one of the 91 examined fixtures can provide quite
orthopantomograph and CT scans (for veneer)
Concerns may arise from the fact that
relevant for implant osseointegration, and SVR
This period, although rather short, is the most
retrospective study was approximately 2 years.
implantology. In this retrospective study, a better
available regarding implant immediate loading in
(especially the interforaminal region) has better
implant fracture was detected and neither
considered an indicator of SCR to evaluate the
In addition, because in some groups there was
types and some groups comprising a small
however, because there were 8 different implant
diameter <3.5 mm) (especially the interforaminal region) has better
immediate loading. In the present series, implant
Tarnow, et al.
considered to be relevant implant-related factors.
In general, length, diameter and surface are
considered an indicator of SCR to evaluate the
during a mean period of observation of 25 months
implant loss) is likely to occur. If the associated
the statistical value of independent variables, such
differences were detected among unloaded
with a better clinical outcome. No significant
correlated with a statistically significant lower
delta IAJ (i.e. reduced crestal bone loss) and thus
observed in the follow-up period.
DISCUSSION
Disease-specific survival curves were calculated
stratified according to the studied variables.
host-, implant-, and occlusion-related factors.
indicator of SCR to evaluate the effect of several
Since only 5 out of 91 implants were lost (i.e.
SD = 3.5 mm, mean 1.81 mm, SD = 4.91 mm,
derived from dental charts,
mean 3.13 mm, SD = 4.82 mm. The measurements
The FFB - obtained from the Veneto Tissue Bank
Graft Material
available are (FFB), freeze-dried bone (FDB), and
report on the clinical
literature, there is no report on the clinical
have analyzed the clinical outcome of such
combination with autologous bone from the iliac
in the literature: in 1992 Perrot
implants
(42.9%) and 24 molars (26.4%).
various implant types. There were 4 experienced
Andover, MA, USA). Patients received randomly
treated with NDI. Informed written consent
females and 14 males, mean age 54 years) were
males) with mean age of 52 years were grafted
In the period between December 2003 and
following inclusion criteria: controlled oral
pregnancy, inflammatory and autoimmune
bruxism, smoking more than 20 cigarettes/day
patients and 30 females (28.5%)
reports regarding allografts for implant
education and training on oral hygiene
following procedures: administration of
infiltration with
day for 5 days starting 1 h before surgery. Local
anesthesia was induced by infiltration with
day for 3 days. Oral hygiene instructions
were provided.
Surgical and Prosthetic Technique
objective of this study was to evaluate the
implants
inserted into allografts
CLINICAL OUTCOME OF
INSERTED INTO ALLOGRAFTS

TABLE 2

<table>
<thead>
<tr>
<th>Diameter</th>
<th>Number of Fixtures</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5 mm</td>
<td>33</td>
<td>36.4%</td>
</tr>
<tr>
<td>4.0 mm</td>
<td>30</td>
<td>33.0%</td>
</tr>
<tr>
<td>4.5 mm</td>
<td>28</td>
<td>30.9%</td>
</tr>
<tr>
<td>5.0 mm</td>
<td>20</td>
<td>22.1%</td>
</tr>
<tr>
<td>5.5 mm</td>
<td>16</td>
<td>17.6%</td>
</tr>
<tr>
<td>6.0 mm</td>
<td>14</td>
<td>15.4%</td>
</tr>
<tr>
<td>6.5 mm</td>
<td>12</td>
<td>13.3%</td>
</tr>
<tr>
<td>7.0 mm</td>
<td>10</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

and

In the period between December 2003 and
4.5 mm and from 10 to 16 mm, respectively.
were inserted.

Used in nongrafted bone

and

In the period between December 2003 and
91 implants were lost (i.e.
5.0 mm and 6.0 mm, respectively.

The measurements

radiation therapy in the oral cavity, antitumor
clinical situations, for example, where there is
variable that has specific indications. In fact, the
5.0 mm and 6.0 mm, respectively.

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