

Anterior and posterior placement – Astra Tech Implant System™ for all indications

Numerous studies have shown excellent clinical outcome with Astra Tech implants placed in different indications in the anterior maxilla or mandible. Minimal marginal bone loss, good long-term esthetics, and survival rates close to 100% have been reported for single tooth restorations¹⁻⁷, fixed partial dentures⁸, and full arch rehabilitation with 4 to 6 implants placed in the interforaminal area in the mandible^{9,10}. Additionally, good clinical results have been shown in immediate loading situations^{2,5,10,11}, and in implant sites subjected to augmentation procedures¹².

Less known, but extensively proven in the scientific literature, is the excellent short- and long-term clinical results of Astra Tech implants when used in posterior locations. Generally, implant placement in the posterior area is considered more challenging. Resorption of the ridge in combination with a large maxillary sinus cavity in the maxilla, or an interfering inferior alveolar nerve in the mandible could lead to more demanding situations with a limited bone height. Moreover, the posterior maxillary bone is often of softer quality, with thin cortical layers and large cancellous structures.

Despite the more challenging conditions in posterior regions, several studies report good results for Astra Tech implants placed in different indications, such as single tooth restorations¹³⁻¹⁷, fixed partial dentures¹⁸⁻²⁹ using both conventional and early loading protocols²³⁻²⁵, in atrophied mandibles close to the nerve²², in periodontally compromised dentitions³⁰⁻³², and associated with sinus lift procedures^{26,31-42}. More unconventional treatment solutions, such as the use of two implants to restore one molar⁴³, and posterior implants linked to natural teeth⁴⁴, have also proven to be successful treatment options.

In addition, a number of studies show similar good results for Astra Tech implants whether placed in anterior or posterior locations. The results reflect different indications, such as single teeth⁴⁵⁻⁴⁸, full arch rehabilitation⁴⁹⁻⁵¹ partial cases^{20,47,52-58}, in augmentation situations⁴⁹, and in periodontally compromised dentitions⁵⁵.

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