Immediate loading of implants installed in a healed alveolar bony ridge or immediately after tooth extraction: an experimental study in dogs

Key words: animal study, extraction sockets, histology, histometry, immediate loading, IPIES, Type I, Type III, Type IV, wound healing

Abstract

Objective: To compare the sequential healing at immediately loaded implants installed in a healed alveolar bony ridge or immediately after tooth extraction.

Material and methods: In the mandible of 12 dogs, the second premolars were extracted. After 3 months, the mesial roots of the third premolars were endodontically treated and the distal roots extracted. Implants were placed immediately into the extraction sockets (test) and in the second premolar region (control). Crowns were applied at the second and third maxillary premolars, and healing abutments of appropriate length were applied at both implants placed in the mandible and adapted to allow occlusal contacts with the crowns in the maxilla. The time of surgery and time of sacrifices were planned in such a way to obtain biopsies representing the healing after 1 and 2 weeks and 1 and 3 months. Ground sections were prepared for histological analyses.

Results: At the control sites, a resorption of the buccal bone of 1 mm was found after 1 week and remained stable thereafter. At the test sites, the resorption was 0.4 mm at 1-week period and further loss was observed after 1 month. The height of the peri-implant soft tissue was 3.8 mm both at test and control sites. Higher values of mineralized bone-to-implant contact and bone density were seen at the controls compared with the test sites. The differences, however, were not statistically significant.

Conclusions: Different patterns of sequential early healing were found at implants installed in healed alveolar bone or in alveolar sockets immediately after tooth extractions. However, three months after implant installation, no statistically significant differences were found for the hard- and soft-tissue dimensions.

In a consensus conference on implant therapy (EAO consensus conference 2012), it was stated that implants placed immediately into extraction sockets [IPIES] do not preserve the alveolar ridge regardless of the dimensions of the implants [Sicilia & Botticelli 2012]. Moreover, in an experimental study in dogs (Vignoletti et al. 2012), the healing of IPIES was compared with that of undisturbed healed extraction sockets. After tooth extraction, a buccal bony crest resorption was observed both at the test and control sites. However, a higher buccal bone resorption at the implant sites compared with the extraction sockets was described. Nevertheless, IPIES has been shown to have a high rate of success similar to that of implants installed in healed alveolar ridges (for review, see Lang et al. 2012).

To limit the buccal bony crest resorption, various alveolar ridge preservation techniques have been suggested. It was shown that these procedures may, indeed, contribute to the partial preservation of the buccal bony crest (for review, see Wang & Lang 2012). It was also demonstrated that similar bony crest resorption and degrees of osseointegration were obtained at IPIES sites with or without applying immediate loading (Blanco et al. 2010, 2011).

The sequential histological healing at IPIES [Type I; Hämmerle et al. 2004] and at implants installed in healed alveolar ridges [Type III or Type IV; Hämmerle et al. 2004] has been described in animal experiments [e.g., Araújo et al. 2006a,b; Vignoletti et al. 2009a,b; Blanco et al. 2013; Rossi et al. 2014].