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Prosthetic Failures in dental implant therapy

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INTRODUCTION:

Missing teeth can either be replaced by fixed or removable implant-supported prostheses. The clinical decision between the two restorations is based on anatomic, esthetic, economic factors, and most importantly, the patient's wishes.

A dental implant is any object or material, such as an alloplastic substance or other tissue, which is partially or completely inserted or grafted into the body for therapeutic, diagnostic, prosthetic, or experimental purposes. Dental implants have more than 2000-year-old history, with the modern dental implant era initiated by Dr. Goldberg during World War II. One of the major breakthroughs was made by Per-Ingvar Branemark in 1957 by discovering that bone could grow near titanium without rejection. This phenomenon was called as 'Osseointegration'.³

Endosseous dental implants have been a successful treatment alternative for restoring missing teeth. But the treatment still fails, as evidenced by reports reviewing reasons for implant failure. Implant Failure is defined as failure of an implant to fulfil its purpose (functional or esthetic) because of mechanical or biological reasons, within a range that has been differentiated from "failure" to "complication".¹

Goodacre et al.(2003)² divided implant complications into 6 categories: surgical, implant loss, bone loss, peri-implant soft tissue, mechanical, and esthetic/phonetic. Early detection of implant failure is important as "a failing implant can be saved if it is detected early, whereas a failed implant cannot be saved and must be removed. There have been few clinical reviews that have simultaneously evaluated most of the mechanical complications associated with implants. Such reviews are essential to identify susceptible components and procedures responsible for mechanical failure, addressing which may lead to a better prognosis of dental implants.²

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