Immediate extraction: Implantation in the anterior maxillary region

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After learning to treat the completely edentulous patient and the partial mandibular and maxillary edentulous patient, an implantology practitioner sets out to restore patients en route to losing their teeth, patients with teeth that are suffering from advanced periodontal disease requiring extraction, teeth that have suffered a sub-gingival fracture, end stage caries attack, trauma and endodontic problems.

These teeth are usually in the anterior region of the maxilla, which is of high esthetic importance. The accumulated advantages of the extraction implantation procedure are:

- Preservation of bone mass after extraction as a bony groove in the table is avoided, particularly in the vestibular table.
- Preservation of the geometry and volume of the papilla.
- Preservation of the gingival margin and preparation of an optimal emergence profile. It soon became apparent that to succeed in achieving an esthetic result for the anterior region, the implant would need to meet specific positioning criteria.

The aim of this article is to describe the specific features of extraction-implantation for implants in the anterior maxillary region. To do this, the biological rules of the implant-geri-implant tissue interaction currently known are described and are followed by the positioning criteria that flow from these. The subject is illustrated by two cases.

**Biological rules:** These rules explain the biological response of hard and soft tissues to implantation. They involve:

1. The principle of preserving the biological space and its application in the three planes of the space.

a) In the mesio-distal plane: this is expressed by observing a minimum distance between two implants, or between a tooth and an implant.

**Implants in endodontics**

**An interview with L. Stephen Buchanan, DDS, FICD, FACD**

A hot topic of debate has been whether or not implants have a place in today’s endodontic practice. Dr. L. Stephen Buchanan, known in endodontics for his pioneering use of micro CT imagery and invention of instruments to provide pre-defined tapered shapes in root canals, has trained in implant placement. He took some time recently to talk with Implant Tribune about the implant specialty’s impact on endodontics and why endodontists should be at least knowledgeable about it.

**IT:** Many clinicians, both specialist and general dentists alike, have expressed surprise and questioned the fact that a fair number of endodontists have started training up to place implants as a part of their practices. What is your take on this debate?

**Buchanan:** While at first blush this seems to be out of the realm of endodontic therapy, I’d like to talk about the philosophical and practical reasons that endodontists need to explore this new direction in our field, at least as it is in the United States. First off, one of my concerns and experiences has been seeing endodontists cut out of treatment planning sessions for major and minor reconstructive cases, and it’s not just in private practice, it’s also happening in some universities. Some of the reasons are our fault and some are the fault of implant surgeons and prosthodontists.

Our accountability in this situation has been that endodontists have typically not understood the prosthodontic imperatives of complex restorative cases and I’ve heard myself ask, “Why are they extracting that tooth and putting an implant in? It has good periodontal health, the tooth has structural integrity, and it’s a pretty straightforward root canal.” What I missed is...