## Quality of Bone

**Highly Resorbed Premaxilla Bone**

<table>
<thead>
<tr>
<th>Implanted Diameter (mm)</th>
<th>Length (mm)</th>
<th>Labio-Lingual Dimension (mm)</th>
</tr>
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<tbody>
<tr>
<td>Ø 2.5</td>
<td>Inclusive</td>
<td>Inclusive</td>
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</table>

For Ø 2.5 mm diameter implants, a 3 mm length can be sufficient to achieve stability by engaging both labial and lingual surfaces. The mini implants can often be placed in as little as 3 mm of bone, gaining immediate placement stability and the capability to provide immediate support for definitive restorations.

### Small Diameter Implants:

Choosing the appropriate small-diameter implant size is based on the patient's specific anatomy and the clinician's judgment. However, it is commonly accepted practice to select the smallest diameter that provides immediate support. Suitable diameters include 1.8 mm, 2.0 mm, and 2.5 mm. The ideal implant size usually reflects an anticipation of the bone density to be encountered with various ridge sizes.

## Availability of Bone

### Bicortical Stabilization

Because it is a self-tapping screw, removing the compress, condense and engage Type D2 bone.

Note: The 3.0 mm implant is used based on the available bone. However, the mini implants can be placed in as little as 3 mm of bone, gaining immediate placement stability and the capability to provide immediate support for definitive restorations.

In the case of mini implants, consider soft lining the denture for parafunctional habits– Whether mini implants are being placed in the upper or the lower arch, or whether immediate loading is planned, the clinician must be aware of the opposing arch.

**Number of implants**

- Upper arch: six implants
- Lower arch: five implants

If possible, the diameter of the mini implants should be as large as possible. Generally accepted placement protocols suggest that for each 1 mm difference in diameter, the standard number of mini implants is reduced by one. The ideal implant size on a case-by-case basis, based on a complete diagnostic evaluation. The variation in thread pitch associated with the increasing thread pitch associated with the various ridge sizes.

## Scars of Time

=max(0, min(1, ((70 - 1907) / 2010)))

The increasing number of racial and ethnic groups entering the workforce, the rising life expectancy, the growing number of people who report good health, and the higher percentage of older people who continue to work have been significant influences on the future of the workforce.

### Other Factors for Consideration

The following factors should be considered when placing any implant:

- **Occlusion**
- **Parafunctional habits**
- **Osteodensitometry**
- **Diagnosis of the oral environment.**

**Availability of Bone**

- **Highly Resorbed Premaxilla Bone**
- **Bicortical Stabilization**

**Number of implants**

The mini implants can be placed in as little as 3 mm of bone, gaining immediate placement stability and the capability to provide immediate support for definitive restorations.