ZYGOMATIC & PTERYOMAXILLARY IMPLANTS GUIDED & UNGUIDED

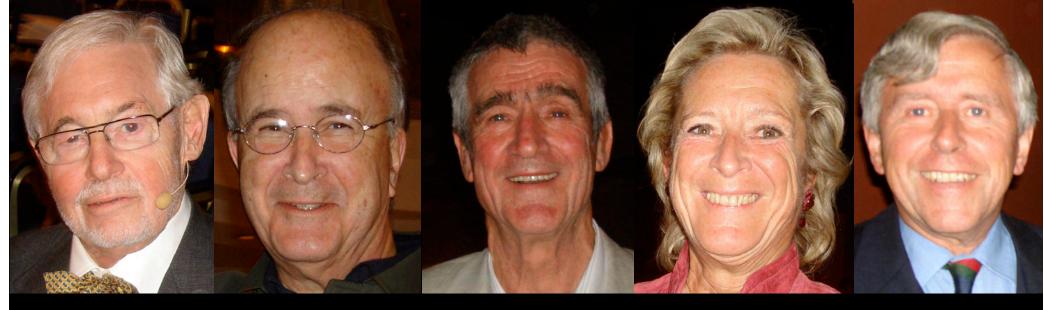
American College of Prosthodontists 44th Annual Scientific Session Baltimore, MD -- November 2, 2012



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Prof. Per-Ingvar Brånemark

Prof. George Zarb

Prof. Patrick Henry

Prof. Chantal Malevez

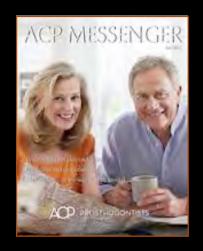
Prof. Daniel van Steenberghe



Points to Share with Fellow Prosthodontists

- Define zygomatic and pterygomaxillary implants?
- Do they work? Evidence-based prosthodontics
- Why use these locations for implants?
- Examples 4 Patients

Prosthetically-Driven Treatment



"RETREATMENT is challenging in scope and technology for both patient and the DENTIST."

2

Dr. JP Wiens, ACP MESENGER Fall 2012



"REVISION is challenging in scope and technology for both patient and the PROSTHODONTIST."

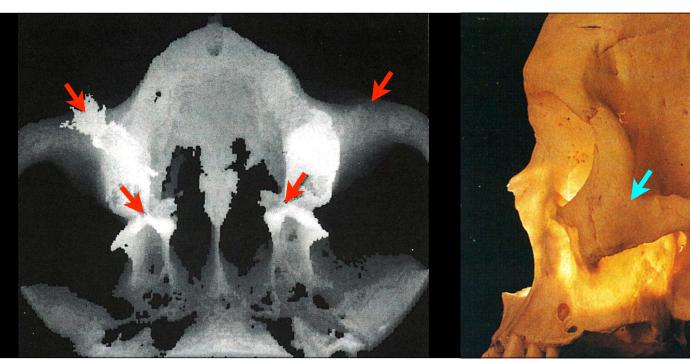


"Revision surgery is a complex procedure that requires extensive preoperative planning, specialized implants and tools, and mastery of difficult surgical techniques to achieve a good result."

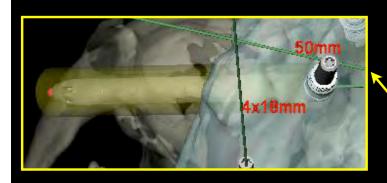


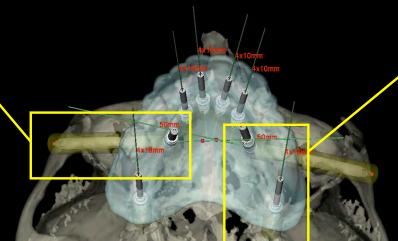


"REVISION is challenging in scope and technology for both patient and the PROSTHODONTIST."



not only special implants - also special places





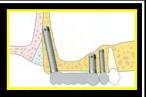


- Literature Terminology
 - I. Pterygoid implant
 - 2. Pterygomaxillary implant
 - 3. Tuberosity implant

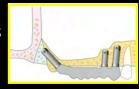
- Tuberosity ≠ Pterygomaxillary
 - Location
 - 2. Bone Quality
 - 3. Vital Structures
 - 4. Implant Angle

- 5. Visualization
- 6. Implant Length
- 7. Technique Sensitive with Risk

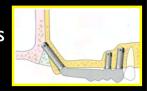
Tuberosity



Pyramidal Process of the Palantine



Pterygoid Process of the Sphenoid

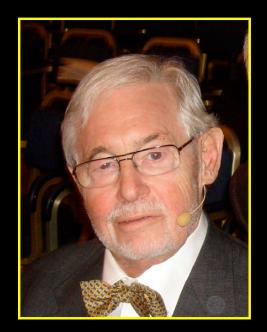


The real anatomic definition:

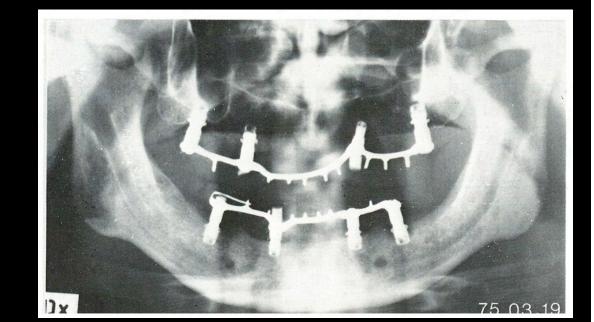
THROUGH THE
TUBEROSITY &
INTO THE
PTERYGOID PLATES



Courtesy: Reiser GM



Brånemark used the Tuberosity as early as 1975





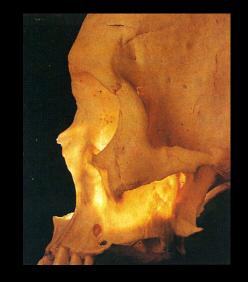
Jean-Francois Tulasne placed the first implant at the suggestion of Paul Tessier (1985)





Tulasne JF. Implant treatment of missing posterior dentition. In: Albrektsson T, Zarb GA (eds). The Brånemark Osseointegrated Implant. Chicago. Quintessence. 1989:103-115.

- The maxillary tuberosity is often well developed but is made of bone that is too spongy to provide predictable osseointegration
- The tuberosity rests against an extremely dense mass of bone formed by the pterygoid process and the vertical point of the palatine bone





Tulasne JF. Implant treatment of missing posterior dentition. In: Albrektsson T, Zarb GA (eds). The Brånemark Osseointegrated Implant. Chicago. Quintessence. 1989:103-115.

- September 1985 to December 1993
 - 44 patients
 - 51 machine-surface Brånemark System implants
 - Traditional 2-stage protocol
 - All partially edentulous
 - 7 implant failures
 - 86.5% CSR



Balshi TJ, Lee HY, Hernandez RE. The use of pterygomaxillary implants in the partially edentulous patient: a preliminary report. Int J Oral Maxillofac Implants 1995;10:89-98.

September 1985 to April 1998

- 189 fully edentulous patients
- 356 machine-surface Brånemark System implants
- Traditional 2-stage protocol
- 42 implant failures
- 88.2% CSR

TIME of STUDY	CSR
1985-1993	86.5%
1985-1998	88.2%



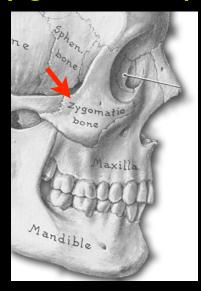
Balshi TJ, Wolfinger GJ, Balshi II SF. Analysis of 356 pterygomaxillary implants in edentulous arches for fixed prosthesis anchorage. Int J Oral Maxillofac Implants 1999;14:398-406.

- December 1999 to March 2004
 - 82 fully edentulous arches
 - 164 TiUnite surface
 - 80 were immediately loaded; 84 traditional 2-stage protocol
 - 6 implant failures: 3 immediately loaded, 3 submerged
 - 96.3% CSR 96.3% immediately loaded, 96.4% submerged

TIME of STUDY	CSR
1985-1993	86.5%
1985-1998	88.2%
1999-2004	96.3%



Balshi SF, Wolfinger GJ, Balshi TJ. Analysis of 164 titanium oxide-surface implants in completely edentulous arches for fixed prosthesis support using the pterygomaxillary region. Int J Oral Maxillofac Implants 2005;20:946-952.



- Osseointegration in the zygoma reported by Brånemark in 1988
- Implant introduced in 1997
- Current implant features
 - Self-tapping TiUnite Surface
 - Brånemark external hex
 - 2 diameters on the same implant: 3.9 and 4.6 mm
 - Variable lengths: 30, 35, 40, 42.5, 45, 47.5, 50, 52.5 mm
 - 45° turn at the coronal end

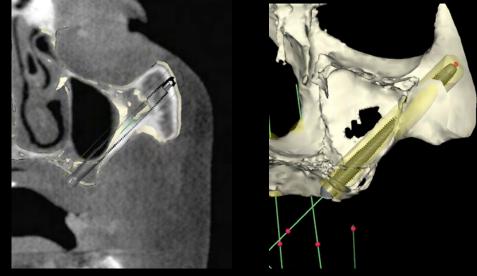
- an implant into the sinus will not jeopardize sinus health
- an alternative to bone grafting or sinus lift procedures
- reduced treatment TIME with immediate LOADING
- Screw-retained prosthesis



Malavez C, Daelemans P, Adriaenssens P, Durdu F. Use of zygomatic implants to deal with resorbed posterior maxillae. Periodontology 2000 2003;33:82-89.



Dual anchorage in the maxilla and the zygoma





Malavez C, Daelemans P, Adriaenssens P, Durdu F. Use of zygomatic implants to deal with resorbed posterior maxillae. Periodontology 2000 2003;33:82-89.

How much bone is actually in contact with the zygomatic implant in the zygoma?

In a retrospective study on 173 implants in 77 patients, it was shown that the mean height was 15.32 mm.

Mean: 15.3 mm

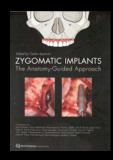
Max: 32.9 mm

Min: 4.9 mm

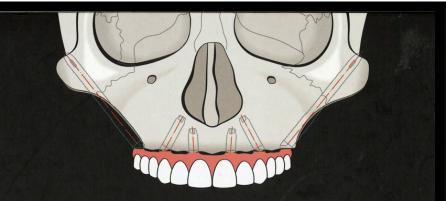
On average, 35.91% of the zygoma implant was in contact with the zygoma bone.



Balshi TJ, Wolfinger GJ, Shuscavage NJ, Balshi SF. Zygoma bone-to-implant contact in 77 patients with partially or completely edentulous maxillas. | Oral Maxillofac Surg 2012; 70(9):2065-2069.



Quintessence 2012



Edited by Carlos Aparicio

ZYGOMATIC IMPLANTS The Anatomy-Guided Approach





Contributions by Javier Alandez, Tomas Albrektsson, Arnau Aparicio, Thomas J. Balshi, John B. Brunski, James Chow Lesley A. David, Rubén Davó, Oscar González, Hans-Göran Gröndahl, Kenji W. Higuchi, Ole T. Jensen, Chantal Malevez, Carolina Manresa, David Nisand, Wafaa Ouazzani, Josep M. Potau, Frank Renouard, Marco Rodriguez, Tambert J. Stumpel



- May 2000 to December October 2006 TIAD
 - 56 patients (27 men, 29 women)
 All implants followed the Teeth in a Day™ I-stage protocol
 - II0 Zygoma implants (76 machine surface; 34 TiUnite surface)
 - 14 unilateral Zygo treatment; 42 bilateral Zygo treatment
 - All patients were fully edentulous
 - 4 implant failures (96.37% CSR)



Balshi SF, Wolfinger GJ, Balshi TJ. A retrospective analysis of 110 zygomatic implants in a single-stage immediate loading protocol. Int J Oral Maxillafac Implants 2009;24:335-341.

Publications on immediate loading with zygoma implants

STUDY	# PATIENTS	# IMPLANTS	CUMULATIVE SURVIVAL RATE	LOADING PROTOCOL	
Balshi et al, 2009	56	110	100%	Immediate	
Bedrossian et al, 2006	14	28	100%	Immediate	
Chow et al, 2006	5	10	100%	Immediate	
Duarte et al, 2007	12	48	100%	6 hours	
Davó et al, 2007	18	36	100%	48 hours	
Aparicio et al, 2008	20	36	100%	24 hours	
Maló et al, 2008	29	67	98.5%	24 hours	
Bedrossian et al, 2011	36	74	97.3%	Immediate	
Chow et al, 2011	16	37	100%	1 to 8 days	

Zygoma Implants the presence

Life Table Analysis for delayed loading

PERIOD	# IMPLANTS	# FAILURES	SURVIVAL RATES	CUMULATIVE SURVIVAL RATE
0-3 months	55	0	100%	100%
3-6 months	55	2	96.4%	96.4%
6-9 months	53	1	98.1%	94.5%
1 year	52	3	94.2%	89.1%
7 years	49	0	100%	89.1%
8 years	49	0	100%	89.1%
9 years	49	0	100%	89.1%
10+ years	49	0	100%	89.1%

Zygoma Implants the experience

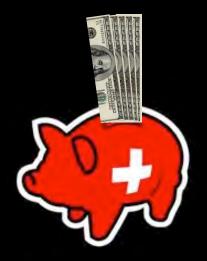
Life Table Analysis for immediate loading

PERIOD	# IMPLANTS	# FAILURES	SURVIVAL RATES	CUMULATIVE SURVIVAL RATE
0-3 months	293	3	98.9%	98.9%
3-6 months	284	1	99.7%	98.6%
6-9 months	277	0	100%	98.6%
9-12 months	272	1	99.6%	98.3%
1 year	257	1	99.6%	98.0%
2 years	237	0	100%	98.0%
3 years	174	0	100%	98.0%
4 years	118	0	100%	98.0%
5 years	77	0	100%	98.0%
6 years	41	0	100%	98.0%
7 years	29	0	100%	98.0%
8 years	6	0	100%	98.0%
9 years	4	0	100%	98.0%
10 years +	3	0	100%	98.0%

Why use these locations for implants?



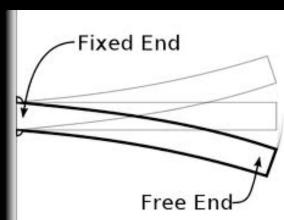






Why use these locations for implants?



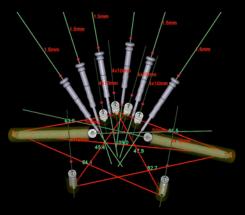




Why use these locations for implants?









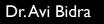
Neeraja K.





- Guided pterygomaxillary implants
- Partially-guided zygomatic implants

Dr. John Agar



Dr. Guillermo Zapata 3 PGP







University of Connecticut

Neeraja K.

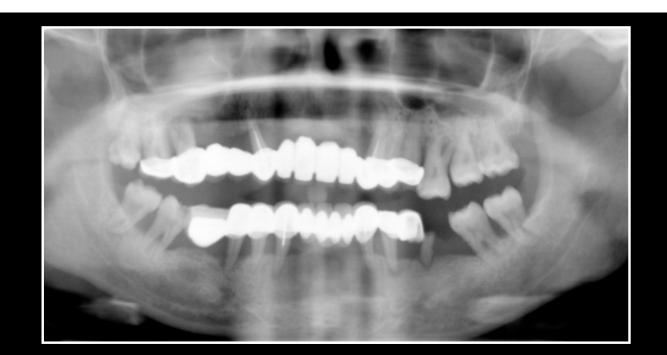






Neeraja K.







Implant 7

General Information

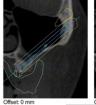
Product Name REF

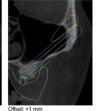
NobelBiocare Brånemark System Zygoma TiUnite RP ø 4.0 x 42.5 mm 34736

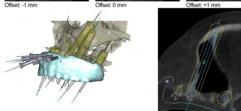
Brånemark System Zygoma Multi-unit Abutment 3 mm 3 mm 32330

Planning Warnings











3D Overview

s document is derived from a patient case created in the NobelClinician software and based on information entered by a user of said software. The user of the NobelClinician software is solely





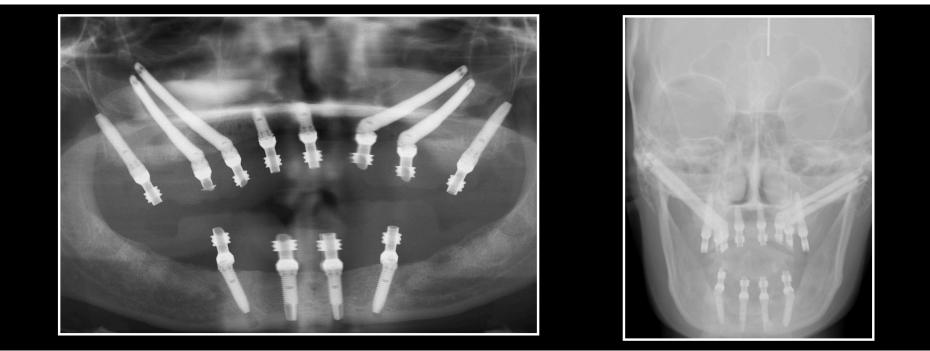




Parallel view

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3D Overview



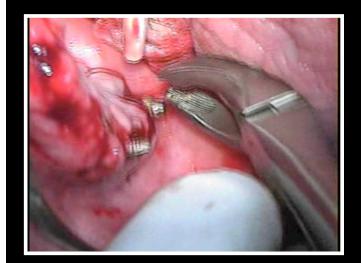
Jason K.







Teeth in a Day[™] with Zygomatic Implants









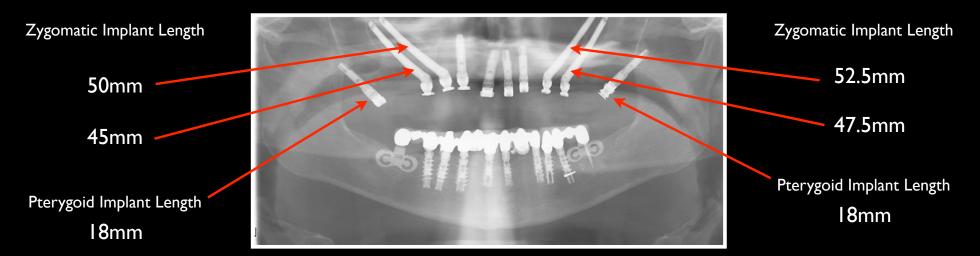






Prosthesis Stability is Dependent on Implant Position

18 hours Post-Surgery



Final Prosthesis Construction









CM Prosthesis

Final Prosthesis Construction









CM Prosthesis

Final Prosthesis Construction

CM Prosthesis with Quad Zygo



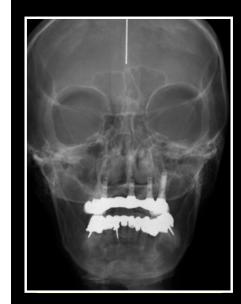
Final Prosthesis Construction

CM Prosthesis
with Quad Zygo
and Bi-Lateral Pterygoids





Helen M.





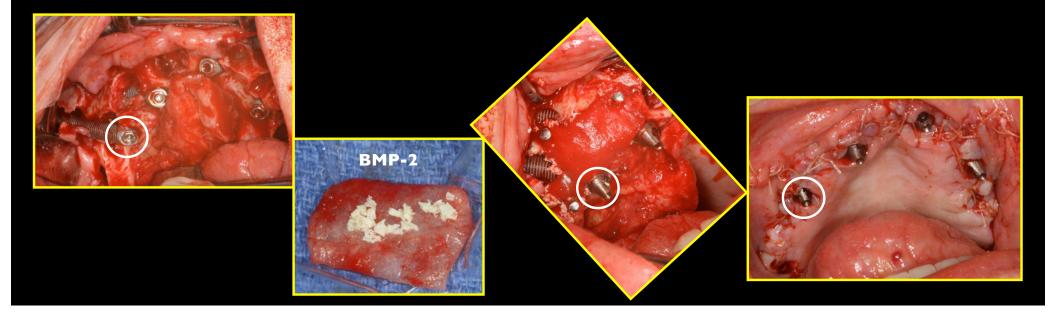


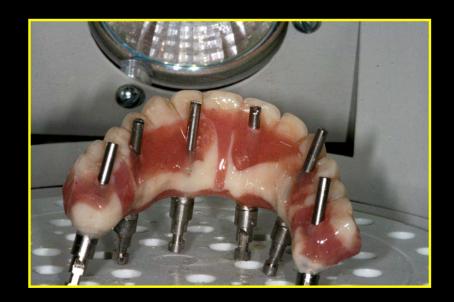








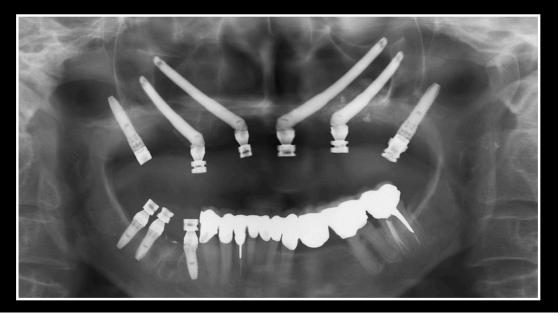












REVISION TREATMENT USING ONLY ZYGOMATIC & PTERYGOMAXILLARY IMPLANTS







7 Days Post Surgery







7 Days Post Surgery



Final Prosthesis
Construction

Traditional PFM Screw-Retained Prosthesis



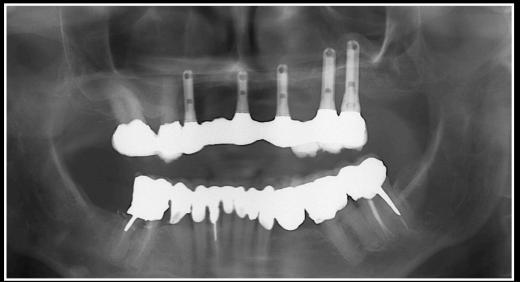






Pre Treatment

Post 4-Z & 2-P NBS







Lynne G.





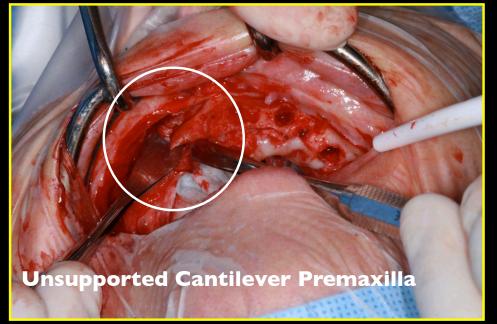






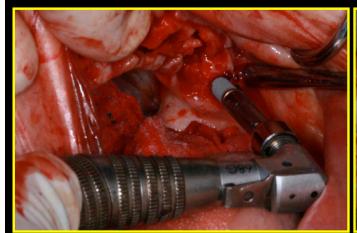




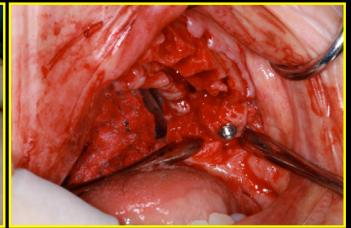




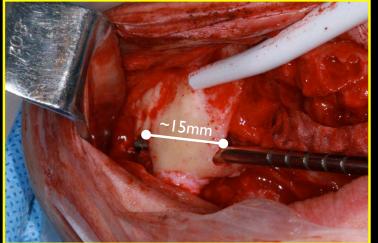
Left Pterygomaxillary Implant - 18 mm











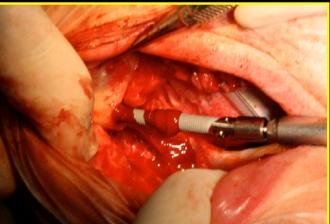
In a retrospective study on 173 implants in 77 patients, it was shown that the mean height was 15.32 mm.



Balshi TJ, Wolfinger GJ, Shuscavage NJ, Balshi SF. Zygoma bone-to-implant contact in 77 patients with partially or completely edentulous maxillas. | Oral Maxillofac Surg 2012; 70(9):2065-2069.

Right Zygomatic Implant - 30 mm











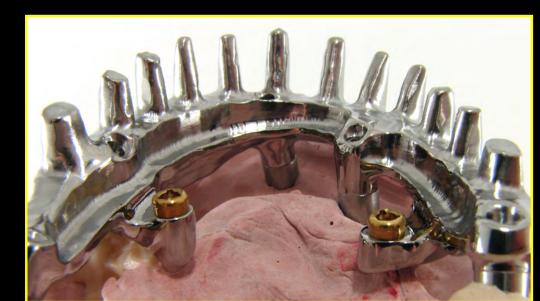
4 Months Post-Surgery























PROSTHETICS







6 Months Post-Surgery



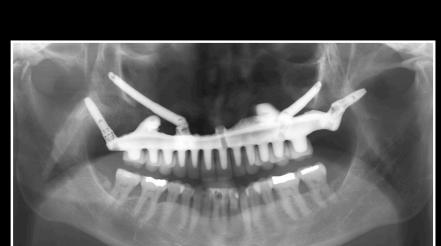






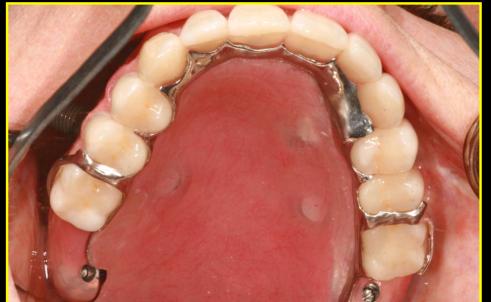








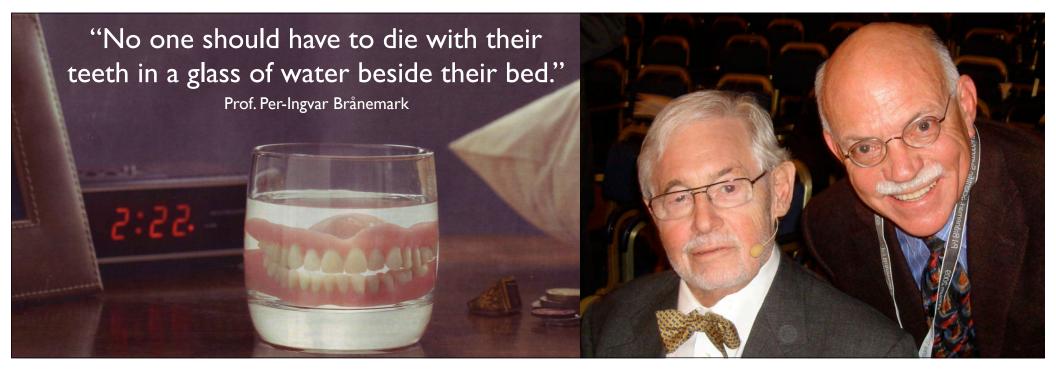






CONCLUSION

The No BoneZ Solution™ protocol, using pterygomaxillary and zygomatic implants, is the pinnacle of implant prosthodontic revision treatment



The Institute for Facial Esthetics Ft. Washington, Pennsylvania,



THANK YOU