



By Ash Vasanthan, DDS, MS
Guest Editor

Bone May Set the Tone— But Tissue is the Issue

Current day clinical practice has dental implants soaring in its use and applications only to widen the scope of clinical practice and expand treatment planning opportunities. The title of this editorial is something I've

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heard and used right from my residency days and it is not just catchy but meaningful in every aspect of it. It is common knowledge that the implant gets placed in bone, however it is also the part that never gets seen. It's the tissue that decides the location and positioning of the crown margin and, in esthetically challenging cases, it many times dictates the course of treatment. When a tooth needs to be replaced with an implant, clinicians tend to focus on the hard tissue prep and plan with CT and guides. However, a good clinician always looks at the soft tissue profile that must be worked with to achieve good results. As more implants get placed in the dental office it is critical to know the importance of the tissue types and their profile, especially when treatment planning anterior implant cases.

As a periodontist, I encounter quite a few cases on and off where the biology of the tissues were not respected. This leads to soft tissue collapse and a restorative result much less than ideal or unacceptable in the esthetic zone. Although some cases are fixable with minor changes and one surgical procedure, there are some that almost hit a reset button on the entire implant aspect of treatment. The implant may need to be removed with bone grafting, followed by soft tissue grafting with longer waiting periods of healing prior to and following implant placement to achieve the desired result. The pictures below show one such case which took a lot of time and effort to get the desired result along #9. The implant that was just placed and restored had to be removed with a simultaneous gingival and osseous grafts being placed. The implant was then placed on a later date with



better angulation. Minor soft tissue adjustment procedures were done to enhance the soft tissue profile and achieve the desired result.

Understanding the soft tissue aspect and accounting for it during the treatment planing phase can save a lot of hassle down the road. Knowing the long term implications of the peri-implant mucosal tissue and its nature will help its maintenance for long term health and function. The focus of this issue is on the peri-implant tissue. The 4 articles will help gain good insight into this area. One emphasizes the biological differences between gingiva and peri-implant mucosa while the second one discusses the difference between peri-implantitis and peri-implant mucositis. The term peri-implant mucositis might be relatively new for some of the readers but knowing it and understanding the difference is critical. Articles 3 and 4 lay more emphasis on the surgical aspects. One broadly describes the surgical options to get good tissue profile and the other emphasizes on minimizing surgical trauma to preserve the existing tissue levels. I believe this issue should provide a good read for all clinicians involved with implant dentistry and I'm positive that there will be a good amount of learning in this issue. ■

Dear Editor...

Thoughts on last month's issue

I wanted to let you know this last issue of the *Nugget* was excellent. I especially loved Bev's article. Every new grad should read this. It provided a wealth of information and it was honest and from the heart. She, like many of us have in this generation, has seen the inclusion of amazing technology in our practices while trying to maintain and build relationships that are life sustaining to our practices. I really believe that with so many

newer doctors going the route of corporate dentistry this unique and wonderful aspect of private practice is fading. It is one of the things that sets us apart from medicine and one I am fiercely proud of.

— Stella Dariotis, DDS