

Prosthetic Aspect of Esthetic Enhancement in Guiding Soft Tissue

김진환 원장



Reconstructing the dentition, be it a single anterior tooth or a full mouth reconstruction requires a sound understanding of the delicate relationship between the soft tissues, bone and teeth. The premaxilla is the most critical region of the mouth for implant treatment because esthetics, phonetics, function, occlusal pattern and patient awareness all need to be considered to achieve long-term success.

Maxillary anterior implant treatment has been referred as one of the most difficult implant treatment because of the esthetic consideration. Anterior tooth loss usually compromises ideal bone volume and implant treatment. The thin buccal plate resorption of premaxilla area after tooth loss makes maxillary anterior implant treatment very difficult one. After tooth loss, the thin buccal bone of premaxilla resorbs and the crest width shifts lingually and decreases 40~60% within the first 3years. To prevent buccal plate resorption after extraction, particulate bone graft is recommended at the time of extraction. Failure to create an optimal soft and hard tissue complex that is in harmony with the natural dentition will lead to esthetic compromise. We have to restore muco-gingival complex esthetically. Especially, where there are no interdental papilla, gingivoplasty is required after the abutment is positioned to improve the gingival contour. Otherwise there will be open black triangular spaces where papilla are usually present. But there is no predictable papilla augmentation procedure, now. In other word, the loss of interdental papilla cannot be corrected successfully. So it is very important to preserve interdental papillae as much as we can, at the time of surgical procedure.

*Comparison between Cementable implant prosthesis and Screw retained implant prosthesis

Screw retention represents an attachment mechanism that sacrifices occlusion and esthetics for retrievability. Cement retention when appropriately handled is retrievable but does not compromise occlusion and esthetics. An analysis of occlusal table width and screw hole size reveals that screw holes can occupy 50% or more of the width of the occlusal table. Because the screw hole is directly over the implant, vertical loading is difficult and may compromise biomechanics.

1. Common goals of implant prosthesis
2. Screw retained implant prosthesis
 - a) Advantage
 - b) Disadvantage
 - c) Contraindication
3. Cementable implant prosthesis
 - a) Advantage
 - b) Disadvantage
 - c) Contraindication

약력 :

서울치대 졸업

버팔로 뉴욕주립 치대 졸업

뉴욕 치대 IMPLANT과 임상교수

뉴욕 치대 임상의를 위한 평생교육원 IMPLANT과 주임교

NYU in Korea program Director

NYU 치과의원 원장