

THE ESTHETIC CHALLENGE IN IMPLANT DENTISTRY

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It is an honor to be the guest editor for the November 2005 issue of the *Journal of the California Dental Association*. For the past three decades, implant dentistry has undergone several phases of “makeover,” from being an individual entity to being part of interdisciplinary treatment. Over the past decade, one of the biggest challenges in implant dentistry has been the development of peri-implant gingival esthetics, particularly in the anterior maxillary region. Peri-implant esthetics is defined as the presence of harmonious gingival architecture around the implant restoration and the surrounding dentition.

In the early 1990s, osseointegrated implants were commonly used in edentulous spaces where teeth had been removed. While sufficient for implant osseointegration, the residual hard and soft tissues were often inadequate for ideal peri-implant esthetics. The concept of tissue reconstruction has, therefore, been conceived and extensively experimented in order to overcome these shortcomings. Nevertheless, these grafting procedures are usually unpredictable, technique-sensitive and time consuming. Therefore, current concepts in tissue reconstruction involved utilizing orthodontic forces to attenuate rather than to recreate soft and hard tissues. Dr. Alan Herford’s article “Distraction Osteogenesis: A Surgical Option For Restoring Missing Tissue In The Anterior Esthetic Zone” describes a technique to reconstruct alveolar defects by gradually expanding existing gingiva and the underlying bone. Dr. Kitichai Rungcharassaeng and Dr. Joseph Caruso’s article comprehensively summarizes the various options of using implants as an orthodontic anchorage to attain a favorable esthetic and functional outcome.

Recently, in an attempt to avoid major grafting procedures, the concept of tissue preservation has evolved into implant site-development procedures where the failing tooth can be immediately replaced with provisional implant restorations. This technique requires the presence of the optimal architecture of the existing hard and soft tissues. The article by Dr. Sascha Jovanovic describes the required biologic elements to achieve successful anterior implant esthetics. Drs. Nicholas Caplanis and Jaime Lozada describe the method of assessing extraction defects and how they influence the treatment options. Additionally, the technique of immediate tooth replacement in conjunction with connective tissue grafts and its surgical rationale are described in detail.

The authors who have contributed to this issue, in their own right, are leaders in the field of implant dentistry. I hope that the articles in this issue of the *Journal* will provide useful insights for the readers to achieve anterior implant esthetics. **CDA**



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