

The "MUST" Implant for Anterior Aesthetic Cases

I-FIX

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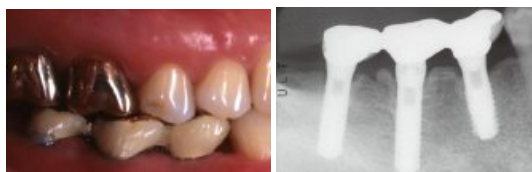
Necessity and optimization of Mini Implant

I have been actively placing implants since 1997.

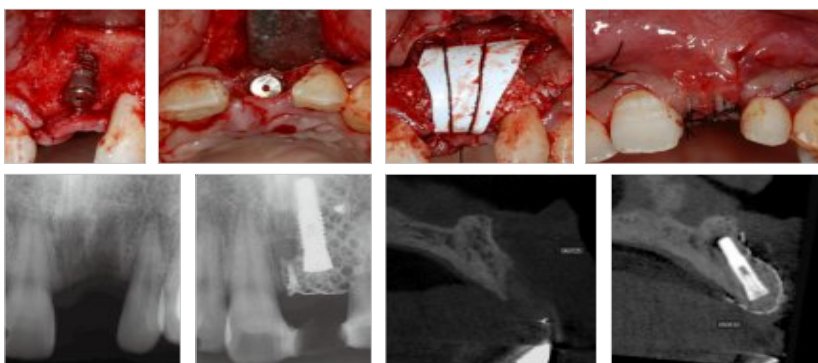


Based on my own witnessing of long-term implant success over 19 years in patients, I concluded the firmness of dental implants.

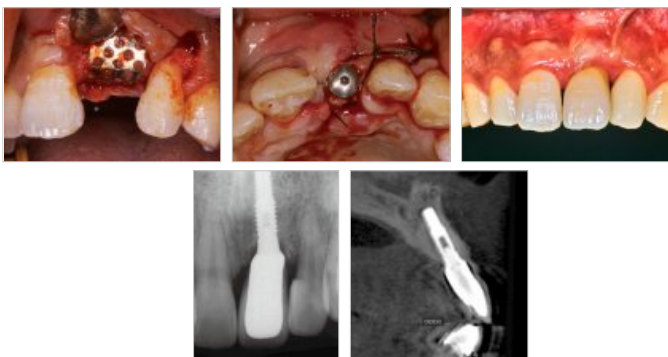
However, unlike the posterior region where sufficient hard tissue is typically available, the anterior region poses challenges due to bone resorption or narrow bone ridge.



In the case performed in July 2006 on the anterior region, it can be observed that guided bone regeneration (GBR) was concurrently performed for the supplementation of lost soft tissue



After 6 months, the tissue surgery and prosthesis placement have been completed.



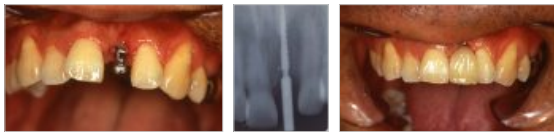
Through monitoring for two years later, it was confirmed that the implant has been well maintained.



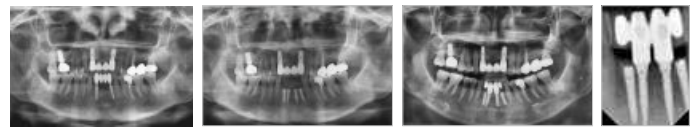
However, back in 1997,, I found it difficult to perform such GBR procedures easily. (Of course, even now, such surgeries cannot be considered very easy.) For this reason, there was a desperate need for very small diameter implants that could be used in the anterior region of the patient. However, the problem was the risk of fracture associated with small diameter implant fixtures.



However, most of the outcomes were disappointing. Complications such as damage to the connection area due to the narrow diameter of the fixture and abutment occurred



Around that time, the 2.8mm diameter Cherecheve implant, which I came across, helped somewhat overcome concerns about fixture fracture.



However, the I-FIX implant, which chose the external connection method rather than the internal connection method, was different. I believe that its adoption of the external hex, despite its small diameter, was the unique advantage it had.



This one-piece type implant even allowed direct preparation and bending for prosthesis placement after osseointegration.

However, bending had its limitations in terms of position and angle. Additionally, being a one-piece type implant, there were particular constraints on the aesthetic restoration of the upper anterior region, especially for maxillary anterior restorations. Consequently, some manufacturers developed systems based on the transfer impression method rather than the preparation method



Since 2010, over a period of 13 years, I implanted the I-FIX implants in over 500 patients, experiencing failure in fewer than 5 cases. Even these failures seemed to be related to iatrogenic osseointegration issues associated with the surgeon's skill.

The drill kit used for the Angled Type mini implants of I-FIX is simple as shown in the picture, making it a protocol that anyone can easily use.



However, there was a clear difference in the diversity of the upper prosthesis fabrication methods between One-piece and Two-piece Type implants. Finally, Two-piece Type implants were developed and attempted even for small diameter implants. This was a familiar approach for most surgeons