



Implantology: the current perspective

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A prosthodontist can offer a patient a range of treatment possibilities for the restoration of a missing tooth. Implants are one of the significant modalities of the treatment options available today.

Moreover, with extensive research implantology has emerged as a predictable science. The landmark research documenting Osseointegration of endosseous titanium implants in 1969 by Braenemark and colleagues is an important milestone in implantology. The studies were directed towards successful integration of the implants and bone. Different surface coatings were tried in order to maximize bone-implant contact, though consensus still remains to be established. Implant number, diameter, length and geometry were studied. With the rapid pace of research and changes in commercial products, an implant may be obsolete by the time a long term clinical trial is completed. However, lack of quantifiable guidelines for the clinicians is still eluding in oral implantology. Smokers were considered as poor candidates for implants, but studies have failed to find direct link between smoking and failure of implant. Smoking has been associated with an increased incidence of peri-implantitis due to poor oral hygiene. Occlusal considerations and materials used on occlusal surfaces were recognized as having significant role in osseointegration. The decision to use cemented versus

screw retained restorations is left to the discretion of the clinician. Issues such as screw loosening and retrievability of the prosthesis have been discussed at length. Implantology is rightly defined as a Prosthodontic treatment modality with surgical component.

Evidence of improved oral health care of edentulous mouth with implants has been encouraging. Implants are no more considered as a high tech solution but they play an important role in the oral rehabilitation. Implants have been called as the third dentition. However, the high cost of the treatment is a major concern in our country. Indigenous implants will bring down the cost but precision cannot be sacrificed. Cost effective treatment with implants without sacrificing biological and prosthetic principles need to be considered. It is time the professional and government bodies strive to make implants as an essential commodity so that the levies are reduced. This would bring the down the cost significantly, till such time they have to be imported. With abundant clinical material available in our country the much needed multicenter trials and cohort studies can be conducted. As health science professionals, we cannot deprive our aging population from the desirable quality of life. Let us prepare ourselves as a body to impress this fact on the policy makers.