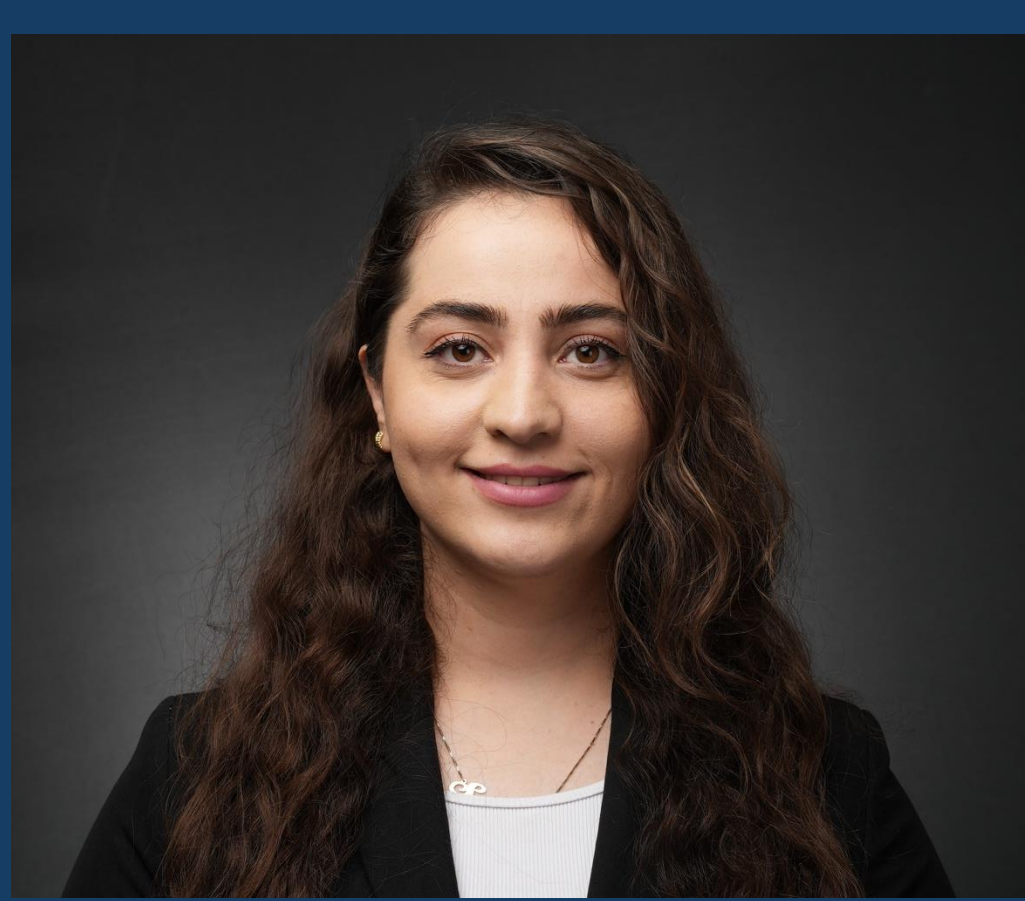




Survival Rate of Implants Supporting Complete Fixed Rehabilitations in the Maxillary Arch - A Retrospective Study

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Introduction

Peri-implant tissue **health** is vital for **long-term** implant **success**, with various surgical and non-surgical methods available to prevent complications. Achieving predictable outcomes with minimal issues is a key goal in implantology.

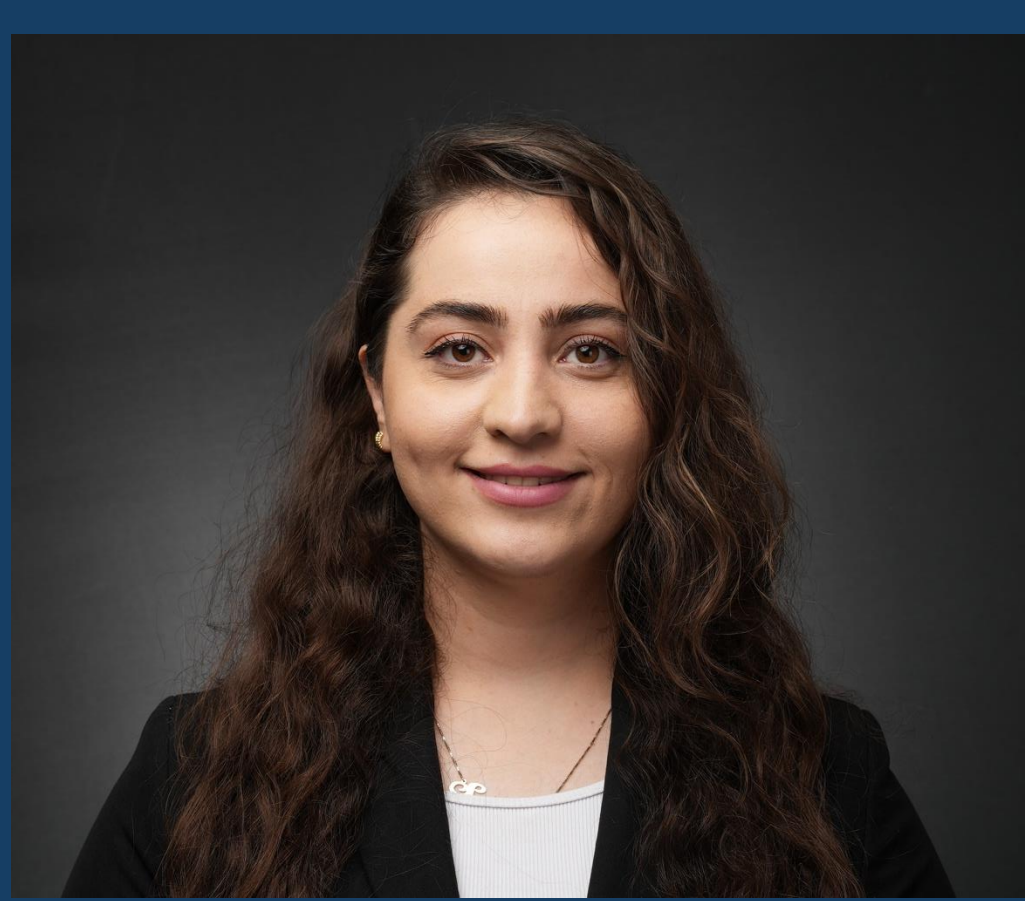
This study compares **peri-implant tissue health** in patients who have undergone autologous grafting procedures—free gingival grafts (**FGG**) and connective tissue grafts (**CTG**) at **stage II** surgery—with those who have not. By evaluating the impact of these grafts, we hope to determine how soft tissue augmentation influences **peri-implant health** and contributes to better clinical outcomes.



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Materials and Method

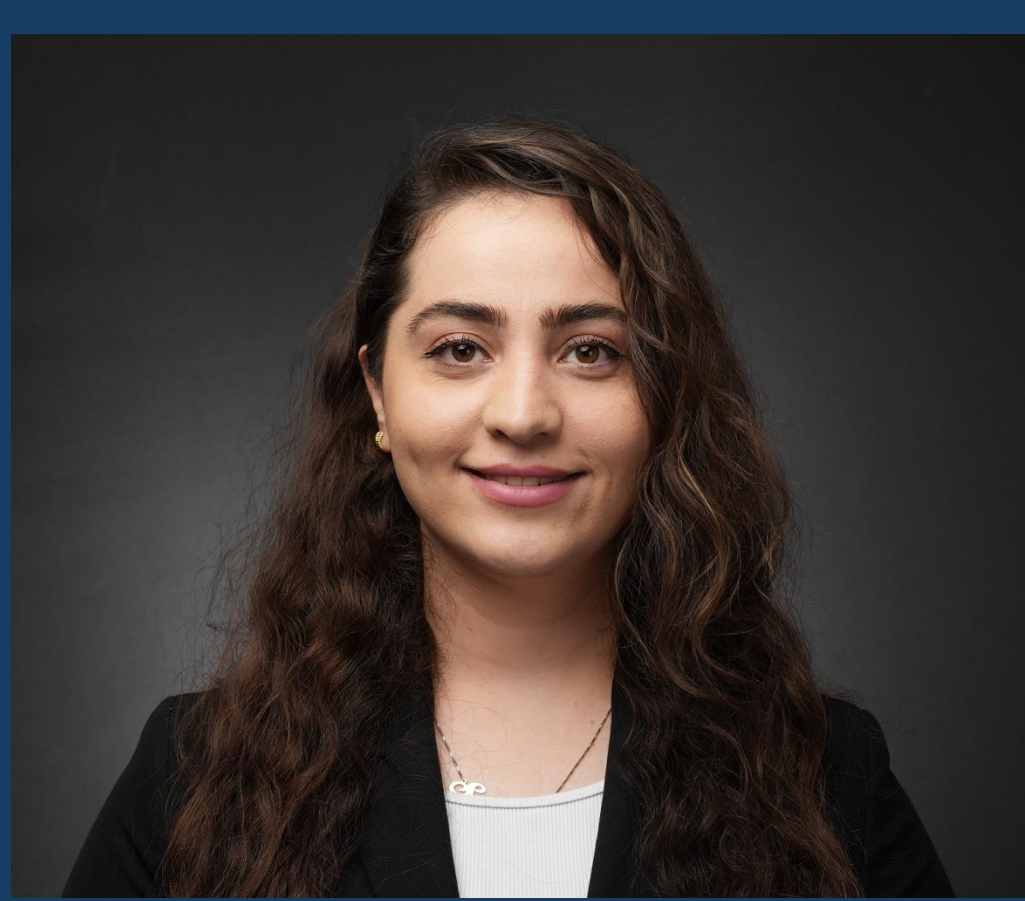
Data was collected from **2 groups**, the intervention group that underwent **soft tissue grafting** and a **control** group that **did not**, examining patient demographics, diabetic status, smoking habits, periodontal condition implant-related factors such as site and date of implant placement, implant brand, implant diameter, type of soft tissue graft, and assessments at multiple time points. The analysis included parameters such as bleeding on probing, marginal bone loss, peri-implantitis presence based on the 2017 World Workshop Classification, and implant loss. Statistical analysis included logistical regression with generalized estimation equations (GEE).



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Results

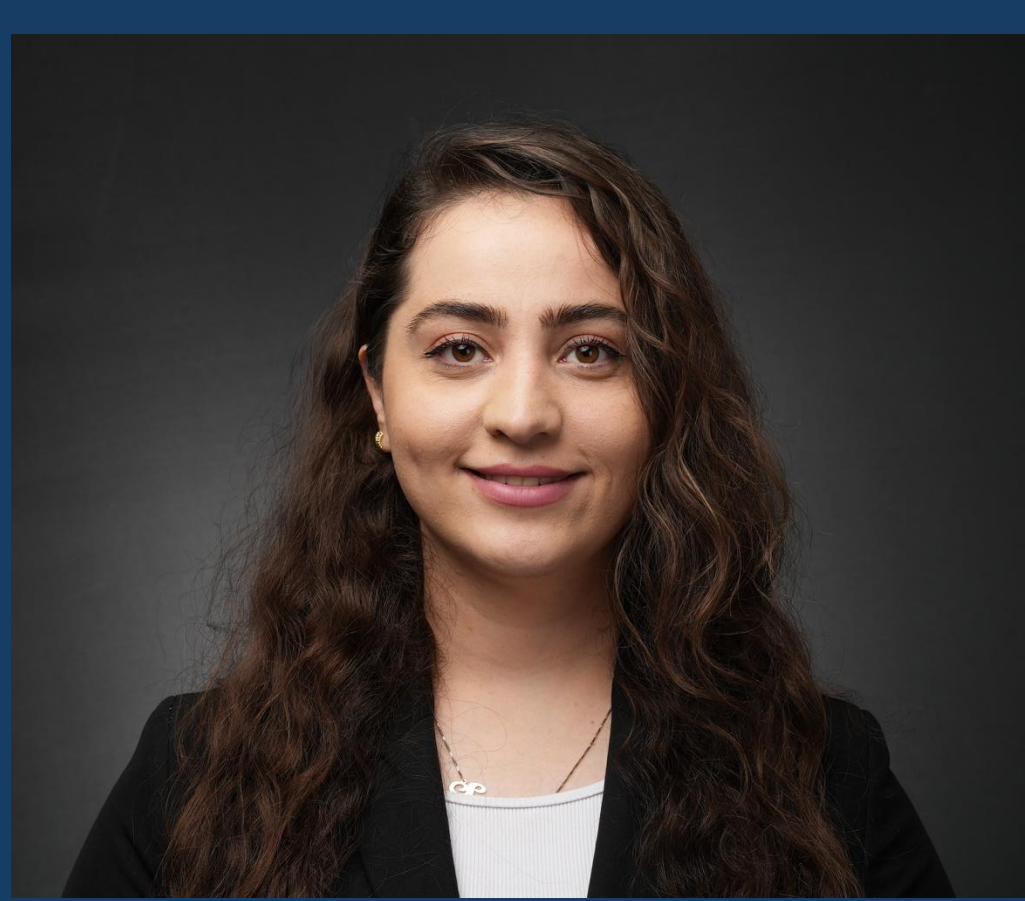
A total of 113 patients were included, with a mean age of 61 years, a mean follow-up **of 6.7 years $\pm$ 7.3 years**, and an almost equal distribution of genders (51% female, 49% male). Radiographic bone loss (**RBL**) showed **no clinically significant differences** between implants with and without tissue graft (0.4 mm vs 0.79 mm, respectively). Additionally, regression analysis suggested **no significant differences** between the groups' incidence of **peri-implantitis or implant loss**. For the secondary outcomes, **diabetic** patients were more prone to **higher RBL** ($p < 0.4$).



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Conclusion

The study indicates **that tissue grafting** during implant uncovering had **minimal effect** on **RBL** ($< 0.5\text{mm}$), and with **no difference** in the incidence of **peri-implantitis or implant loss**. However, these conclusions should be interpreted cautiously due to the small sample size, the design, and the relatively short follow-up.