

editorial

Editor Emeritus



Treating the edentulous maxilla presents many more challenges than treating the edentulous mandible. This is true for patients who are already edentulous and those who will become edentulous prior to having implants placed. The challenges include aesthetic, phonetic, and implant-placement challenges, as well as prosthetic and loading issues.

Various techniques can be used to manage restorations placed in the edentulous maxilla. Considerations vary from the number of implants required to the types of prosthetic components used in both the transitional and definitive prostheses. Developing a transitional prosthesis for the patient immediately upon implant placement has numerous advantages. Psychological advantages for edentulous patients include elimination of their maxillary dentures. For partially edentulous patients who will be edentulated during the implant-placement process, psychological advantages include avoidance of ever having a complete denture. Patients have immediate gratification or an immediate result from the surgical procedure relative to their prosthetic stability and function, as well as their appearance.

Additionally, prosthetic advantages include early evaluation of the adequacy of lip support, phonetics, and function prior to arriving at the definitive restoration stage. Soft-tissue enhancements or guidance of soft-tissue contours is also often a benefit of having a fixed transitional appliance. The patient who previously wore a removable denture for many years can begin a new daily self-care regime and develop the dexterity necessary for optimal oral hygiene.

In the edentulous maxilla, bone dimensions are often inadequate, and vertical and/or horizontal augmentation may be required to enable positioning of implants of adequate length or placing them in the correct position for prosthetic support. Because of the resorptive nature of maxillae, the occlusal relationship and lip-support requirements of the maxillary prosthesis are much different from those of the mandibular prosthesis. Therefore, treatment of edentulous maxillae requires alterations in implant position and more grafting than similar situations in the mandible. Additionally, research shows that immediate loading of implants results in more initial bone-to-implant contact. Aesthetic demands are considerably greater. Soft-tissue and hard-tissue augmentation procedures are generally associated with management of the complete restoration of the maxillary arch.

While challenges are multiple, benefits are significant for both the clinician and the patient. Immediate restoration of the maxillary arch is a rewarding service for clinicians to provide to patients. It also helps in developing patients as a good referral source.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard J. Lazzara'.

Richard J. Lazzara, DMD, MScD[†]
Editor Emeritus

[†]The contributing clinician has a financial relationship with BIOMET 3i LLC resulting from speaking engagements, consulting engagements, and other retained services.