

# implants

international magazine of oral implantology



## case report

Rehabilitation of the anterior maxillary area with immediate implant placement

## industry

More room for new bone formation

## news

Fifty years of implantology to be celebrated in Cologne





*Z for Zirconia, 1 for One-stage surgery.*



## Z1<sup>®</sup> Implant

Giving you confidence in implantology.



### Proven clinical outcomes for patient safety

- ✓ Anti-bacterial shield
- ✓ Ideal in fresh extraction sockets
- ✓ Immediate aesthetic result



### Proven surgical protocols for a simplified workflow

- ✓ Only 1 surgery
- ✓ No healing abutment
- ✓ Visibility of the connection



### Proven economics for a profitable implant practice

- ✓ Reduced chairtime
- ✓ Practice development
- ✓ Patient satisfaction



### Proven Technology for a better integration

- ✓ 98.6%\* success rate
- ✓ Pure Titanium and Y-TZP Zirconia
- ✓ Suitable for all prosthetic solutions



Find us online  
[www.tbr.dental](http://www.tbr.dental)

**TBR<sup>®</sup>**  
Unique, like your smile

\*Z1 implants are medical devices of class IIb manufactured by SUDIIMPLANT SAS. Information collected from the data of the Smileranquility<sup>®</sup> Program based on 15.534 patients with Z1 implants from 01/2014 to 01/2016.

**Dr Rolf Vollmer**

First Vice President and Treasurer of DGZI



# The agony of choice: To **bone graft** or not to bone graft?

**Dear colleagues**, in dental implantology, we are quite often faced with cases involving reduced bone volume. When treating these challenging cases, we need to ask ourselves whether to employ bone augmentation techniques or not. Let us take a look back at the founding years of our association: In the seventies, we placed implants in sites where the jawbone would allow it. During this time, especially quite narrow blade implants were utilised, according to the principle of “implant follows bone”. In the eighties, there was a shift towards a “bone follows implant” approach, meaning that, during that time, clinicians tried to create the ideal implant positioning by means of bone grafting in sites when there was only little bone or none at all. This method, however, was found to be rather time-consuming with regard to overall treatment time and was especially prone to certain risks.

The logical conclusion from past experiences is that nowadays there is a tendency to perform bone augmentation procedures rather in areas where it is necessary for aesthetic reasons. In this context, we utilise autologous bone blocks, for instance, or materials of allogenic and xenogenic origin—always with a view to the optimal prospective outcome. Modern digital technologies aid in implant placement by means of guided surgery, and it is

even possible to fabricate customised blocks from allogenic material based on corresponding CBCT data, for example, and to insert these into defects in a custom-fit way. In some cases in which coverdenture prostheses and screw-retained prostheses according to Malo’s principle are to be fabricated, one can refrain from employing augmentative measures altogether without compromising on cosmetic aspects and aesthetics.

Ultimately, we as implantologists must always decide between one or the other solution, based on the individual indication. With this in mind, I hope you enjoy reading the new **implants—international magazine of oral implantology**, and I am looking forward to meeting you in person at our third Future Congress for Dental Implantology, which is to be held in October in Cologne, where we will be celebrating the 50-year anniversary of the German Association of Dental Implantology (DGZI).

Sincerely yours,

Dr Rolf Vollmer