

# Long-term clinical documentation on Astra Tech Implant System<sup>®</sup>

The long-term clinical documentation (i.e.  $\geq$  5 years) is one of the most important tools showing evidence that the Astra Tech Implant System is efficient, reliable and safe. The features of the Astra Tech Implant System marketed today, Conical Seal Design, MicroThread, and Connective Contour, prove good clinical functionality and very well preserved marginal bone levels as reported in prospective studies with 10-12 years of follow-up<sup>1-7</sup>.

The TiOblast surface has among the longest and most comprehensive prospective follow-up published for moderately roughened dental implant surfaces<sup>1, 3, 8-13</sup>. The follower and further developed OsseoSpeed surface also presents prospective long-term data. Extremely well preserved marginal bone levels and healthy soft tissues are reported after 5 years of loading in patients treated with OsseoSpeed implants<sup>14-20</sup>.

A meta-analysis including 10 prospective studies on Astra Tech Implant System, presented the mean marginal bone loss to be 0.24 mm and an average survival rate of 98% after 5 years in function<sup>21</sup>. The maintained bone levels, good esthetics and high survival rates are confirmed in long-term prospective clinical trials on a variety of indications; treatment with single implants<sup>2, 14-17, 20, 22-25</sup>, partially dentate patients treated with fixed partial bridges<sup>10, 19, 26-29</sup>, totally edentulous patients treated with overdentures<sup>3, 30-37</sup> and fixed full bridges<sup>1, 5, 11, 34, 38-44</sup>. In addition, long-term prospective follow-up after immediate placement in extractions sockets<sup>15, 16</sup>, placement in grafted bone<sup>17, 41</sup> and immediate loading<sup>15, 16, 18, 20, 43</sup> show predictable and favourable results.

This Scientific Review on Long-term clinical documentation on Astra Tech Implant System only cite articles based on prospective studies where all patients have been followed for 5 years or longer.

## References

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