Avances en Biomedicina
Publicación Oficial del Instituto de Inmunología Clínica
Mérida-Venezuela
Volumen 14(1), Enero-Junio 2025, p 5-8

Depósito Legal: PPI201102ME3935
ISSN: 2477-9369
PII: S2477-9369(25)14002-CE

## Cartas al editor

# Fully Versus Conventionally Guided Implant Placement By Dental Students

*(Colocación de implantes guiada completamente versus convencionalmente por estudiantes de odontología)*

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***Publicado online:*** 11 de Junio del 2025

**Abstract.** Earlier method of osseointegration is of two stages earlier modification included parallel walled implant. Recent development included tapered implants. Micro gap occurs during loosening and re-tightening of retention screws leading to movement of bacteria into the implant interior.

**Keywords** - *Dental, Prosthodontics, Implants, Anatomy, Physiology*

**Resumen.** El método anterior de osteointegración constaba de dos etapas. Una modificación inicial incluía implantes de paredes paralelas. Un desarrollo reciente incluía implantes cónicos. Al aflojar y reapretar los tornillos de retención, se produce una microfisura que facilita el desplazamiento de bacterias al interior del implante.

**Palabras clave:** *Odontología, Prótesis, Implantes, Anatomía, Fisiología*

## Introduction

The earlier method of osseointegration is of two stages; an earlier modification included a parallel-walled implant paved (1,2).

## Current scenario

Recent development included tapered implants. Screw retained prosthesis from the new restorative prosthesis. Angulared screw channel preserve aesthetics (3-7). Loading is of two types - conventional and immediate (7-11). Prosthesis can be delivered with 6 month in maxilla and 3 month mandible. Immediate loading refers to functional or non-functional restoration placement on the day of surgery. Immediate loading can lead to implant failure, micro movement of a fixture, defective osseointegration, and soft tissue encapsulation (12).

## DISCUSSION

The longitudinal re-modelling of peri-implant crestal bone is influenced by bone crest , micro gap and platform (13) Immediate or delayed provisionalization is determined by insertion torque. Increased bone re modeling occurs due to high finalized insertion Barone et al. (14). Marginal bone loss is seen in the case of excessive bone torque Duyck et al (15) Peri implant bone damage is heavy in high insertion torque. Additional studies by Cha et al. (2015) and Monje, Ravidà, Wang, Helms, and Brunski (16) observed that after final prosthesis delivery 1.5mm bone re modeling occurs along with 0.2mm of bone loss (17-20).

occurs in relational to implant first torque, 1987. (21). Bi phasic pattern is defined as an early acceleration followed by quiescent phase. Bone loss around the teeth and implant occurs due to surgical trauma and periosteal elevation (1, 22-24). Marginal bone loss occurs due to disconnection and reconnection (25). Low bone re modeling occurs due to nonremoval of abutments (26). Bone low and micro gap occurs during Loosening and re-tightening of retention screws will indirectly lead way to movement of bacteria into the implant interior (27) Fibrous encapsulation increase when forces exceed a micro motion of 100-150micrometer during healing (28).

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**How to cite this article:** *Shunmugavelu K, Jeevanandam L, Fully Versus Conventionally Guided Implant Placement By Dental Students.* ***Avan Biomed*** 2025; 14: 5-8

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