Prior to the 1960s, the edentulous patient had few alternatives to complete dentures. Subperiosteal and, later, blade vent implants offered excellent retention and stability of a prosthesis, especially in cases of advanced resorption. However, these devices gained little popularity with most dentists and patients, due to the complexity of their fabrication and placement, and disappointing failure over the long-term.

And then a remarkable thing happened...one of those rare events that have the ability to change everything: the accidental discovery that titanium could integrate with living bone, i.e. osseointegration. This unexpected finding led, through steady research and refinement, to Branemark's development of the single tooth root endosseous implant.

Today, implants offer a predictable, and often preferable, treatment option for patients with missing teeth, from the replacement of one tooth to the reconstruction of the full mouth.

SURFACE OR FAILURE OF DENTAL IMPLANTS?

key points to consider

The most critical positive factors for implant success appear to be:
- good bone quality (types 1 and 2)
- high bone volume
- the dentist's experience
- the patient's oral hygiene
- implant dimensions
- implant location

The most critical negative factors for implant failure appear to be:
- poor bone quality (types 3 and 4)
- low bone volume
- systemic or localized pathology
- tobacco use
- lack of clinical experience
- short implants
- overloaded implants

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