Long-Term Evaluation of Success of Anew Narrow Diameter Implants in Esthetic Areas - A Case Series

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INTRODUCTION

Dental implant restorations have been documented to have a high degree of success for comparable conditions. A requirement for implant placement is the presence of adequate bone volume and sufficient keratinized tissue to allow adequate supra- and subgingival access to the implant for maintenance and hygiene.

MATERIALS & METHODS

Clinical data in this study was obtained from the Implant Database (ID). This data set was expanded as documented information from the capture of patients at the New York University (NYU) Department of Implant Dentistry Alumni Association.

RESULTS

In this series, 9 patients received 10 implants, which were loaded for periods of 9 to 10 years post implantation. None of the implants or prosthesis had to be removed or replaced during the follow-up period.

CONCLUSIONS

The Anew NDIs system employed in the present study yield the advantages of minimally invasive surgical techniques. This poses an option for esthetically, which is histologically, where the implant needs to be placed in the aesthetic zone, is a desire to change the papilla to match the color of the adjacent gingiva. Hence, the use of the Anew NDIs may allow clinicians to take advantage of the minimally invasive surgical techniques when implanting single implants in the aesthetic zone.

Fig 1. Intra-oral pre-operative view
Fig 2. Try-in of the polycarbonate temporary crown
Fig 3. Intra-oral view at 2 week follow-up
Fig 4. Post-surgical view
Fig 5. Intra-oral view after 4 months healing
Fig 6. Treatment of this implant
Fig 7. Intra-oral view of the Anew crown
Fig 8. Full Intra-oral view and Anew implant placement
Fig 9. Final X-ray of the implant

Table 1. Survival rate of the NDIs

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REFERENCES

2. Anew NDIs had a survival rate comparable to standard-diameter implants.
3. The proper mold and shade of polycarbonate crown was selected, or laboratory fabricated and cemented over the implant.
4. The average mesial bone loss was -0.54mm (range from -0.06mm to -1.37mm). Considering the follow-up time, this correlated to an average mesial bone loss of -0.19mm per year (range from -0.02mm to -0.45mm).
5. The average mesial PIS was 2.4 and the average distal PIS was 2.7.