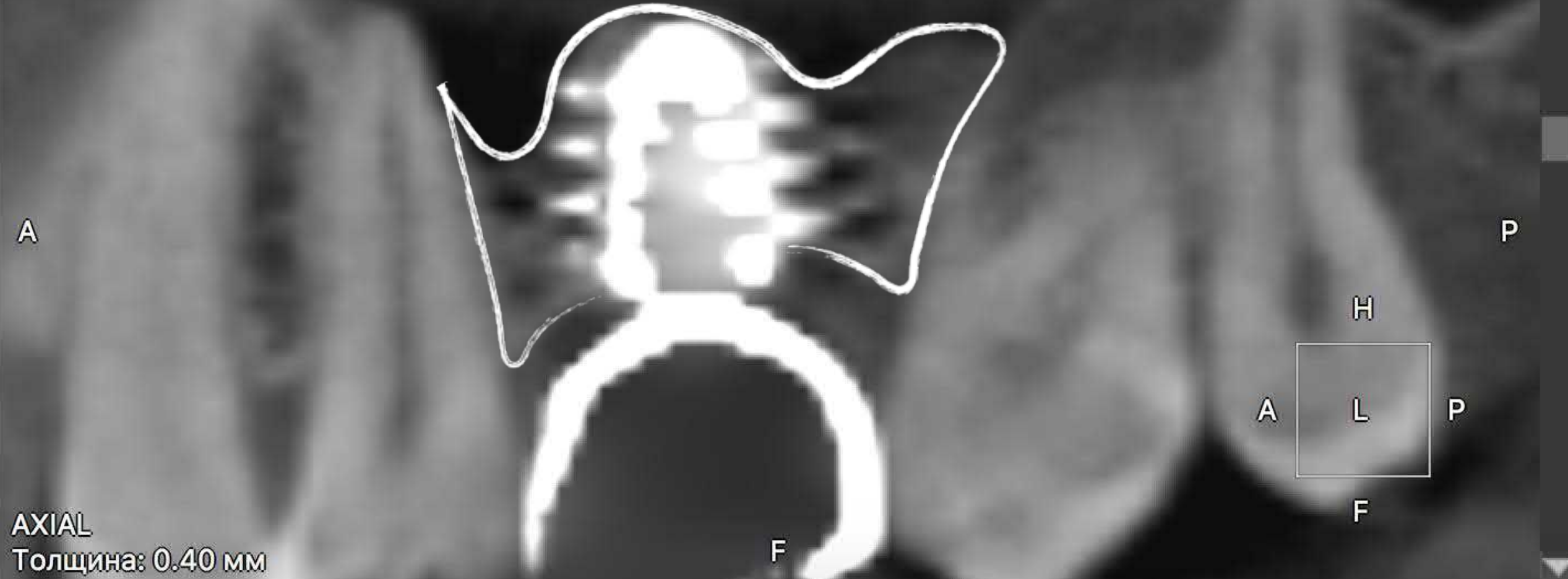


AXIAL
Толщина: 0.40 мм

Сагиттальная плоскость

19556 Tikhonov Aleksey Vyacheslavovich
1989-02-10
СТ 2021-11-21
15:59:07

Окно/Уровень: 4100 / 848
Устр.виз.: CPU(программно)
Масштаб: 7.612
Кадр\сек: 55.56



AXIAL
Толщина: 0.40 мм



Research Highlights

New suggestions of success criteria for dental implants: a comprehensive review & update

Kwang-Bum Park¹⁾ · Seon-Ju Park²⁾ · Cristian Dinu³⁾ · Marcus Englund⁴⁾ · Thomas Mark Kwon⁵⁾ · Tomas Linkevicius⁶⁾ · Jordi Gargallo-Albiol⁷⁾ · Thomas Albrektsson⁸⁾

- 1) Department of Implantology and Periodontology, Daegu Mir Dental Hospital, Jung-gu, Daegu, Korea
- 2) Department of Dental Laboratory Science, Catholic University of Pusan, Busan, Korea
- 3) Pharmacy, Cluj-Napoca, Romania
- 4) Faculty of Motricity Sciences and Functional Rehabilitation, Universitat Politècnica de València, Valencia, Spain
- 5) BITE INSTITUTE Dental implant training, #502-7300 Edmonds Street Burnaby, BC, Canada
- 6) Institute of Odontology, Faculty of Medicine, Vilnius University, Vilnius, Lithuania
- 7) Oral and Maxillofacial Surgery Department, International University of Health Sciences, Los Angeles, California, USA
- 8) Department of Periodontics, Herman Ostrow School of Dentistry, Los Angeles, California, USA

Abstract
Success criteria for dental implants...
commercialization of Branemark implants...
Smith, and Zarb, with...
ranging from...
patient sa...

Immediate Implant Placement as an alternative to Sinus Lifting in difficult clinical conditions

(case report by Dr. Alexander Lysov, DDS, PhD)

