Topographical Aspects of Distinctive Titanium Surfaces - Comparative Analysis of Available Implant Surfaces

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Introduction

Implant surface characteristics are considered to play a mayor role in accelerating osseo-integration. distinctive surface modifications are offered by implant manufacturers recommending a reduced healing time of 6 to 8 weeks 7. Besides

physical and chemical parameters like wettability, positive or negative surface charge and surface-free energy, the topography of dental implant surfaces can influence cell attachment und subsequent osseointegration.³⁻⁵ Osteoblastlike or other anchorage-dependent cells, e.g. fibroblasts, show similar morphologic behaviour and their affinity to rough titanium surfaces.²

The topographical aspects of currently available implant surfaces and their serial reproducibility are compared.

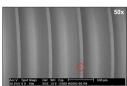
Material and Metho

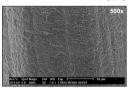
Different commercially available dental implants háve been investigated by scanning electron microscopy (SEM) to compare surface roughness and reproducibility of the properties advertised. Backscattered electron imaging (BEI) was used

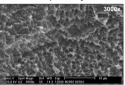
for density and/or atomic number analysis, and x-ray microanalysis (XRM) was used for elemental analysis. The results of differently engineered implant surfaces will be compared and discussed for: solely etched, solely blasted and grit-blasted/ acid-etched treatments.

Results

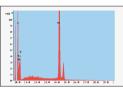
3i Osseotite® (Solely acid-etched)









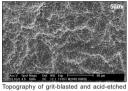


XRM-analysis of embedded particle. Possible source: sealing cap used for protection while etching

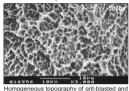
Straumann SLA® (Grit-blasted/acid-etched)



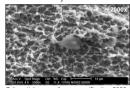
face of grit-blasted and acid etched implant



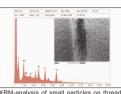
Topography of grit-blasted and acid-etched surface



ous topography of grit-blasted and

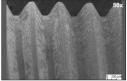


Grit particle on surface: magnification 2000x

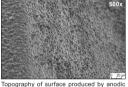


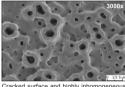
XRM-analysis of small particles on thread; source: organic material

Nobel Biocare TiUnite® (Anodic oxidation)

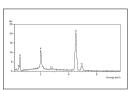


Inhomogeneous surface morphology, produ

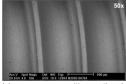




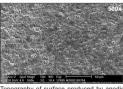




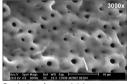
TICER® (Anodic oxidation)

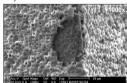


nhomogeneous porosities on

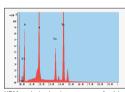


ography of surface produced by anodic dation; similarity to TiUnite surface



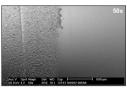


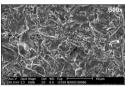
Surface defect: magnification 1000x

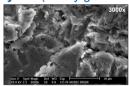


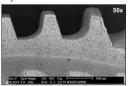
XRM-analysis showing presence of calciur

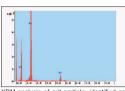
Ankylos® (Solely grit-blasted)





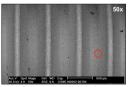




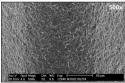


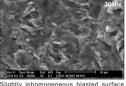
XRM-analysis of grit particle; identified aluminium oxide

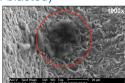
Astra TiOblast® (Solely titanium-blasted)

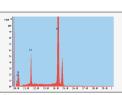


Embedded particles on surface









XRM-analysis of embedded particle; source: organic material

Conclusion

Discrepancies can be noted between the surface properties advertised by implant manufacturers and the actual appearance of the surface morphology. Embedded particles of the production process like grit particles can be observed as well as inhomogeneous structures. as inhomogeneous structures.' Nevertheless, within the range of state-of-the-art implant surfaces very high success rates have been documented. Topographical

similarities of different implant surfaces can be observed. This could lead to the conclusion that reduced healing times claimed for a specific surface could also be related to surfaces with similar topographies. Surface roughness values are not clearly related to topographical appearance. Further development of enhanced implant surfaces should lead to morphologic structures which are homogeneously distributed to

enable an allover high level of close cell attachment. Limited data on the influence of embedded production particles on the implant surface is available. However, Piattelli et al, has demonstrated that no al. has demonstrated that no statistic evidence could be provided to support the hypothesis that surface inorganic contamination could affect osseointegration of titanium dental fixtures.

References

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- 3:23-249 6. OSSEOTITE Long Term Performance in Posterior Maxillary and Mandibular Cases (Compendium 1999 7:628-640) 7. Simpson JP, Buser D, ten Bruggerkate CM, Weingart D, Tsylor TM, Cochran DL, Bernard JP Peters F: The use of shortened healing times on ITI implants with an SLA surface. Early results from clinical trials; in preparations.
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