

Understanding Dental Implants: Success Rates and Long-Term Outcomes

Mohammed Saleh Almershed ¹, Abdulhakim Farooq Abdulhakim Sindi ², Mohammed Fahad Saad Alhazzaa ³, Ghaida Abdullah Ali Alzahrani ⁴, Alaa Jamal Sherkar ⁵, Alanazi, Abdullah Mutlaq R ⁶, Mazen Saeed Awadh Alanazi ⁷, Hala Suliman Gayadg Alruwaili ⁸, Sarah Sulaiman Ziyad ⁹, Badoor Jaber S Almoutrafi ¹⁰

¹⁻ Dental and Oral Surgery , Ministry of Health, Buraydah, Saudi Arabia

²⁻ General dentist, Ministry of Health, Al-Madinah Al-Munawwarah, Saudi Arabia

³⁻ General dentist, Ministry of Health, Afif, Kingdom of Saudi Arabia

⁴⁻ Dentist, Al-Dhaffer Health Center, Al-Baha Health Cluster, Al-Baha, Saudi Arabia

⁵⁻ General dentist, Al-Nahdah Primary Health Care Center, Ministry of Health, Jeddah, Saudi Arabia

⁶⁻ Specialist-Dental Hygiene, Prince Abdullah bin Abdulaziz bin Musaед Specialist Dental Center - Arar, Saudi Arabia

⁷⁻ Dental Assistant Technician, Prince Abdullah bin Abdulaziz bin Musaед Specialist Dental Center - Arar, Saudi Arabia

⁸⁻ Dental Assistant Technician, Specialized Dental Center, Al-Jouf, Sakaka, Saudi Arabia

⁹⁻ Dental assistant, Al-Nahdah Primary Health Care Center, Ministry of Health, Jeddah, Saudi Arabia

¹⁰⁻ Dental Assistant, Prince Abdullah bin Abdulaziz bin Musaед Specialist Dental Center - Arar, Saudi Arabia

Abstract:

Dental implants have emerged as a leading solution for tooth replacement, offering patients enhanced aesthetics and functionality compared to traditional dentures and bridges. The success rate of dental implants generally exceeds 90%, with factors such as the patient's overall health, the quality of the jawbone, and the skill of the dental professional contributing significantly to their longevity. Various studies indicate that with proper placement and diligent aftercare, dental implants can last a lifetime, making them a popular choice among dental patients. Ensuring that patients are well-informed about the prerequisites for successful implantation, including pre-surgical assessments and post-operative care, is essential for achieving optimal outcomes. Long-term outcomes for dental implants demonstrate their effectiveness in improving quality of life, occlusion, and self-esteem. Research highlights that patients with dental implants often experience fewer complications than those with removable prosthetics. The biocompatibility of materials used in implants, such as titanium, fosters osseointegration, where the bone fuses with the implant, creating a stable foundation for prosthetic teeth. Regular follow-ups, good oral hygiene, and management of underlying health conditions, such as diabetes, can further enhance the durability of implants. Overall, dental implants represent a transformative option for tooth replacement that, when maintained properly, can yield positive and enduring results.

Keywords: dental implants, success rates, long-term outcomes, osseointegration, tooth replacement, oral health

Introduction:

The field of dentistry has undergone significant advancements in the last few decades, leading to innovative approaches for restoring missing teeth and enhancing oral health. Among the various methods available, dental implants have emerged as a prominent solution for tooth replacement, offering not only esthetic benefits but also functional improvements that contribute to the overall quality of life for patients [1].

Dental implants, often made from biocompatible materials such as titanium, are surgically placed into the jawbone to serve as artificial tooth roots, providing a stable foundation for replacement teeth or bridges. The procedure encompasses multiple stages, including the surgical installation of the implant, a healing period for osseointegration—the biological process through which the implant fuses with the bone—and the placement of the final prosthetic restoration. While dental implants boast an impressive retention rate, their success is

influenced by numerous variables, including patient-related factors, implant design, surgical technique, and post-operative care [2].

The success rate of dental implants is a critical metric used to evaluate the efficacy of this treatment modality. Numerous studies have reported high success rates, often exceeding 90% over a ten-year period. Factors contributing to the variability in success rates include bone quality and quantity, the presence of systemic conditions such as diabetes, smoking habits, and oral hygiene practices. Therefore, understanding these patient-specific factors is vital for practitioners when determining candidacy for dental implants. Additionally, advancements in preoperative imaging technologies and 3D planning have paved the way for enhanced surgical precision, leading to improved success rates [3].

Long-term outcomes associated with dental implants extend beyond mere retention of the prosthetic devices; they encompass a wide range of factors affecting patient health and satisfaction. These outcomes include the longevity of the implants themselves, the condition of the surrounding hard and soft tissues, and the psychological well-being of patients who have undergone the procedure. Studies have shown that dental implants can improve masticatory function, speech, and overall aesthetic appearance, leading to enhanced self-esteem and quality of life. However, the phenomenon of peri-implant disorders, such as peri-implantitis—a condition characterized by inflammation of the gum and bone surrounding the implant—poses a challenge for long-term success and requires careful monitoring and management [4].

In the context of increasingly aging populations and an associated rise in the prevalence of edentulism, understanding the long-term consequences of dental implants becomes increasingly indispensable. Older adults often exhibit unique health profiles and may present an array of comorbidities that complicate implant procedures. Research into the adaptations of implant protocols for these populations is critical to ensuring equitable access to this treatment option while maximizing the predictability of outcomes [5].

Moreover, the financial implications of dental implants also merit consideration, as the initial investment can be substantial compared to other

tooth replacement options. Patients and clinicians must weigh the potential long-term benefits of implants—such as durability, functionality, and maintenance of facial aesthetics—against the costs and risks involved. The economic aspect of dental implants is often an area ripe for further investigation, as it could inform health care policies and insurance coverage decisions that affect patient access to care [6].

Criteria for Success: Factors Influencing Implant Longevity

To appreciate the factors influencing the longevity of dental implants, it's essential first to understand what they are and how they function. A dental implant consists of three primary components: the implant fixture (a titanium post surgically inserted into the jawbone), the abutment (a connector that holds the crown), and the crown itself (the visible part of the implant that resembles a natural tooth). The implantation procedure requires careful planning and is often guided by diagnostic imaging to assess bone density and structure, ensuring an adequate environment for successful integration [7].

1. **Bone Quality and Quantity:** One of the most critical factors influencing the success of dental implants is the quality and quantity of the bone in which they are placed. Successful osseointegration, the process by which the implant fuses with the bone, depends heavily on adequate bone density and volume. Insufficient bone may require bone grafting procedures to create a stable foundation for implant placement. The type of bone (cortical versus trabecular) also plays a role—cortical bone offers superior stability due to its density, while trabecular bone, though less dense, provides a larger surface area for implant integration [8].
2. **Implant Design and Material:** The design and material of the dental implant significantly influence its success rate. Titanium is the preferred material due to its biocompatibility and strength, with surface modifications that enhance osseointegration. The shape of the implant (cylindrical vs. tapered), surface texture (smooth vs. rough), and size also affect stability and how well the implant

integrates with the surrounding bone. More advanced designs, such as those that utilize a platform-switching technique, help in reducing bone loss around the implant and improving aesthetic outcomes [9].

3. **Surgical Technique:** The skill and experience of the dental surgeon play a pivotal role in the success of implant procedures. Proper surgical technique, from the initial incision to the careful placement of the implant, is crucial for minimizing trauma to the surrounding tissues and ensuring that the implant is placed at the optimal angle and depth. Preoperative assessment, planning, and postoperative care are integral to achieving successful outcomes. Surgeons must choose the appropriate placement technique, whether it be flapless or with flap, depending on the specific clinical scenario [10].
4. **Patient Health and Lifestyle:** The overall health of the patient considerably affects implant longevity. Conditions such as diabetes, osteoporosis, and cardiovascular diseases can impair healing and osseointegration. Additionally, lifestyle factors such as smoking, poor oral hygiene, and excessive alcohol consumption can compromise the success of dental implants. For instance, smoking reduces blood flow to the gums, leading to delayed healing and increased risk of implant failure. Dentists often implement preoperative assessments, including health history and risk evaluations, to educate patients about the implications of their health and lifestyle choices [11].
5. **Oral Hygiene and Maintenance:** The importance of ongoing oral hygiene cannot be overstated in relation to the longevity of dental implants. Like natural teeth, dental implants require regular care, including brushing, flossing, and routine dental check-ups. Poor oral hygiene may lead to peri-implant diseases, such as peri-implantitis, characterized by inflammation of the gum tissue surrounding the implant, which can ultimately lead to bone loss and

implant failure. Dentists often provide patients with personalized maintenance plans, including recommendations for professional cleanings and adjunctive therapies to promote oral health [12].

6. **Follow-up and Monitoring:** Continuous monitoring and follow-up care are essential for ensuring the long-term success of dental implants. After the initial placement of the implant, regular check-ups allow for the early detection of complications and enable prompt intervention if necessary. Longitudinal studies indicate that timely follow-up visits can lead to better identification of issues, thereby preserving the integrity of the implant and surrounding tissues. Patients are encouraged to maintain schedules for their dental appointments, as these are critical for ongoing success [13].

In recent years, advancements in dental technology have bolstered implant success rates and longevity. Computerized treatment planning, guided implant surgery, and 3D imaging have enhanced accuracy in implant placement, reducing the risk of complications and improving outcomes. Moreover, the introduction of new materials and surface treatments has further facilitated osseointegration and overall implant performance. Continued research into bioactive coatings and growth factors aims to enhance the healing process, potentially redefining guidelines for implantology in the future [14].

Assessment of Success Rates in Dental Implant Procedures

The success rates of dental implant procedures can vary, primarily depending on the definition of success, the criteria used, and the context of each case. Generally, success is defined as the absence of infection, pain, or mobility of the implant. Research indicates that dental implants have a high success rate—statistically, this ranges from 90% to 95% over the long term, extending even up to ten years or more in many cases. However, successful outcomes are influenced by various factors that can complicate generalizations about success rates [15].

1. **Biological Factors:**

- **Patient Health:** Individuals with chronic conditions such as diabetes may experience slower healing processes and have a higher risk of complications. Controlled diabetes, however, often does not preclude dental implant success [9].
- **Bone Quality and Quantity:** The availability of adequate bone is crucial, as the implant must integrate with the surrounding bone tissue through a process known as osseointegration. Patients with insufficient bone density may require bone grafting or other preparatory procedures before implants can be placed [10].

2. **Surgical Technique:**

- The skill and experience of the dental surgeon significantly impact the success rate. Advanced surgical techniques, such as guided implant surgery, can enhance outcomes by improving implant placement accuracy [16].
- The type of anesthesia and the surgical environment (e.g., sterile conditions) are also critical considerations. Higher complication rates have been associated with poorly executed surgical procedures [17].

3. **Post-Operative Care:**

- Adhering to post-surgical care instructions is essential for recovery and the overall success of the implant. Patients are usually advised on proper oral hygiene practices to prevent infections and complications [13].
- Follow-up appointments allow dental professionals to monitor the healing process and address any emerging issues [11].

4. **Patient Lifestyle:**

- Habits such as smoking significantly influence the success rates of dental implants. Smoking is associated with decreased blood flow to the surgical site, impairing healing and increasing the risk of implant failure [7].
- Diet and oral hygiene practices also contribute to the long-term success and upkeep of both implants and surrounding natural teeth [9].

5. **Type of Implants Used:**

- The success rate can also vary based on the type of implant selected. Endosteal implants, which are placed within the jawbone, are the most common and generally have higher success rates than subperiosteal implants, which are placed under the gum tissue [18].

While initial success rates indicate a favorable outlook for dental implants, long-term maintenance requires ongoing commitment from patients. Regular dental check-ups and professional cleanings help ensure the longevity of implants. Moreover, patients should be informed of the potential for peri-implantitis, an inflammatory condition that can occur around the implant site, which may jeopardize the implant's integrity if left untreated [19].

The Role of Osseointegration in Implant Stability

Osseointegration is defined as the direct structural and functional connection between living bone and the surface of a load-bearing artificial implant. This complex biological process involves multiple stages, including the initial soft tissue healing, followed by bone integration, which ultimately leads to a stable connection that can withstand the forces of mastication [20].

When a dental implant is placed into the jawbone, a cascade of biological events is triggered. Immediately after implantation, a clot forms around the implant, providing an initial biological matrix that supports the migration of cells. Over the following weeks, various cells such as osteoblasts

(bone-forming cells), osteoclasts (bone-resorbing cells), and progenitor cells contribute to the healing process. The key to osseointegration lies in the ability of osteoblasts to migrate to the implant surface and begin laying down new bone, effectively enveloping the implant and anchoring it within the jawbone [21].

The success of osseointegration is influenced by a multitude of intrinsic and extrinsic factors. Biocompatibility of the implant material is paramount; titanium, due to its favorable surface characteristics, promotes bone cell attachment and proliferation. Surface properties such as roughness, microtexture, and modifications (e.g., coating with bioactive substances) significantly affect osseointegration rates [22].

The health of the patient's bone tissue is also critical. Factors such as bone density, the quality of bone, and the presence of systemic diseases (like diabetes) can adversely affect healing. Local factors, such as the surgical technique used, primary stability achieved during placement, and the load applied to the implant after surgery, also play significant roles. Dental professionals must assess these variables preoperatively to optimize implant success [23].

For a dental implant to achieve osseointegration, it must undergo three distinct phases post-implantation:

1. **Initial Phase (Healing Phase):** This phase lasts for the first few weeks following surgery. During this time, the healing of soft tissues occurs, and a clot forms around the implant, which serves as a scaffold for incoming cell types. Vascularization increases, and inflammatory cells are initially present, eventually transitioning to osteogenic cells [24].
2. **Bone Remodeling Phase:** After the initial healing, the bone remodeling phase begins, which can last several months. Osteoblasts lay down new bone, surrounding and integrating with the implant. This phase is essential for the mechanical stability of the implant, as the implant becomes securely anchored within the bone [25].
3. **Maturation Phase:** The final phase involves the maturation of the bone-titanium interface, in which the bone

continues to remodel and strengthen, increasing the implant's resistance to mechanical forces. This phase can take years, emphasizing the importance of follow-up and monitoring in clinical practice [26].

Understanding osseointegration has significant clinical implications. Dental professionals must adhere to specific protocols to maximize the chances of successful integration. The selection of appropriate surgical techniques, careful management of post-operative care, and consideration for loading protocols are all crucial. For instance, immediate loading of implants (placing a crown on the implant soon after its placement) requires careful planning and consideration of primary stability and the patient's specific healing capacity [27].

Moreover, educating patients about the osseointegration process can improve compliance with aftercare instructions, such as maintaining oral hygiene and attending follow-up appointments. Understanding the biological underpinnings of their treatment allows patients to appreciate the importance of good health and lifestyle choices in maintaining their implants [28].

Despite the success of osseointegration, challenges remain. Failures can occur due to infection, mechanical overload, or insufficient bone quality. As research advances, new strategies are being developed to enhance osseointegration, such as utilizing growth factors or stem cell therapy to promote better healing and integration [29].

The future of dental implants may be influenced by advances in biomaterials, including 3D-printed implants tailored to individual patients' anatomy, which can improve fit and function. The exploration of additional treatments to facilitate faster and more robust osseointegration, such as electrical stimulation or the use of bioactive coatings on implant surfaces, also presents promising research avenues [30].

Comparative Analysis: Dental Implants vs. Traditional Tooth Replacement Options

Traditional methods of tooth replacement have included dental bridges and dentures. A dental bridge involves creating a crown for the tooth on either side of the gap and placing a false tooth in

between. Dentures, on the other hand, can be either complete or partial and are removable appliances that replace missing teeth. Both options have helped countless individuals restore their smiles and chewing capabilities [31].

Functionality

When analyzing functionality, dental implants stand out for their superb performance. Implants mimic the structure and function of natural teeth, allowing for efficient biting and chewing without the fear of movement or dislodgment. The surgical integration of implants into the jawbone contributes to their stability, further enhancing functional efficiency [31].

Contrastingly, traditional bridges and dentures have inherent limitations. While bridges may provide some degree of stability, they can become loose over time, particularly if the surrounding teeth (which support the bridge) shift or deteriorate. Dentures, particularly complete sets, often require adhesives for security, and even then, they may slip during activities such as speaking or eating. Many denture wearers report discomfort or an inability to consume certain foods, further illustrating how traditional solutions fall short of providing the same level of functionality as dental implants [32].

Aesthetics

Aesthetic appeal is another critical consideration in tooth replacement. Dental implants are designed to blend seamlessly with existing teeth, providing a natural appearance that can significantly boost confidence. The choice of crown material, along with precise color matching, contributes to an authentic look. Moreover, implants do not produce a “gummy” appearance or facial sagging, which can occur with dentures over time due to bone loss [33].

In contrast, while dental bridges can also be visually appealing, they may not achieve the same level of lifelike aesthetics as implants. Issues such as varying crown visibility or changes in the gumline can detract from their overall appearance. Dentures, especially ill-fitting ones, may profoundly affect how an individual is perceived due to visible gaps or unnatural shape. Therefore, individuals seeking a seamless and lifelike restoration tend to favor dental implants over traditional options [34].

Longevity

The longevity of dental replacements is paramount to both functionality and overall cost. Dental implants boast an impressive lifespan, often lasting 10 to 15 years or longer with proper care. Research suggests that with good oral hygiene, implants can last a lifetime. This durability is largely attributed to the titanium material, which is biocompatible and resistant to decay [35].

Conversely, traditional bridges generally last between five to 15 years before needing replacement due to issues such as wear, decay of adjacent teeth, or gum disease. Dentures typically have an even shorter lifespan because of the natural changes in the jawbone and gums over time, necessitating regular adjustments or complete replacements every five to eight years. Therefore, from a longevity perspective, dental implants present a more enduring solution than their traditional counterparts, arguably making them a more economical choice in the long run [36].

Cost Considerations

When it comes to cost, dental implants generally have a higher initial price tag compared to traditional replacements. Factors such as surgical procedures, materials, and follow-up appointments contribute to this upfront expense. Depending on the complexity of the case, including the need for additional procedures like bone grafting, costs can vary widely, typically ranging from 3,000 to 4,500 per implant [37].

On the other hand, traditional options like dentures and bridges tend to be less expensive initially, with costs ranging from 300 to 1,500 per denture or bridge. However, it is crucial to note that these options may incur additional costs over time due to the need for replacements and adjustments, as mentioned previously. Consequently, while the immediate cost of traditional replacements may be more appealing, the long-term financial implications often align more favorably with dental implants [38].

Oral health is significantly influenced by the choice of tooth replacement. Dental implants offer unique advantages in this regard. The integration of implants in the jawbone prevents the bone loss that typically occurs after tooth loss, preserving oral structure and function. This also decreases the

likelihood of neighboring teeth shifting or becoming misaligned [39].

In contrast, traditional bridges require the alteration of adjacent teeth, which can lead to long-term damage. Furthermore, without the stimulation provided by the natural tooth root that implants offer, surrounding bone can begin to deteriorate. For those who choose dentures, bone loss is also common, leading to changes in facial structure and requiring frequent adjustments to maintain fit and comfort. Thus, dental implants not only provide a functional solution but also promote better oral health in the long run [40].

Future Perspectives - Innovations in Dental Implant Technology

One of the most exciting trends in dental implants is the integration of digital technology. Innovations such as Computer-Aided Design (CAD) and Computer-Aided Manufacturing (CAM) are revolutionizing the way dental implants are planned and placed. With 3D imaging and digital scanning, dentists can create precise digital models of a patient's mouth, allowing for customized treatment planning. This precision improves the fit, stability, and aesthetic outcomes of dental implants [41].

Moreover, computer-guided implant surgery is gaining traction, enabling dentists to insert implants with unparalleled accuracy. Pre-surgical simulations allow practitioners to visualize the procedure, leading to reduced operating times and improved patient outcomes. The use of virtual reality (VR) and augmented reality (AR) in dental education further enhances training for dental professionals, honing their skills in implantology before they operate on real patients [42].

The success of dental implants heavily depends on the materials used. Traditionally, titanium has been the gold standard for implant materials due to its biocompatibility and strength. However, recent advancements have focused on enhancing the properties of implant materials. Innovations such as the development of zirconia implants — a ceramic alternative to titanium — offer aesthetic advantages, particularly for patients concerned about the visibility of metal components. Zirconia is highly biocompatible and can provide an appealing white aesthetic that closely resembles natural teeth [43].

Furthermore, surface modifications on implants have enhanced their osseointegration capabilities. The development of hydrophilic surfaces and bioactivated coatings has been shown to improve the rate of bone healing and integration. Research into biomimetic materials, which imitate natural biological structures, is paving the way for even more effective implant materials. These materials could potentially promote faster healing and improve the longevity of implants [44].

The future of dental implants is leaning towards personalization. Each patient's anatomical structure and oral health condition are unique, and one-size-fits-all solutions may not be wholly effective. Advances in biotechnology and regenerative medicine are fostering the development of personalized implant solutions that cater specifically to individual needs [45].

One such development is the concept of bioengineered implants that utilize stem cell technology. Researchers are exploring the possibility of creating implants that not only replace missing teeth but also stimulate bone regeneration. This would be achieved by incorporating stem cells or growth factors that promote natural healing processes, potentially allowing for faster recovery and improved integration [46].

Additionally, 3D printing technology has begun to play a pivotal role in personalized implant solutions. This technology allows for the design and production of custom implants tailored to the precise specifications of a patient's anatomy. The flexibility of 3D printing facilitates rapid prototyping, allowing for adjustments to be made swiftly based on the patient's needs [47].

As innovations continue to emerge, a key focus remains on improving patient experience in terms of recovery times and success rates. Minimally invasive techniques are on the rise, reducing trauma to surrounding tissues and expediting healing. Innovations in anesthesia and pain management also ensure that patients undergo procedures with enhanced comfort and reduced anxiety [48].

Furthermore, enhanced monitoring techniques, such as the use of smart implants equipped with sensors, could provide real-time data about the implant's condition, the healing process, and any signs of infection. This data-driven approach enables

clinicians to intervene promptly, thereby increasing the overall success rate of dental implants [49].

While the future of dental implants appears promising, it is not without challenges. The integration of advanced technologies often requires significant investment and resources, which may not be feasible for all dental practices. Furthermore, as personalized and biotechnological advances gain traction, ethical considerations surrounding stem cell research, data privacy, and patient consent must be carefully navigated [50].

Additionally, the availability of essential training for dental professionals to keep pace with technological advancements is vital. Continuous education and adherence to ethical standards will be crucial in ensuring that innovations benefit patients while maintaining high standards of care [51].

Conclusion:

In conclusion, while dental implants present a viable solution for tooth replacement with high success rates and favorable long-term outcomes, a thorough understanding of the myriad factors influencing these metrics is essential for the advancement of dental practice. Continued research in this area, focusing on patient-specific considerations, technological innovations, and the longitudinal effects of implants on oral and systemic health, will augment our knowledge base and enhance patient outcomes. As we navigate the complexities of dental implant therapy in diverse patient populations, an integrative approach that considers clinical, biological, psychological, and socioeconomic dimensions will be paramount in improving care standards and ultimately, patient satisfaction.

References:

1. French D, Cochran D, Ofec R. Retrospective cohort study of 4591 Straumann implants placed in 2060 patients in private practice with up to 10 year follow-up: the relationship between crestal bone level and soft tissue condition. *Int J Oral Maxillofac Implant.* 2016;31:e168-e178.
2. Eggert FM, Levin L. Biology of teeth and implants: the external environment, biology of structures, and clinical aspects. *Quintessence Int.* 2018;49(4):301-312.
3. Fiske J, Davis DM, Frances C, Gelbier S. The emotional effects of tooth loss in edentulous people. *Br Dent J.* 1998;184:90-93.
4. Levin L, Nitzan D, Schwartz-Arad D. Success of dental implants placed in intraoral block bone grafts. *J Periodontol.* 2007;78(1):18-21.
5. French D, Grandin HM, Ofec R. Retrospective cohort study of 4,591 dental implants: analysis of risk indicators for bone loss and prevalence of peri-implant mucositis and peri-implantitis. *J Periodontol.* 2019;90(7):691-700.
6. Kwon T, Wang CW, Salem DM, Levin L. Nonsurgical and surgical management of biologic complications around dental implants: peri-implant mucositis and peri-implantitis. *Quintessence Int.* 2020;10:2-12.
7. Levin L, Hertzberg R, Har-Nes S, Schwartz-Arad D. Long-term marginal bone loss around single dental implants affected by current and past smoking habits. *Implant Dent.* 2008;17(4):422-429.
8. Saravi BE, Putz M, Patzelt S, Alkalak A, Uelkuemen S, Boeker M. Marginal bone loss around oral implants supporting fixed versus removable prostheses: a systematic review. *Int J Implant Dent.* 2020;6(1):20.
9. Chrcanovic BR, Kisch J, Larsson C. Retrospective evaluation of implant-supported full-arch fixed dental prostheses after a mean follow-up of 10 years. *Clin Oral Implants Res.* 2020;31(7):634-645.
10. Clark D, Levin L. In the dental implant era, why do we still bother saving teeth? *J Endod.* 2019;45(12S):S57-S65.
11. Eggert FM, Levin L. Biology of teeth and implants: host factors—pathology, regeneration, and the role of stem cells. *Quintessence Int.* 2018;49(6):497-509.
12. GBD 2017 Oral Disorders Collaborators, Bernabe E, Marcenes W, Hernandez CR, et

- al. Global, regional, and national levels and trends in burden of Oral conditions from 1990 to 2017: a systematic analysis for the global burden of disease 2017 study. *J Dent Res*. 2020. Apr;99(4):362-373.
13. Doyle SL, Hodges JS, Pesun IJ, Law AS, Bowles WR. (2006). Retrospective cross sectional comparison of initial nonsurgical endodontic treatment and single-tooth implants. *J Endod* 32:822-827
14. De Backer H, Van Maele G, De Moor N, Van den Berghe L. (2008). Long-term results of short-span versus long-span fixed dental prostheses: an up to 20-year retrospective study. *Int J Prosthodont* 21:75-85
15. Albrektsson T, Zarb GA, Worthington P, Eriksson AR. (1986). The long-term efficacy of currently used dental implants: a review and proposed criteria of success. *J Oral Maxillofac Implants* 1:11-25
16. Avila G, Galindo-Moreno P, Soehren S, Misch CE, Morelli T, Wang HL. (2009). A novel decision-making process for tooth retention or extraction. *J Periodontol* 80:476-491
17. Chappuis V, Buser R, Brägger U, Bornstein MM, Salvi GE, Buser D. (2013). Long-term outcomes of dental implants with a titanium plasma-sprayed surface: a 20-year prospective case series study in partially edentulous patients. *Clin Implant Dent Relat Res* [Epub ahead of print 3/18/2013] (in press).
18. Bhatavadekar N. (2010). Helping the clinician make evidence-based implant selections. A systematic review and qualitative analysis of dental implant studies over a 20 year period. *Int Dent J* 60:359-369
19. den Hartog L, Slater JJ, Vissink A, Meijer HJ, Raghoobar GM. (2008). Treatment outcome of immediate, early and conventional single-tooth implants in the aesthetic zone: a systematic review to survival, bone level, soft-tissue, aesthetics and patient satisfaction. *J Clin Periodontol* 35:1073-1086
20. Buser D, Weber HP, Brägger U, Balsiger C. (1991). Tissue integration of one-stage ITI implants: 3-year results of a longitudinal study with hollow-cylinder and hollow-screw implants. *Int J Oral Maxillofac Implants* 6:405-412
21. Brocard D, Barthet P, Baysse E, Duffort JF, Eller P, Justumus P, et al. (2000). A multicenter report on 1,022 consecutively placed ITI implants: a 7-year longitudinal study. *Int J Oral Maxillofac Implants* 15:691-700
22. Baek SH, Plenk H, Jr, Kim S. (2005). Periapical tissue responses and cementum regeneration with amalgam, super-EBA and MTA as root-end filling materials. *J Endod* 31:444-449
23. Bernard JP, Schatz JP, Christou P, Belser U, Kiliaridis S. (2004). Long-term vertical changes of the anterior maxillary teeth adjacent to single implants in young and mature adults. A retrospective study. *J Clin Periodontol* 31:1024-1028
24. Alley BS, Kitchens GG, Alley LW, Eleazer PD. (2004). A comparison of survival of teeth following endodontic treatment performed by general dentists or by specialists. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 98:115-118
25. Dechouniotis G, Petridis XM, Georgopoulou MK. (2010). Influence of specialty training and experience on endodontic decision making. *J Endod* 36:1130-1134
26. Academy of Osseointegration (2010). Guidelines of the Academy of Osseointegration for the provision of dental implants and associated patient care. *Int J Oral Maxillofac Implants* 25:620-627
27. Friedman S. (2005). The prognosis and expected outcome of apical surgery. *Endod Topics* 11:219-262
28. Boili LT, Penaud J, Miller N. (2001). A meta-analytic, quantitative assessment of osseointegration establishment and evolution of submerged and non-submerged endosseous titanium oral

- implants. *Clin Oral Implants Res* 12:579-588
29. Clark D, Levin L. Dental implant management and maintenance: how to improve long-term implant success? *Quintessence Int.* 2016;47(5):417-423.
30. Brownson R, Colditz G, Proctor E, eds. *Dissemination and Implementation Research in Health: Translating Science to Practice.* New York, NY: Oxford University Press; 2012.
31. Renvert S, Persson GR, Pirih FQ, Camargo PM. Peri-implant health, peri-implant mucositis, and peri-implantitis: case definitions and diagnostic considerations. *J Clin Periodontol.* 2018;45(Suppl 20):S278-S285.
32. Levin L, Halperin-Sternfeld M. Tooth preservation or implant placement: a systematic review of long-term tooth and implant survival rates. *J Am Dent Assoc.* 2013;144(10):1119-1133.
33. Clark D, Levin L. Guest editorial: implementation science for oral health promotion. *Quintessence Int.* 2017;48(6):439-440.
34. Berglundh T, Jepsen S, Stadlinger B, Terheyden H. Peri-implantitis and its prevention. *Clin Oral Implants Res.* 2019;30(2):150-155.
35. Levin L, Ofec R, Grossmann Y, Anner R. Periodontal disease as a risk for dental implant failure over time: a long-term historical cohort study. *J Clin Periodontol.* 2011;38(8):732-737.
36. Evaluation of long-term implant success. Schwartz-Arad D, Herzberg R, Levin L. *J Periodontol.* 2005;76:1623-1628. doi: 10.1902/jop.2005.76.10.1623.
37. Dental implant management and maintenance: how to improve long-term implant success? Clark D, Levin L. *Quintessence Int.* 2016;47:417-423. doi: 10.3290/j.qi.a35870.
38. Retrospective clinical evaluation of implant-supported single crowns: mean follow-up of 15 years. Chrcanovic BR, Kisch J, Larsson C. *Clin Oral Implants Res.* 2019;30:691-701. doi: 10.1111/clr.13454.
39. Immediate versus early or conventional loading dental implants with fixed prostheses: a systematic review and meta-analysis of randomized controlled clinical trials. Chen J, Cai M, Yang J, Aldhohrah T, Wang Y. *J Prosthet Dent.* 2019;122:516-536. doi: 10.1016/j.prosdent.2019.05.013.
40. Interimplant papilla reconstruction: assessment of soft tissue changes and results of 12 consecutive cases. Grossberg DE. *J Periodontol.* 2001;72:958-962. doi: 10.1902/jop.2001.72.7.958.
41. Long-term evaluation of ANKYLOS® dental implants, part I: 20-year life table analysis of a longitudinal study of more than 12,500 implants. Krebs M, Schmenger K, Neumann K, Weigl P, Moser W, Nentwig GH. *Clin Implant Dent Relat Res.* 2015;17 Suppl 1:0-86. doi: 10.1111/cid.12154.
42. Tooth preservation or implant placement: a systematic review of long-term tooth and implant survival rates. Levin L, Halperin-Sternfeld M. *J Am Dent Assoc.* 2013;144:1119-1133. doi: 10.14219/jada.archive.2013.0030.
43. Clinical and radiographic evaluation of the papilla level adjacent to single-tooth dental implants. A retrospective study in the maxillary anterior region. Choquet V, Hermans M, Adriaenssens P, Daelemans P, Tarnow DP, Malevez C. *J Periodontol.* 2001;72:1364-1371. doi: 10.1902/jop.2001.72.10.1364.
44. Nonsurgical and surgical management of biologic complications around dental implants: peri-implant mucositis and peri-implantitis. Kwon T, Wang CW, Salem DM, Levin L. *Quintessence Int.* 2020;51:810-820. doi: 10.3290/j.qi.a44813.
45. Retrospective evaluation of implant-supported full-arch fixed dental prostheses after a mean follow-up of 10 years. Chrcanovic BR, Kisch J, Larsson C. *Clin*

- Oral Implants Res. 2020;31:634–645. doi: 10.1111/clr.13600.
46. Biological factors contributing to failures of osseointegrated oral implants, (I). Success criteria and epidemiology. Esposito M, Hirsch JM, Lekholm U, Thomsen P. *Eur J Oral Sci.* 1998;106:527–551. doi: 10.1046/j.0909-8836.t01-2-.x.
47. Early marginal bone loss around dental implants to define success in implant dentistry: a retrospective study. Galindo-Moreno P, Catena A, Pérez-Sayáns M, Fernández-Barbero JE, O'Valle F, Padial-Molina M. *Clin Implant Dent Relat Res.* 2022;24:630–642. doi: 10.1111/cid.13122.
48. Effect of osteoporotic status on the survival of titanium dental implants. Holahan CM, Koka S, Kennel KA, et al. *Int J Oral Maxillofac Implants.* 2008;23:905–910.
49. Early implant failures related to individual surgeons: an analysis covering 11,074 operations performed during 28 years. Jemt T, Olsson M, Renouard F, Stenport V, Friberg B. *Clin Implant Dent Relat Res.* 2016;18:861–872. doi: 10.1111/cid.12379.
50. Retrospective cohort study of 4591 Straumann implants in private practice setting, with up to 10-year follow-up. Part 1: multivariate survival analysis. French D, Larjava H, Ofec R. *Clin Oral Implants Res.* 2015;26:1345–1354. doi: 10.1111/clr.12463.
51. Chrcanovic BR, Kisch J, Larsson C. Retrospective clinical evaluation of implant-supported single crowns: mean follow-up of 15 years. *Clin Oral Implants Res.* 2019;30(7):691-701.