Short Communication



ISSN: 2633-4291

Removal of malpositioned implants

Mansour Mirzaie*

Private clinic in Germany

Introduction

Dental implants are nowadays one the best and most popular substitute alternatives to replace extracted teeth. The restoration of teeth with implants and subsequent supraconstruction with removable or fixed prosthetics is a technique sensitive procedure.

Several factors may affect the final outcome of the treatment such as:

- 1-quality and quantity of implant surrounding bone
- 2- correct angulation of implants
- 3- soft tissue biotype
- 4- depth of inserted implant
- 5- fabrication of the prosthetic part

Although most recent technology like cbct, surgical guides and simulation computer software enables the technicians more predictable placement of implants, we face pretty often implants, which must be removed.

Improper angulation of inserted implants may lead to:

- A- Insufficient bone support around the implant
- B- insufficient soft tissue stability and subsequently anticipated Periimplantitis after loading.
- C- undesired occlusal overloading
- D- unsatisfying aesthetic outcomes
- E- Lack of proper occlusal function

Therefore, is the removal and replacing the implant in such cases the best solution.

Conventional methods to remove implants, which are fully integrated with the surrounding bone such as utilizing trephine burs, high Speed burs, forceps, piezo tips and counter-torque ratchet lead to:

- A- enormously bone loss around the implant
- B- jeopardizing critical anatomical structures like vessels and nerves
- C- making a simultaneous replacement impossible

In a method developing by myself are all above mentioned factors excluded.

Materials and methods

Monopolar electrosurgery device

A patient with 8 inserted implants in lower jaw was referred to me for making ginvivoplsty. The patient forgot to stop ASA- medication 4 days pre-op so I made the gingivoplaty *via* electrosurgery device.

The device was set at cutting mode with an intensity of 6-7. There were small corrections to take on all implants besides the one substituting tooth 34. This implant got disintegrated after seven days, so I could unscrew it with a ratchet without utilizing any force.

After removing the implant the socket was checked with a perioprobe and a bone curette, whereby no signs of necrosis were to observe. In the same session another implant was inserted in the same socket with a 0,4 mm thicker diameter, which got integrated completely after three months.

47 implants were removed within one year and half with the same method. In all cases was a simultaneous replacement possible.

Conclusion

Utilizing electrosurgery sets in cutting mode with an intensity of 6-7 enables the practitioner to remove an implant after one week without any damage to surrounding tissues and simultaneous replacement of it.

Most important issue by using this technique is to jab the implant neck circumferential. In almost all cases were 5-6 touches were sufficient to loosen the osseointegrated implant.

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**Correspondence to:* Mansour Mirzaie DDS. M.Sc (Periodontics), Private clinic in Germany, E-mail: mansoordent@yahoo.com

Received: May 08, 2020; Accepted: May 20, 2020; Published: May 22, 2020