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## "Prognostic Analysis of Implant Supported Prosthesis"

High survival rates of implants have been reported in number of studies. Several studies have also evaluated the survival rates of implant supported reconstructions. The reported survival rates of the reconstructions have also been high. On the other hand few studies have evaluated the success rate of a implant supported reconstruction. Success of a reconstruction would be when the patient has no biological and technical complications over the entire observation period.

Despite a high survival rates of implant supported FPDs and SCc, are frequent. This, in turn, means that substantial amounts of chair time have to be accepted by the patient and the dental service following the incorporation of implant supporting reconstruction.

Comparing tooth and implant supported reconstructions, the tooth supported have higher risk of biological complications. But, the implant supported reconstruction have higher risk of technical complications.

In this lecture, different risk factors, that have to be taken into account in treatment planning of implant supported reconstructions, will be discussed. Secondly, complications by implant supported reconstructions will by described and prophylaxis and treatment of those complication will by discussed.

## "Prognostic Analysis of Tooth Supported Prosthesis"

In the daily praxis, dentists face the challenge of making difficult clinical decisions. When planning a fixed reconstruction, the possibilities are a tooth supported or an implant supported fixed partial dentures (FPDs) or single crowns (SC). In the treatment planning, several risk factors have to be taken into account.

For both tooth and implant supported reconstruction, complications can occur over the years in function. It can be minor complications, which can be corrected or repaired without investing lot of time and effort or major complications, resulting in a lot of time and effort to be invested or even worse, the reconstruction has to be remade.

In this lectures survival and success rates of tooth-supported metal-ceramic and all-ceramic reconstructions and the incidence of biological- and technical complications will by evaluated based on series of systematic reviews.

Finally, the question will be addressed whether it is possible to practice evidence based treatment planning in prosthetic dentistry. Is there enough evidence available to guide us in choosing between conventional FPDs, cantilever FPDs, combined tooth-implant supported FPDs, solely implant supported FPDs and implant supported single crowns when we do our treatment planning or do we still have to go by the "gut" feeling and our clinical experience?