

Prosthetic complications on implants in private practice: A 10-year experience.

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Prosthetic complication data are scarcely reported, especially when issued from private practice.

This paper documents the prosthetic complications that occurred over 10-year of our implant practice with ITI implants, while all implants have been loaded for at least 1 year.

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INCLUSION / EXCLUSION CRITERIA

Wide inclusion criteria

- Evaluation of general health, local examination, no biological test
- Bruxing patients : but where treated 1 implant / missing unit, no night-guards
- Smokers, light and heavy, whatever, no difference
- Medical risk patients :
 - HIV > 0,
 - Malignant pathologies,
 - Heart disease,
 - Controlled diabetes
 - Coagulation deficiency
- No specific delay between tooth extraction and implant placement
- Short implants

Exclusion criteria

- Malignant pathologies in cervico-facial area
- Uncontrolled diabetes

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Between January 1995 and December 2004
1815 implants were placed to rehabilitate 799 patients.

Anatomical and prosthetic distribution		Number of implants	
Location	Mandible	945 (52.1 %)	
	Maxilla	870 (47.9 %)	
	Posterior area	1269 (69.9 %)	
Rehabilitations	Single crowns	571	
	Short-span bridges	384	
	Full-arch bridges	6	
	Overdentures	Ball-anchored	110
		Bar-anchored	27
	Cemented prostheses	83.4 %	
Screwed prostheses	16.6 %		

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Complications recorded at each visit, compiled in an electronic database	
Fixed prosthesis	<ul style="list-style-type: none"> - Abutment fracture - Abutment loosening - Prosthesis debonding - Screw loosening - Veneer fracture (major) - Veneer fracture (minor)
Removable prosthesis	<ul style="list-style-type: none"> -Adjustments: attachment and clip reactivation -Foreseeable complications: change of attachment and clip, relining - Unforeseeable complications: fracture of teeth, bar or prosthesis

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Complications observed over the 10-year implant practice

Fixed prosthesis	<ul style="list-style-type: none"> - Abutment fracture - Abutment loosening - Prosthesis debonding - Screw loosening - Veneer fracture (major) - Veneer fracture (minor) 	<p>0.07 %</p> <p>0.3 %</p> <p>1.1 %</p> <p>0.7 %</p> <p>1.6 %</p> <p>3.3 %</p>
Removable prosthesis	<ul style="list-style-type: none"> - Adjustments: attachment and clip reactivation - Foreseeable complications: change of attachment and clip, relining - Unforeseeable complications: fracture of teeth, bar or prosthesis 	<p>21.9 %, recurrent up to 6x</p> <p>15.3 %</p>

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Complications observed over the 10-year implant practice

Fixed prosthesis	- Single crowns	5.4 %
	- Bridges	7.2 %
	- Single molars	8.5 %
	- Anterior prostheses	1.4 %
	- Posterior prostheses	7.3 %
	- Screw-retained	4.5 %
	- Cemented	6.6 %
	- Complication free.....	90.5 %
Removable prosthesis	- Complications free	
	Ball-anchored	62.3 %
	Bar-anchored	62.7 %

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CONCLUSION

1. Complication with manufacturer components is a **rare event**.
2. Complications with Fixed Prosthesis is a **rare event**.
3. **No difference** was found between screw- and cement-retained bridges.
4. More complications in the **posterior** area than in the **anterior**.
5. Complications with Overdentures is **not a rare event**.
6. However, a **clustering effect** was identified: fewer prostheses contributed to complications.