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Maxillary lateral incisor agenesis (MLIA) and implant: Is it really the best solution?

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In front of the maxillary lateral incisor agenesis (MLIA), the therapeutic options are multiple. Opening or closure of the space, extraction of the sometimes peg-shaped contra-lateral incisor, removable temporary prosthesis, Maryland bridge, bonded cantilever bridge, conventional bridge, implant. MLIA diagnosis is made early by radiographic examination and, from the beginning of the orthodontic phase, it is important to know if the implant solution can be performed. The implant feasibility must meet certain conditions concerning:

- the bone corridor: height and thickness of the bone,

- width of the mesiodistal space and parallelism of the roots of the two adjacent teeth. However, in 60 to 85% of cases, it is necessary to reconstruct the bone and/or gingival structures beforehand. A lingual treatment of a bilateral MLIA illustrates this thinking. The cost/benefit/safety ratio, but also the age at which the orthodontic treatment is performed, can help to choose the most suitable and most durable solution. Several studies, carried out on the maxillary anterior area, specify what can be the evolution of an implant, 15 to 20 years after its installation, and the results are quite disappointing.

Biography

Jean-Marc Dersot is the doctor of Dental Surgery. He has completed MSc, PhD and the former assistant-professor at the Periodontology department of Paris 5, former president of the French Society of Periodontology and Oral Implantology (SFPIO), associate member of the National Academy of Dental Surgery (ANCD), international member of the American Academy of Periodontology (AAP), expert near the Paris Court of Appeals, practice limited to periodontics, oral surgery and implant - Paris – France.

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