



### Transitional Implants Are Coming Full Circle

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#### UNIQUE ADVANTAGES

The Dentatus transitional implants, with three uniquely different systems, meet my major requirement for a temporary prosthesis (ie, to closely resemble the final product). The clinician, by choosing the appropriate implant and prosthetic components, can reproduce within the provisional stage any possible final scenario. A single-tooth, multiunit, or full-mouth temporary restoration can be fabricated chairside or by the dental lab. Effective results can be obtained in the maxilla or the mandible. The restoration may be fixed and either cemented or screw-retained (see Figures 1 & 2). A denture may be retrofitted over individual implants (see Figure 3) or retained by an implant-supported splint. No other transitional implant system can make all of these claims.

While time might be the deciding factor on which transitional implant systems are in it for the long haul, Dentatus definitely leads the pack. The company has longevity and over 50 published clinical articles and histological studies that substantiate their results. Recently, the Dentatus titanium self-threading implants have been approved by the FDA "for long-term use and for any length of time as decided by the health care provider."

This is a significant milestone in implantology and should open up the opportunity for implant therapy to many more patients. It's been estimated that 25% to 30% of all patients who could benefit from implant treatment never have the treatment because of ridges that are too narrow, limited vertical or inter-

proximal space, or the inability to pay for the treatment. What about the elderly, patients with systemic problems, and those undergoing radiation or chemotherapy? Now there is a cost-effective alternative to the traditional implant protocols. ●

Since the development of implant protocols in the early 1950s through its acceptance by the ADA in 1986, implant dentistry has been an evolving field. Even with over 100 manufacturers producing dental implants, we see certain trends driving dental implantology.

fact alone establishes their importance. So, which system is best? Let me preface my remarks with this: It is my opinion that a provisional restoration should emulate and resemble the final restoration as closely as possible.

If this philosophy is followed, the patient will have direct and accurate input as to the size, shape, and color of their final restoration. It is far more prudent and less expensive to make these changes in the provisional restoration than in the final porcelain/metal. The feel of the patient's teeth will be very similar, making the transition to their final teeth easy and seamless.

Also, patients needing implants are the worst group of patients when it comes to oral hygiene, or they would not have lost some or all of their teeth in most instances. It does not make sense to schedule a hygiene appointment for the patient just after the insertion of the final prosthesis, as so many dentists do. If my viewpoint on provisionalization is considered, then the patient will have months of practice with the same technique and cleaning instruments prior to the final attachment, thereby maximizing long-term success.

Implant companies are looking at the lowest common denominator: How can they get the most number of dentists performing implant therapy? Overall, the trend is toward simplicity with one-piece implants, one-stage surgery, and immediate or early loading of implants.

#### IMPLANT HISTORY

In 1993, the first transitional implant system was made available by Dentatus USA, Ltd. The concept was great: Patients undergoing implant treatment would never have to be without teeth. The transitional implants were immediately loaded with a provisional restoration in the form of a fixed prosthesis or a retrofitted overdenture. Look closely at the transitional implant protocol. While it may not have been realized in the early 1990s, the Dentatus MTI was a trendsetter, meeting all of the requirements of the trends just described.

The concept and design of transitional implants have come a long way from being produced by only one manufacturer in 1993 to eight manufacturers in 2005 (see Table). That



Figures 1 & 2—Anew Screw-retained provisional is fabricated utilizing a template made from a model of diagnostic wax-up. Illustrations courtesy of Dentatus USA, Ltd.

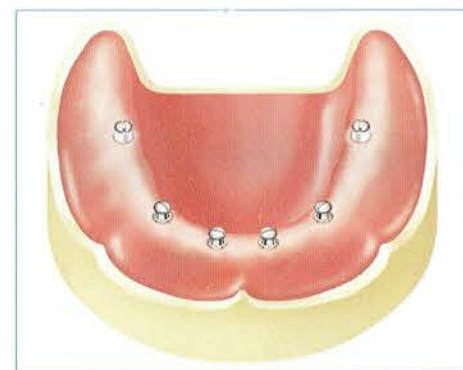


Figure 3—Atlas Dome Keeper implants will support, stabilize, and retain a full denture. Illustration courtesy of Dentatus USA, Ltd.

TABLE. TRANSITIONAL IMPLANTS: QUICK REFERENCE COMPARISON

Company	Product	Year	Diameter (mm)	Thread Length (mm)	Head Length (mm)
Dentatus	MTI Monorail	1993	1.8	7, 10, 14	7
Nobel Biocare	IPI	1999	2.8	14	8
IMTEC	MDI	1999	1.8	13, 15, 18	4
Bicon	Temporary Implant	2000	2.5	8, 12	7
"O" Company	ISD	2000	3.0	10	5.65, 7
Stern	ERA	2002	2.2	10, 13, 15, 18	5
Inter-Lock	MDL	2003	2.0, 2.5	10, 13, 15, 18	5
OsteoCare	Midi	2004	2.3, 2.8, 3.3, 3.8, 4.3	10, 13, 16, 19	9
Dentatus	Atlas	2004	1.8, 2.2, 2.4	7, 10, 14	5
Dentatus	Anew	2004	1.8, 2.2, 2.4	7, 10, 14	7