Complex prosthodontic treatment with dental implants for a patient with polymyalgia rheumatica: a clinical report.

Bencharit S, Reside GJ, Howard-Williams EL.


Abstract

Prosthodontic and implant treatment for a patient with polymyalgia rheumatica can be complicated not only by its symptoms, but also by the side effects of long-term use of certain medications, particularly systemic glucocorticoids. This clinical report presents a polymyalgia rheumatica patient who required full-mouth rehabilitation with dental implants. The patient had a sensitive gag reflex and refused the use of any removable prostheses. She presented clinically with a skeletal Class II malocclusion with severe overbite and overjet. All her remaining dentition was determined to be unrestorable. Full-mouth extractions and immediate placement of implants followed by early implant loading were performed. The use of systemic glucocorticoids might have exacerbated her type 4 maxillary bone and compromised her healing capacity and consequently made implant surgery challenging. Her treatment with full-arch fixed implant-supported dentures to correct her severe overbite and overjet and manage misaligned dental implants is summarized here. The effects of polymyalgia rheumatica in prosthodontic and dental implant treatments are reviewed and discussed.

Implant prosthodontic rehabilitation of patients with rheumatic disorders: a case series report.

Weinlander M, Krennmair G, Piehslinger E.


Abstract

PURPOSE:

This retrospective study assessed implant and prosthodontic treatment outcomes of patients suffering from rheumatic disorders such as rheumatoid arthritis (RA) and connective tissue diseases (CTDs).

MATERIALS AND METHODS:

This study included 22 patients (all women) suffering from autoimmune rheumatic disorders such as isolated RA (n = 16), RA with concomitant CTDs (n = 5), or isolated CTDs (n = 1). Overall, 89 implants were placed for rehabilitations such as single-tooth replacement (n = 8), fixed partial dentures (n = 14), complete dentures (n = 5), and overdentures (n = 2), and were
evaluated after a mean of 42.6 +/- 25.2 months. The cumulative implant survival and success rates and peri-implant conditions (marginal bone loss, pocket depth, Plaque Index, Gingival Index, Bleeding Index, and Calculus Index) were evaluated with a special focus on RA and CTDs. In addition, incidence and type of prosthodontic maintenance were evaluated.

RESULTS:

A high implant survival rate was noted during follow-up with a cumulative 3-year implant success rate of 96.1%. Patients with RA demonstrated acceptable marginal bone resorption (mean: 2.1 +/- 0.5 mm) and good soft tissue conditions, while CTD patients showed increased bone resorption (mean: 3.1 +/- 0.7 mm). This was especially noted in scleroderma patients, as were major peri-implant soft tissue alterations (Bleeding Index) in patients suffering from Sjogren syndrome.

CONCLUSIONS:

A high implant and prosthodontic success rate can be anticipated even for patients suffering from autoimmune rheumatic disorders such as RA and CTDs. A scrupulous maintenance program that includes optimal oral hygiene could assist in ensuring stable long-term results for CTD patients with more vulnerable soft tissue conditions. Int J Prosthodont 2010;23:22-28.

Systemic conditions and treatments as risks for implant therapy.

Bornstein MM, Cionca N, Mombelli A.


Abstract

PURPOSE:

To evaluate whether systemic diseases with/without systemic medication increase the risk of implant failure and therefore diminish success and survival rates of dental implants.

MATERIALS AND METHODS:

A MEDLINE search was undertaken to find human studies reporting implant survival in subjects treated with osseointegrated dental implants who were diagnosed with at least one of 12 systemic diseases.

RESULTS:

For most conditions, no studies comparing patients with and without the condition in a controlled setting were found. For most systemic diseases there are only case reports or case series demonstrating that implant placement, integration, and function are possible in affected patients. For diabetes, heterogeneity of the material and the method of reporting data precluded a formal meta-analysis. No unequivocal tendency for subjects with diabetes to have higher failure rates emerged. The data from papers reporting on osteoporotic patients were also heterogeneous. The evidence for an association between osteoporosis and implant failure was low. Nevertheless, some reports now tend to focus on the medication
used in osteoporotic patients, with oral bisphosphonates considered a potential risk factor for osteonecrosis of the jaws, rather than osteoporosis as a risk factor for implant success and survival on its own.

CONCLUSIONS:

The level of evidence indicative of absolute and relative contraindications for implant therapy due to systemic diseases is low. Studies comparing patients with and without the condition in a controlled setting are sparse. Especially for patients with manifest osteoporosis under an oral regime of bisphosphonates, prospective controlled studies are urgently needed.

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