Staging the Challenge—
A Single Implant Tissue Training in the Aesthetic Zone

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Modern dentistry has seen trends being constantly developed and revised, striving to accelerate treatment programmes to gain the picture perfect ending with the minimal number of stages over the shortest possible time period. This approach may be more cost effective for the practitioner and seemingly more beneficial to the patient, but to consistently achieve superior clinical aesthetic outcomes in a significant number of cases, biology teaches us a painful lesson that sometimes patience is a virtue.

_Introduction

Time does not heal all! Planning and meticulous execution are always the fundamental basis of treatment success. Combine this with the merits of each case, whilst aiming for realistic goals, then the final result is already starting to take shape in the distance.

Some cases can be treated very efficiently indeed, with the end result mimicking natural harmony. Generally speaking, such cases have already met the prerequisites for aesthetic success, such as favourable:
_ surrounding bone levels
_ soft tissue height, contour and type
_ absence of acute infections
_ occlusion
_ lip line position, ie low to medium lip/smile line
_ general health.

These criteria have been documented many times, with differing variables within a similar equation.[1-3] On the other hand, demands for "perfection" are constantly on the rise, and the standards to be achieved are getting higher and higher. Osseointegration is no longer the principal concern for the long-term outcome of implant therapy. The soft tissues and emergence profiles must now also mirror the adjacent teeth as closely as possible, and stability over time should be without question. To presume this to be a formality in the anterior aesthetic zone would be naive to say the least. Achieving predictable outcomes requires an understanding of limiting factors. With biology being the biggest of them

Fig. 14_ Final portrait view.

Fig. 14