Long-term clinical success

Immediate function

Predictability in compromised health
In patients with oral cancers, the application of radiation therapy causes severe side effects, including progressive fibrosis of blood vessels or hypocellularity (Hu et al., 2010), eventually leading to complications in bone healing and difficult rehabilitation (Yerit et al., 2006; Nelson et al., 2007). A clinical study evaluated the success rates of both conventional, (SLA®) and chemically modified (SLActive®) implants in patients receiving radiation therapy following the removal of a malignant tumor (oral squamous cell carcinoma). The authors demonstrated that implants with SLActive® surface could be placed in such patients with a high likelihood of success. The overall implant survival rate for implants with SLActive® surface was 100 % for both the 14-months and 5-year follow-up periods, and the crestal bone levels in these patients also remained stable within 5 years of implant placement (Heberer et al., 2011, Nack et al., 2015, Nelson et al., 2016).

PREDICTABILITY IN COMPROMISED HEALTH

DID YOU KNOW?
According to the World Health Organization (2016), an estimated 422 million adults worldwide were living with diabetes in 2014 (compared with 108 million in 1980). It is crucial, therefore, that these as well as other patients with difficult treatment protocols can be offered a reliable, safe implant treatment option.
Different bone density/quality may also be caused by its localization within the jaws (Lekholm and Zarb, 1985). Recent clinical studies have shown that SLActive® Implants, were successfully placed in patients with low quality bone (grade 4 according to Lekholm and Zarb) with overall 100% success rates in immediate and early loading protocols (Ganeles J et al., 2008; Nicolau et al., 2013; Bergkvist et al., 2010; Markovic et al., 2015).

**DID YOU KNOW?**
In vitro, the SLActive® surface exhibits a stronger than SLA® immunomodulatory effect towards M2 anti-inflammatory macrophage activation and reduction in pro-inflammatory factor release. This phenomenon might partially explain the more rapid osseointegration and reduced healing time observed in in vivo studies (Hotchkiss KM et al., 2016).
The success of the implant placement therapy offered to patients mainly depends upon fast and effective osseointegration. According to data from animal studies, unstable glycemic condition can influence this process by affecting bone formation and resorption (Takeshita et al., 1997; Nevins et al., 1998; Fiorellini et al., 1999; McCracken et al., 2000). In a study performed in diabetic animals, the SLActive® implants demonstrated significantly higher BIC values than the implants with the SLA® surface (Fig. 2, Schlegel et al., 2013). In a new clinical study, SLActive® Roxolid® Implants placed in diabetic patients showed success rates of 100% after 6 months’ follow-up and marginal bone level changes similar to those observed in healthy individuals (Fig.1, Cabrera-Domínguez et al. 2016). Additionally, in a study by Khandelwal et al., 2013, SLActive® Implants placed in patients with poorly controlled diabetes mellitus type 2 showed a 100% survival rate 16 weeks following implant placement (T. Oates 2016, personal communication), thus clearly demonstrating that SLActive® Implants can be successfully employed in patients with very unfavorable and/or compromised health conditions Fig. 3.

Fig. 2 Bone-to-implant contact in % at 90 days for SLA® and SLActive® implants in diabetic and healthy animals Schlegel et al., 2013
Furthermore, a recent study by Marković et al. found that implant stability was not compromised either in patients undergoing oral anticoagulant therapy, in whom SLActive® technology was employed, with a 100% implant survival rate after 1 year following implant placement being documented (Marković et al., 2016).

**Fig. 3** Survival of SLA vs. SLActive implants in patients with poorly controlled type 2 Diabetes (14 weeks follow up) Khandelwal N et al 2013
*T. Oates 2016, personal communication*
LONG-TERM CLINICAL SUCCESS

Straumann® SLActive® is a chemically modified hydrophilic surface, clinically proven to accelerate osseous healing (Buser et al., 2004; Lang et al., 2011; Oates et al., 2007; Schwarz et al., 2007). It was launched in 2005 and has since then been the subject of more than 150 pre-clinical and clinical studies. A study by Schwarz et al. found that SLActive® provides a larger accessible surface area for increased blood protein adsorption (Kopf et al., 2015). Moreover, in pre-clinical studies, greater osteoblast differentiation and increased production of the bone-building protein osteocalcin have been observed (Zhao et al., 2005, Gu et al., 2013), as well as stimulated blood vessel growth (Schwarz et al., 2008).

IMMEDIATE FUNCTION

Surface modifications play an important role in the speed of osseointegration following placing of an implant. They influence implant strength as well as its aging resistance and therefore contribute significantly to the overall success of immediate and early loading protocols (Buser et al., 1991; Coelho et al., 2011; Dos Santos et al., 2011; Elias et al., 2008; Shalabi et al., 2006). A recent study demonstrated that, after an initial remodeling phase of 5–6 months, no differences could be found between the two treatment groups (immediate and early loading). The survival rates were 98.2% and 97.1% in the immediate and early loading groups, respectively (Nicolau et al., 2016). Also, in another human study, it was proven that the osseointegration process is accelerated for implants with the SLActive® surface (Lang et al. 2011).
REFERENCES