



Bundesverband der
implantologisch
tätigen Zahnärzte
in Europa

European
Association of
Dental
Implantologists

Press release

A reliable treatment option

European Consensus Conference (EuCC) presents recommendations for short, angulated and reduced-diameter implants

8 March 2023

In January and February, the 18th European Consensus Conference (EuCC) under the auspices of BDIZ EDI updated its 2016 Guideline on short, angulated and reduced-diameter implants. The 2023 Guideline provides recommendations for practitioners and reflects data from controlled clinical trials while also incorporating data from routine clinical practice.

Professor Jorg Neugebauer, BDIZ EDI Secretary General and host of the EuCC, explains why this revised version has been prepared: "Discussions on this topic do not take place in a closed forum. We are not aiming for a purely academic environment. Rather, our recommendations should provide practical guidance for practicing dentists, while also incorporating expertise from across Europe."

Short implants

This second update has left the definition of "short" unchanged. As before, they have a designed intrabony length of ≤ 8 mm with a diameter of ≥ 3.75 mm. They are used, among other things, to avoid bone grafting in the posterior jaw segments of partially edentulous patients, but also to support removable overdentures and as single or multiple tooth replacements in the anterior jaw. The EuCC has found that there is no longer any difference in success rates compared with standard implants with augmentation procedures. A new indication is that for immediate loading. There are now studies that support the use of short implants with special treatment concepts in immediate-loading situations.

Angulated implants

There have also been new developments regarding angulated implants, which are becoming routine in splinted reconstructions of edentulous jaws. The EuCC agreed that they increase primary stability for immediate loading procedures with longer implants, avoiding bone grafting. These treatment concepts require 4 implants in the mandible and 4 to 6 implants in the maxilla. However, current observations have also revealed limitations. "Despite the positive clinical results, the scientific debate on the clinical relevance of the development of marginal bone levels around angulated implants is still ongoing", as Neugebauer summarized the consensus finding.

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The European Association of Dental Implantologists (BDIZ EDI) is a professional dental association with around 6,000 members throughout Europe. The core tasks are the professional support of its members in legal affairs and private dental billing as well as highly valued continuing education in the fields implant surgery and implant prosthetics. The BDIZ EDI often takes on the pioneering role when it comes to questioning laws and regulations for dentists.

Reduced-diameter implants

The EuCC distinguishes between two general settings. Reduced-diameter implants – those with intraosseous diameters of < 3.5 mm – are indicated for use in jaws with reduced widths. EuCC refers to implants with diameters of < 2.7 mm as mini-implants. There is no change from the previous 2016 Guideline. New meta-analyses support the statements made at that time. Reduced-diameter implants have high survival rates (> 90%) with careful patient selection, bone density assessment, clinical approach, and user experience. They can also be used in the posterior region with high success rates. There are differences in the success rates of mini-implants in the maxilla and mandible.

While mini-implants in the mandible that are restored with an overdenture have excellent short- to medium-term survival rates, survival rates in the maxilla are significantly lower, but patients will still benefit in terms of oral health-related quality of life. Mini-implants also show favourable results when used to increase the number of restorative abutments for removable partial dentures. According to the EuCC, short mini-implants should still be avoided.

Recommendation

The use of short, angulated or reduced diameter implants in sites with reduced bone volume can be a reliable, faster and less risky therapeutic option in terms of specific treatment parameters, compared with the risks associated with the use of standard-dimension implants in combination with augmentation procedures.

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Bibliographical note

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