

Background

Immediate implant placement in the posterior maxilla is challenging due to its bone characteristics; however, it offers advantages like **lesser surgical steps, faster rehabilitation time and patient preference.**

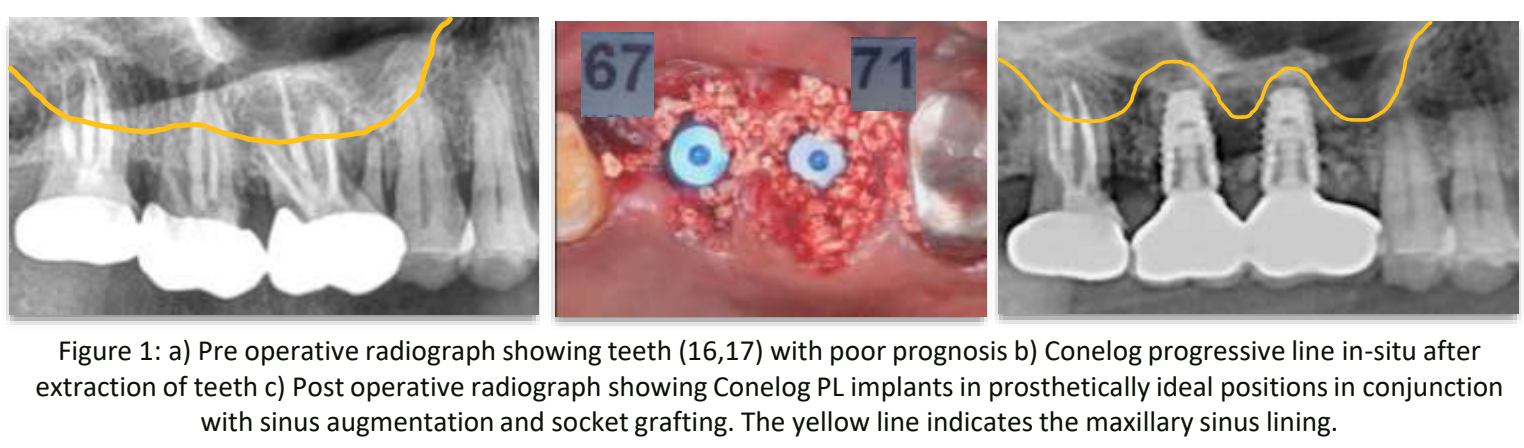
The implant selected for immediacy, especially in areas of poor bone quality and quantity, should be one that facilitates high primary stability.

Aim

To assess the **implant stability** and **marginal bone level** around implants placed immediately following extraction in the posterior maxilla in conjunction with bone augmentation.

Materials & Methods


Patients reporting with teeth with poor prognosis in the posterior maxilla were selected. Extraction and immediate implantation using Conelog Progressive-Line with simultaneous bone augmentation was done. Implant Stability Quotient (ISQ) was recorded (Osstell TM Mentor); the marginal bone level (MBL) and native bone to implant contact (BIC) was analyzed radiographically using the Image J software. The success of the treatment protocol was based on these parameters. These parameters were measured immediately following implant placement and at 3 months, 6 months and 1-year intervals.*



Results

14 Implants were placed in a patient group with average age of 64.2(±8.47) years. The average radiographic native bone to implant contact was 4.7(±2.3)mm (Mesial) and 5.2(±2.1)mm (Distal). The mean follow up was 16(±3.08) months.

S. No	Age/ Sex	Tooth replaced	Implant Dimension(mm)	BIC (Native bone) in mm	ISQ (Axial, Lateral)				MBL (mm)			F/U- months
					T ₀	T ₁	T ₂	T ₃	T ₀ -T ₁	T ₀ -T ₂	T ₀ -T ₃	
1	73/M	16	Ø5 x 9	3.7(M), 3.7(D)	59,67	60,67	60,67	60,67	0.23	0.40	0.44	18
2	73/M	17	Ø5 x 9	4.5(M), 6.5(D)	70,70	70,71	70,71	70,71	0.30	0.37	0.50	18
3	70/F	24	Ø3.8 x 13	6.4(M), 7.0(D)	72,75	73,75	72,75	72,75	0.67	0.70	0.71	14
4	70/F	15	Ø3.8 x 13	4.7(M), 5.9(D)	69,75	71,75	71,75	70,75	0.43	0.67	0.70	14
5	70/F	17	Ø5 x 7	3.6(M), 3.7(D)	63,70	68,75	70,77	73,77	0.21	0.30	0.32	14
6	60/F	26	Ø5 x 7	1.9(M), 2.1(D)	71,71	70,71	70,71	71,71	0.90	0.93	0.90	21
7	68/F	26	Ø5 x 11	2.6(M), 4.7(D)	71,73	71,75	72,77	72,77	0.42	0.56	0.58	20
8	68/F	17	Ø5 x 9	3.0(M), 3.5(D)	65,72	75,75	76,77	76,77	0.34	0.50	0.45	20
9	56/F	27	Ø5 x 9	3.2(M), 3.5(D)	58,55	58,55	65,64	66,66	0.21	0.32	0.35	14
10	76/F	14	Ø3.8 x 13	9.2(M), 7.9(D)	79,80	81,82	82,83	82,83	0.30	0.25	0.20	17
11	76/F	26	Ø4.3 x13	8.8(M), 8.9(D)	70,63	71,73	71,73	72,73	0.54	0.43	0.46	17
12	80/F	26	Ø4.3 x 11	7.5(M), 8.4(D)	77,78	77,80	79,80	80,80	0.36	0.47	0.50	13
13	66/F	25	Ø4.3 x 9	4.4(M), 3.2(D)	75,77	77,79	79,79	79,79	0.29	0.21	0.23	12
14	66/F	27	Ø4.3 x 9	2.8(M), 3.8(D)	73,75	74,75	75,74	75,75	0.32	0.30	0.33	12

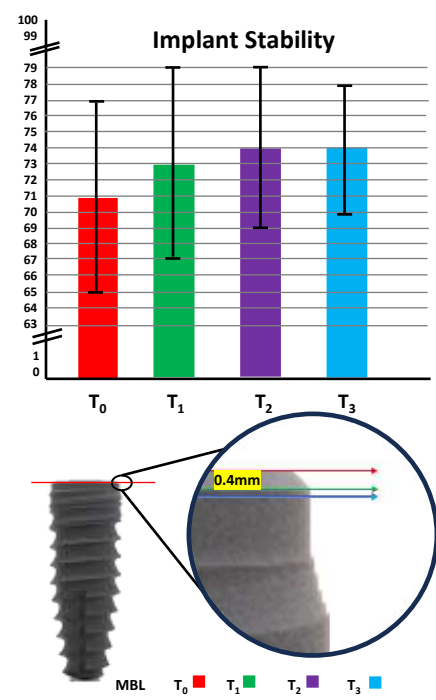


* Ethical committee clearance and Trial registration

KCDS/51/Ethical Comm/2022-23

CTRI/2022/06/043348

Table 1: Parameters measured for 14 implants placed immediately following extraction in posterior maxilla at T₀ (Time of placement), T₁ (3 months following placement), T₂ (6 months following placement) and T₃ (1 year following placement)



Conclusion

Within study limitations, high implant stability and minimal marginal bone level changes were observed with immediate implant placement in posterior maxilla in conjunction with bone augmentation, when using this implant design.

- ✓ ISQ values increased from 3 to 6 months and then remained constant till 1year follow up
- ✓ MBL changes were most pronounced in the first 3 months and then stabilized.