colonization, thus causing implant failure. Tissue adjacent to the dental inplant was studied using light and transmission electron microscopy and finding were consistent with microbial infection. The cause of implant-initiated infection of reviewed.

Oral Session V(AAP) Ballroom II

OV-1 The Clincal Importance of Biologic Width and Gingival Embrasure in Restorative Dentistry

Sang-Seon Lee
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The fact that an optimal attainment of marginal integrity is one of the most dominant factors in terms of the longevity of the clinical outcomes in restorative dentistry seems to be self-evident with a unanimous consent by clinicians. Whatelse should be stressed for the maintenance of proper gingival health in addition to the significance of the marginal integrity?

That is thorough understanding and careful clincal application of the biologic width and the gingival embrasure. The biologic width and the gingival embrasure also play a major role in gingival esthetics and oral hygiene maintenance for successful restorative treatment.

Some unnegligible aspects related to conceptual and applied principles of the biologic width and the gingival embrasure will be presented as useful guidelines for the predictable clinical results in restrorative dentistry.

OV-2 A Cement-retained Fixed Detachable Prosthesis : A Case Report.

Young-Ku Heo
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A mandibular bilateral cantilevered fixed detachable hybrid prosthesis retained by a resin cement was designed for a 81-year-old woman. It was supported by 4 Steri-Oss implants and opposed by a complete denture. 4 cement-type straight abutments were connected to the master cast. Mesioldistal retention grooves were made on the 2 anterior abutments after determining a path of insertion. 0.3mm spacer was coated over each abutment. A bilateral cantilevered framework was fabricated on the abutments using a Cr-Co alloy. Screw holes on the framework were made over the abutments even if it was a cement-retained prosthesis so that the abutment-framework unit could be removed by unscrewing through the holes. The frameworks was adjusted and fully seated on the abutments without any friction until metal-to-metal contacts were obtained at least at the distal edge of the distal abutments. The framework was opaqued after silicoated and the resin portion was processed. Both the abutments and the inside of the abutment holes of the framework were send-blasted. Each abutment was tightened at 20 Ncm in the mouth and the prosthesis was finally cemented

on the abutments using a resin luting cement. A ligualized balanced occlusion was established. This prosthesis has not experienced any screw loosening or cement wash-out for 1 year. This system may have following advantages : 1) minimize stress on the implants, 2) reduce screw loosening or fracture, 3) eliminate section and soldering procedure for 'passive fit', and 4) can be retrievable.

OV-3 Cement-retained vs Screw-retained Implant Prostheses:Clinical Experience

Jung-Min Lee*, Y. S. Kim
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In restoring edentulous patients with implants, one must face a difficult choice between screw-retained prostheses and cement-retained prostheses.

3-D FEM was used to analyze stress under vertical, horizontal and oblique loads in CeraOne, CerAdapt and UCLA abutments used frequently to restore single missing teeth.

Overall, cement-retained prostheses showed lower stress values and more favorable stress distribution.

In the screw-retained prostheses, chosen by many dentists, screw loosening is a disadvantage offset by its retrievability.

In addition to favorable stress distributions, there is a no screw holes in cement-retained prostheses, allowing for wider intact occlusal surfaces leading to higher masticatory efficiency.

This is a comparision of the two types of prostheses tried in clinical cases.

OV-4 Single Implant Replacement

Shang-Hoon Bhang
Yelim Dental Clinic, Seoul, Korea

When we meet single-tooth missing cases, we can consider several kinds of treatment options, a fixed 3-unit bridge, a single implant replacement, a maryland bridge-type of restoration, or an all-ceramic bonded bridge.

Among them, single implant replacement gives some advantages.

Especially, in cases of either single or multiple diastemas, adjacent teeth have a poor crown and root ratio, or adjacent teeth are sound and the patient does not want to touch neighboring teeth.....

But implants must meet the same esthetic goals as natural teeth or conventional restorations.

The most crucial esthetic element in all restorations is the soft tissue profile, which is defined as the prosthetic recipient site from which restoration emerges.

In some instances, an orthodontic measure may be needed to synergistically combine tooth movement with periodontal plastic surgical techniques, guided bone regeneration, or osseous grafts, to effectively establish the foundation for functional and esthetic implant restorations.

I' ll present the below contents.

① Ridge preservation technique for esthetic implantation.