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[PubMed] [Google Academic] Volume 40, Issue 6, June 2012, Page 467-474IM-abutment linkTam textThis site guarantees careful evaluation when ingenching dental implants, as the selection of components can directly affect the resultsimim Implant connection interface (IACI) is an important feature to consider when choosing the implant system. It corresponds to the connection area where the implant body is connected to abutment and restoration, so its clinical capabilities are vital for successful outcomes, especially since implant failure is now known to be strongly related to how the restorative phase is managed.1 Making the right decisions when deciding on IACI can improve aesthetic and longevity and provide a structurally safe joint. It can also help prevent biological problems such as peri-implant disease and icy implant damage. Historically, the first IACI introduced by Branemark was the external hexagonal (or hex) configuration. This design became standard for the period and once the external hex became apparent it could also provide anti-rotational capabilities, the only implant restoration period was born. However, external magic also offers limitations, including problems developing under micro-movement and lateral loading of microconcs. This external connection also has a higher rotation center that reduces mechanical stability.2 Also, due to problems with masticatory forces and superstructure dissonance, screw loosening can be a problem.3 FIGURES 1A and 1B. 20x magnification (A) Section with an internal conical connection joint. The magnified 5000x is evident in the close contact of the implant abutment connection interface in processed components (B). COURTESY STEVE HURSONExt hex although it still has a place in implantology, these limitations have led to the development of various IACI connectivity systems to address these issues. Many contemporary implant systems now have an internal connection rather than an external connection. However, not all internal connections are the same as IACIs. They differ in design characteristics and capabilities. The results of choosing a less than ideal interface are mechanical and biological, and potential problems may cause fatigue failures and/or In addition, some of the latest IACI systems enable innovative and advanced restorative options.5.6 This article will review the important features of this site and provide information for clinicians planning implant-based restorative treatment. FIGURE 2. This implant was cracked by a poorly seated abutment that placed unely force in the components. COURTESY PAUL ROSEN, DDSKEY CONSIDERATIONS When choosing an implant system that provides the most desirable internal IACI properties, the three key considerations relate to mechanical, biology and clinical benefit. While independently defined, it should be obvious that there is a cordial relationship between these factors. Mechanical: Important mechanical features include an anti-rotation design for single-unit restorations. This allows you to remove the abutment and re-sew it in the same position — something that may be necessary if the implant body needs to be accessed or implant restoration changed. For example, it has been reported that a large number of open contacts have developed between implants and adjacent teeth. Removal and precise replacement of implant restoration provides modifications to this effect.7.8A high quality, a friendly union between the components in the joint is necessary for a tight alignment that prevents the micro-movement of the abutment (Figs. 1A and 1B). Any movement between the abutment and the implant can be detrimental to the screw, as well as the size of the component cavity, placing the system in further jeopardy. Micro motion has been associated with mechanical failure, screw loosening, fracture and implant and component wear (Figure 2) and peri-implant disease.9 Mechanical stress distribution is also vital for maintaining IACI and protecting the implant from excessive, irregularly dispersed forces that can lead to bone loss and implant fracture (Figure 2). Materials, production, machining tolerance and quality of matching parts are required for IACI (Figs. 3A and 3D).10 Both micro movements and micro gaps are important when using damaged (Figure 4A to 4C) or incompatible components (Figure 5A and 5B) where various parts may have higher or lower production standards.11FIGURES 3A and 3D. Zircon abutments implant abutment connection interface (A) can fail and micro motion is often the precursor. Many new systems have titanium cutters or bases (B) that improve reliability and stress management while reducing possible micro gaps or micro movements. COURTESY PAMELA NICORARA, DDSBiological Considerations: Oral ambient is loaded with microbes: some protective, while others have pathogenic potential. One area to consider is microbial contamination of the inside of the implant, where bacteria and yeast reservoirs can be found.12 Some IACI have been shown to be significantly limited and even provide a seal against bacteria. (Figure 1). It is clear that a weak link does not provide an adequate seal against the introduction of bacteria, which can lead to peri-implant disease or implant loss (Figure 6A and 6B). Bioamasonry and material selection should also be considered carefully. Compared to the use of other materials that come into contact with peri-implant soft tissues, zircon and titanium provide excellent bioconality and have shown superior biological responses.13 An adjacent hybrid design with titanium base and zircon provides excellent mechanics, harmony and aesthetics (Figure 3D). FIGURE 4A through 4C. Bad casting abutment connection (A) has a gold overflow, which negatively affects abutment appropriate (B). Air particulate wear in the laboratory has instilled the abutment interface (C); Compare this 5000x magnification view with Figure 1B. Clinical Benefit: The platform uses an internal conical connection to provide a discrepancy of a smaller diameter abutment with the switching implant platform. Coupled with IACI platform switching, studies have shown that it can limit stress distribution, which results in improved marginal bone stability.14 Platform switching offers aesthetic enhancement, especially with the stabilization of soft tissues in complex situations where multiple neighboring implants are located.15FIGURES 5A and 5B. Note the differences in processing quality of these two abutments (A, B). Placing an abutment during surgery (an abutment/one-time technique) and maintaining the IACI connection has also proven to be beneficial in maintaining peri-implant tissue stability, limiting bone loss and improving aesthetics.5 Some manufacturers have benefited from introducing innovative designs, such as on-1 abutment (Nobel Biocare). Designed for placement during surgery, this two-piece, platform-switched abutment allows you to optimize biological responses in IACI by eliminating soft tissue attachment (Figure 7A to 7G) soft tissue attachment. FIGURE 6A and 6B. Microscopic views show the poorly adapted implant abutment connection interface on a failed implant (A). Poor adaptation allowed microbial growth (B), which had a negative effect on the outcome of implant therapy. When discussing the biological response of peri-implant tissues, the damage that impeded substances can do is well documented; for example, it has been described as a cause of excessive cement implant failure.16.17 However, given implant axial angiation problems - especially in areas of high aesthetic concern such as the ancillae - many implant systems still rely on the use of cemented implant restorations (Figure 8A to 8C, page 34). In such cases, an internal IACI system can be a useful alternative to cemented implant restoration. Cement-free, accorded screw duct (ASC) abutment provides implant axial tilt changes up to 25 degrees.6 For example, the Nobel Prize ASC combines tissue-friendly zircon abutment on a titanium base, both connected by a screw system. Other companies also offer screw channel anthulation replacement systems such as Dynamic Abutment Solutions. While this angulated abutment technology provides a selection of compatible components from various companies, clinicians should consider the precision with which the components will ultimately fit. FIGURE 7A to 7G. On-1 (Nobel Biocare) provides platform switching while maintaining a continuous abutment attachment. This series shows how to use the system, which is currently available to US clinicians. The implant with conical connection is placed at bone level (A). The base is connected during surgery; this represents the abutment that will remain constant to the implant (B). The healing abutment is inserted and the tissues are allowed to integrate (C, D). Once integrated, the cross-sectional healing abutment is removed, remaining in place of the foundation. Results in a well-shaped sulcus, with the base subgingivally (E) sited. Then, subsequent components can be placed and soft tissue integration remains intact, holding the base tissues (F, G). COURTESY PETER SCHUPBACH, PhDSUMMARYMeatic, biological and design factors will help guide clinicians in choosing an implant system, and IACI should be considered carefully, as proper selection of components will help ensure successful results and provide aesthetically pleasing implant restorations. FIGURE 8A to 8C. In maxillary areas, the implant axis often makes it difficult to use screw-groomed restoration. The use of the antakya screw duct allows the screw channel to turn so that it can no longer be aligned with the long axis (A) of the implant. Screwdriver angle change allows restoration (B) to be kept screwed. Final restoration (C) showing the screw access point. LABORATORY STUDIES JURIS AVOTSImInm abutment connection interface (IACI) is an important point to consider when choosing an implant system. IACI corresponds to the connection area where the implant body is connected to abutment and restoration, so its clinical capabilities are vital for successful outcomes. When choosing an implant system that provides the most desirable internal IACI properties, mechanics and biology are important considerations. In implant procedures, materials, production, processing tolerance and quality of matching parts are required for a clinically acceptable IACI. Description: Dr. Chandur Wadhvani and Peter Schupbach are consultants for Nobel Biocare. ReferencesPita MS, Anchieta RB, Barao VA, et al. Prosthetic platforms in implant dentistry. *J Craniofac Surg.* 2011;22:2327-2331. Sailer I, Sailer T, Stawarczyk B, Jung R. In vitro study of the effect of connection type on broken load of zircon abutments with internal and external implant-abutment connections. *Int J Oral Maxillofac Implants.* 2009;24:850-858. Farina AP, Spazzin AO, Pantoja JM, Consani RL, Mf. 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