

Effect of implant placement depth on bone remodeling on implant-supported single zirconia abutment crown : A 3D finite element study

Pongsakorn Poovarodom¹, Chaivy Rungsiyakull², Jarupol Suriyawanakul³, Qing Li⁴, Keiichi Sasaki⁵, Nobuhiro Yoda⁵, Pimduen Rungsiyakull¹

¹Department of Prosthodontics, Faculty of Dentistry, Chiang Mai University, Chiang Mai, Thailand;
²Department of Mechanical Engineering, Faculty of Engineering, Chiang Mai University, Chiang Mai, Thailand;
³Department of Mechanical Engineering, Faculty of Engineering, Khon Kaen University, Khon Kaen, Thailand;
⁴School of Aerospace, Mechanical and Mechatronic Engineering, University of Sydney, Sydney, Australia;
⁵Graduate School of Dentistry, Division of Prosthetic Dentistry, Division of Dental forensics and information, Tohoku University, Sendai, Japan;

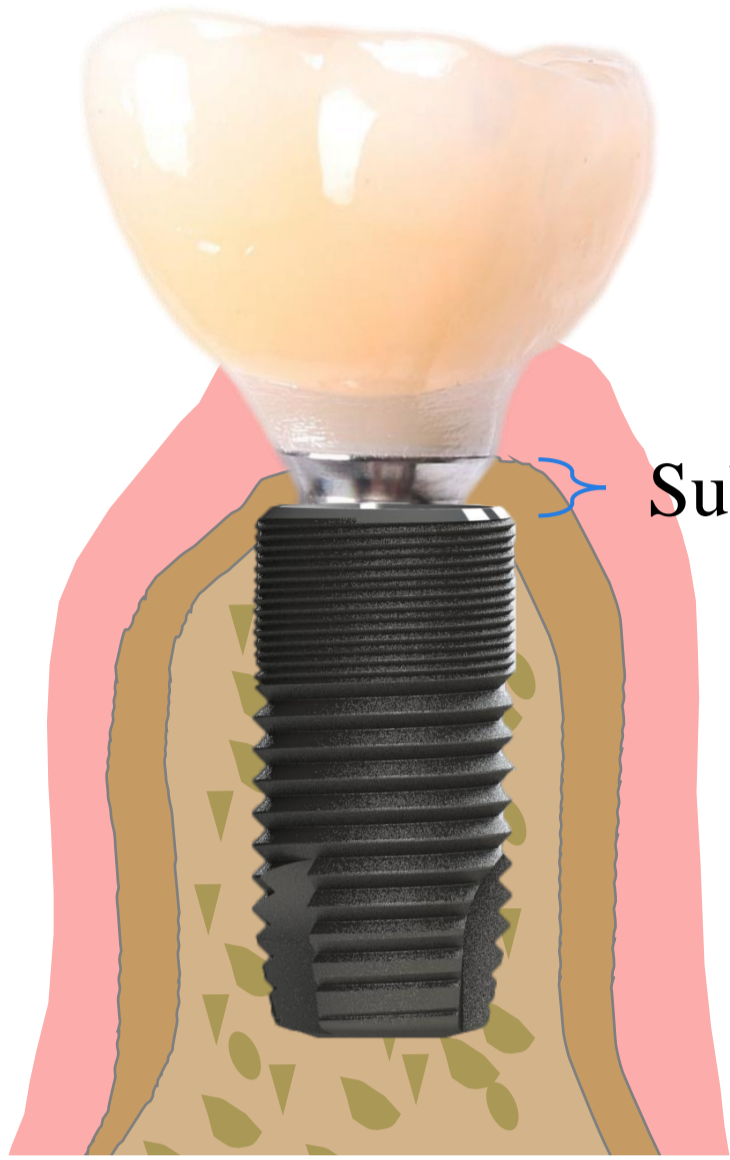


State of problem

Dental implant subcrestally placed below the crestal of cortical bone in various depths ranging from 0.5 to 3 mm.

Maintain peri-implant bone level

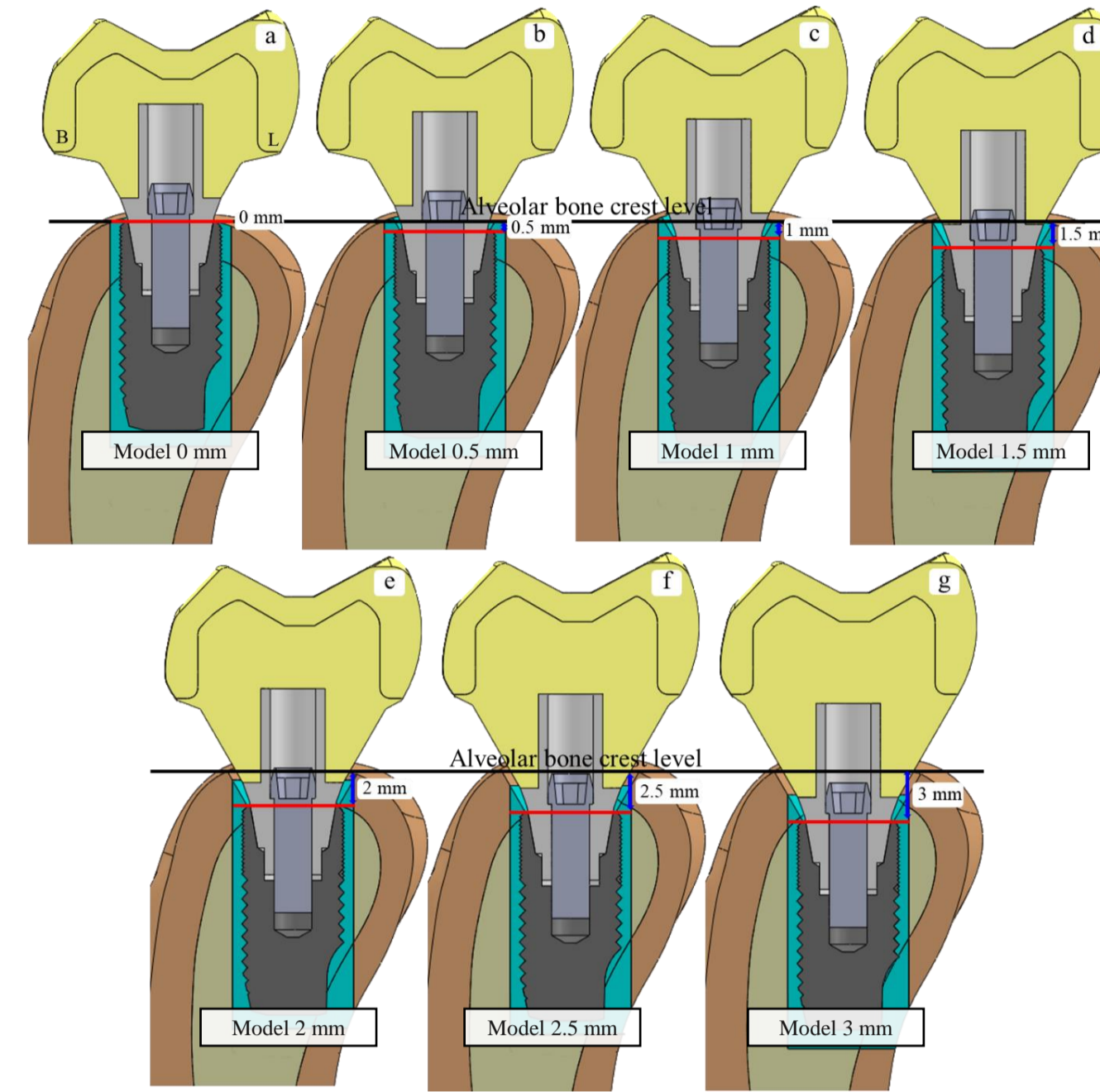
- Reduce Micromotion Szmukler-Moncler S et al. 1998
- Prevent crestal bone resorption Chou HY et al. 2010, Donovan R et al. 2010 and Buggi L et al. 2008
- Induce greater bone remodeling Fetner Met et al. 2015, Oskarsson M et al. 2018 and Froum S et al. 2018
- Recommend subcrestal placement 0.5 mm to compensate physiologic bone resorption. MHA Saleh - 2018



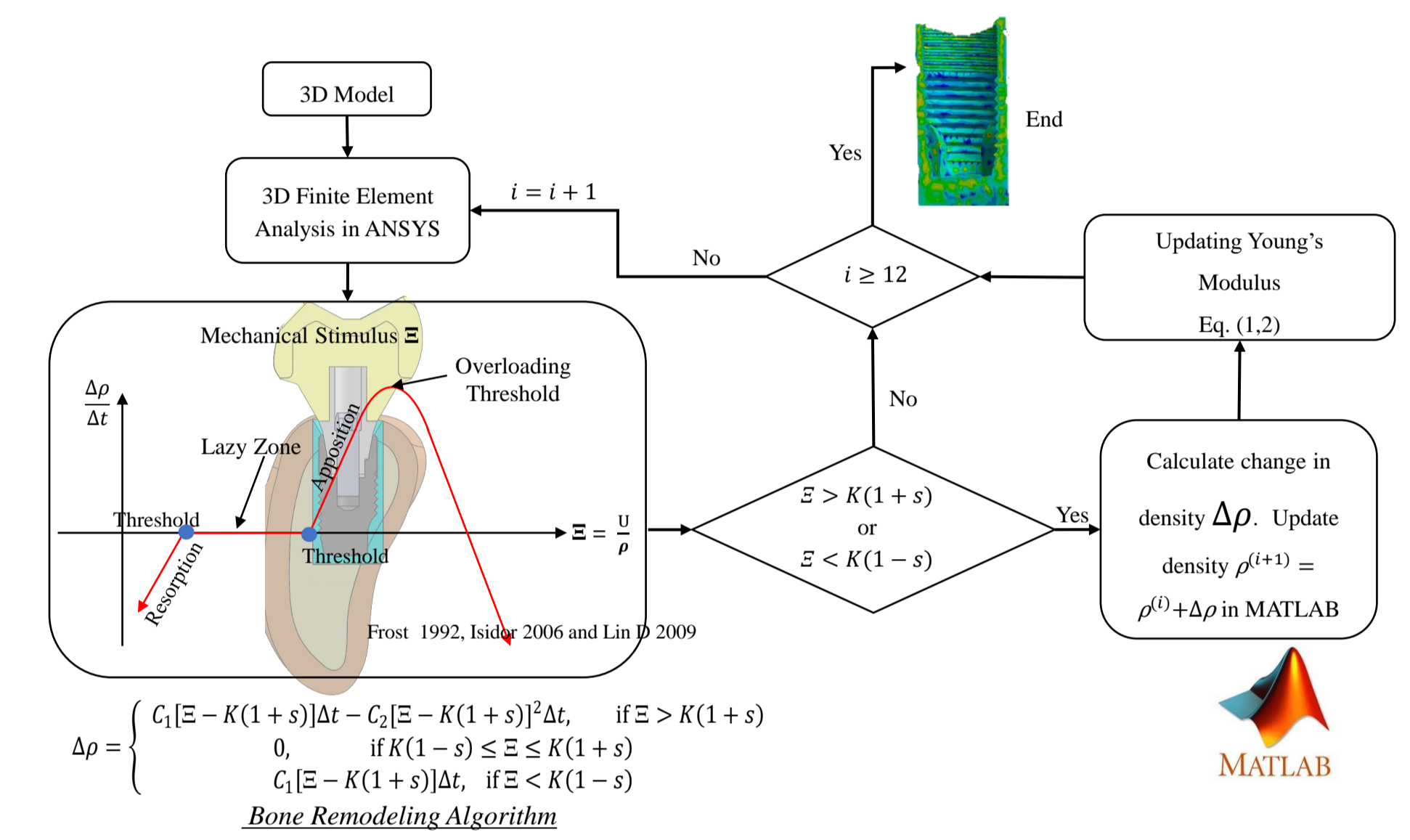
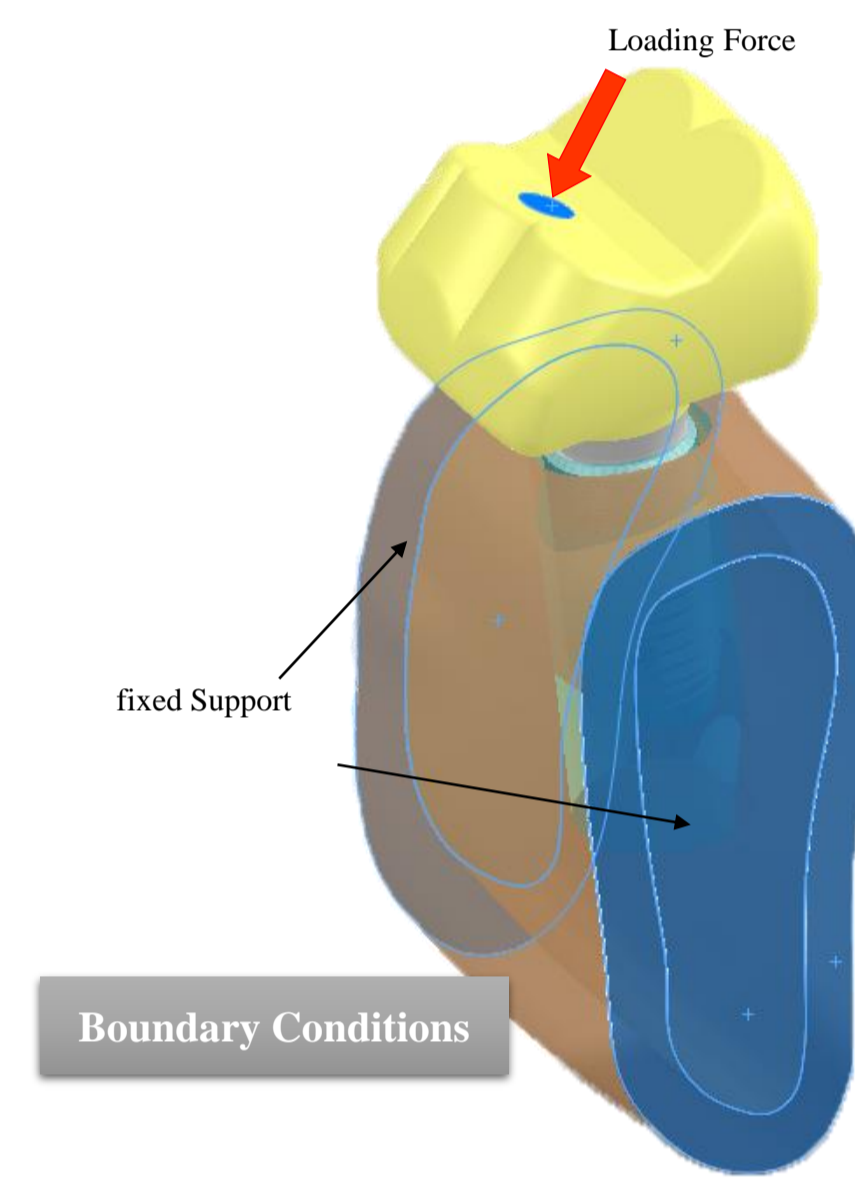
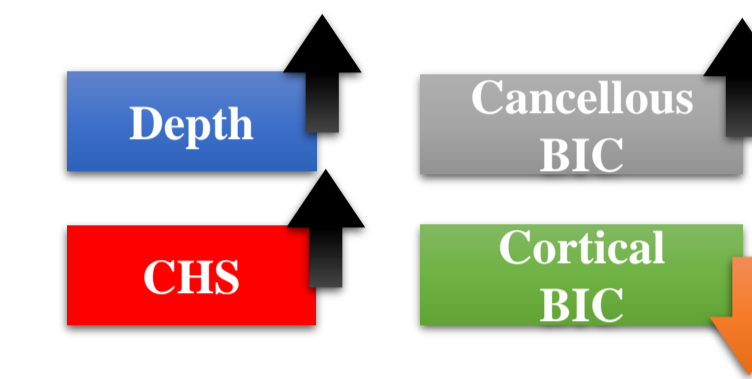
Purpose

This study aims to evaluate the influence of subcrestal implant placement depth on bone remodeling using time-dependent finite element analysis (FEA) with a bone remodeling algorithm over 12 months

Methods



Model	Crown Height Space (CHS) (mm)	Bone Implant Contact (mm ²) (contact percentage)	
		Cortical bone	Cancellous Bone
0 mm	10	48.62 (19.55%)	200.04 (80.45%)
0.5 mm	0.5	37.37 (15.02%)	211.29 (84.98%)
1 mm	11	26.13 (10.50%)	222.53 (89.05%)
1.5 mm	11.5	14.46 (5.81%)	234.2 (94.18 %)
2 mm	12	5.06 (2.03%)	243.6 (97.97%)
2.5 mm	12.5	1.08 (0.43%)	247.58 (99.57%)
3 mm	13	0.00 (0 %)	248.66 (100%)



Results & Discussion

1. Volume averages of density at the peri-implant region over 12 months.

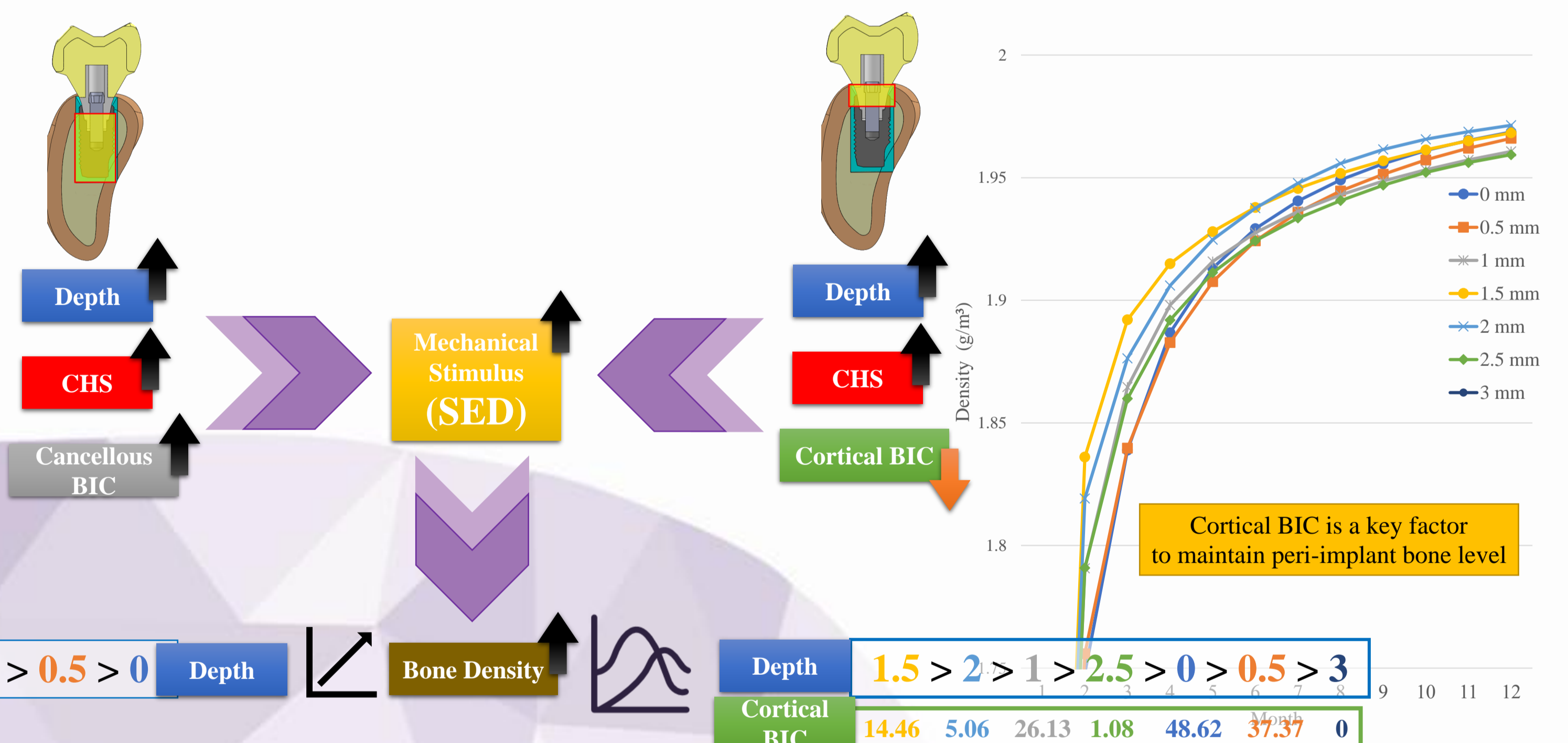
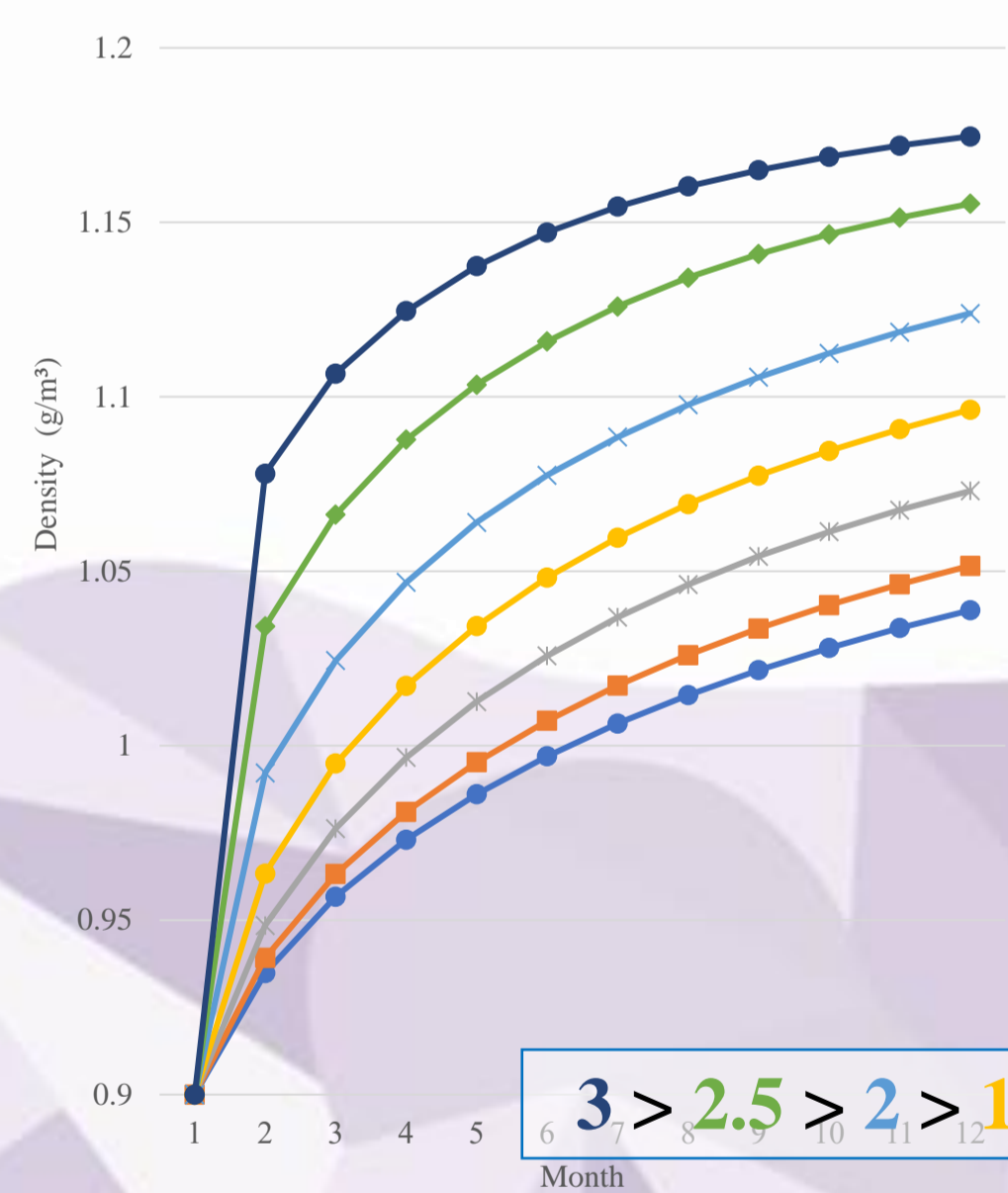
Result Interpretations

3 Parameters

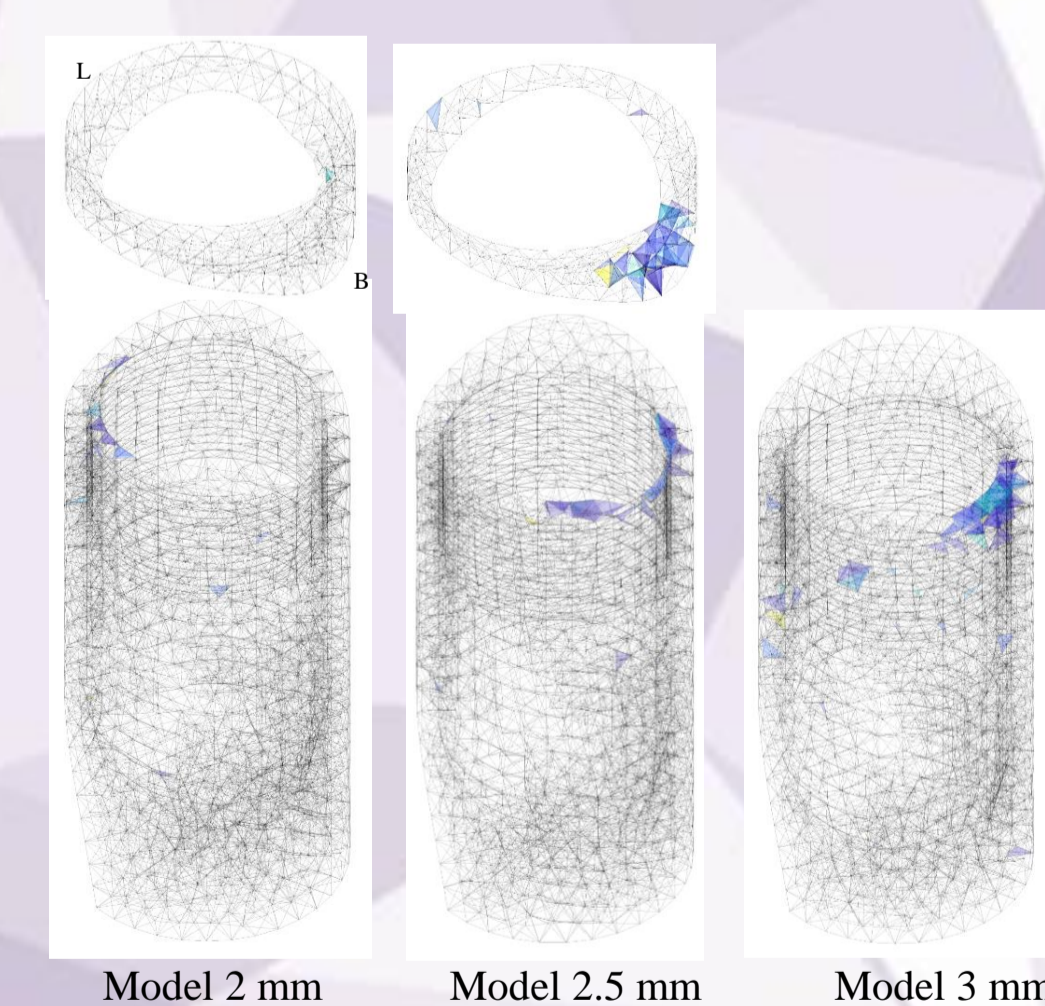
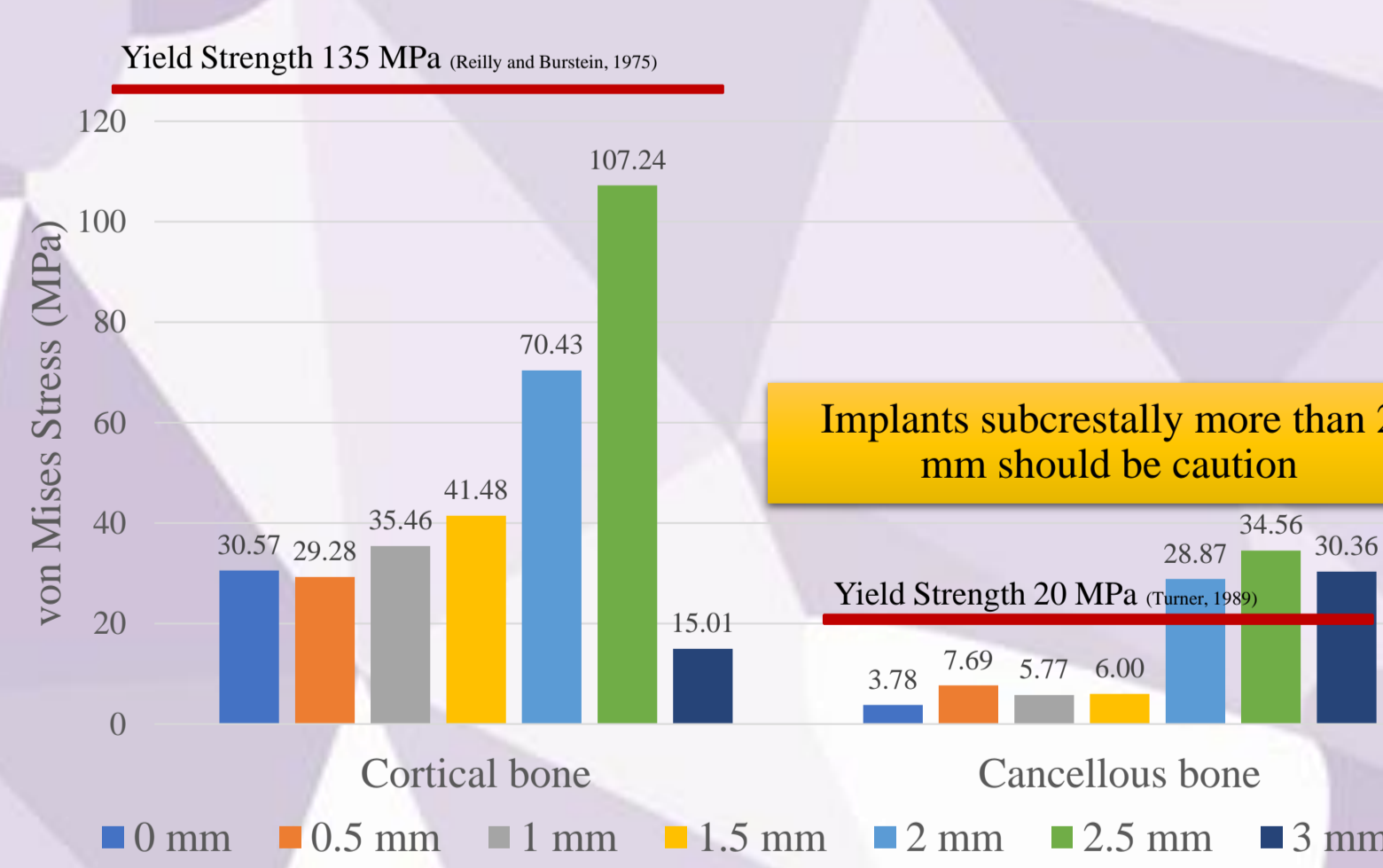
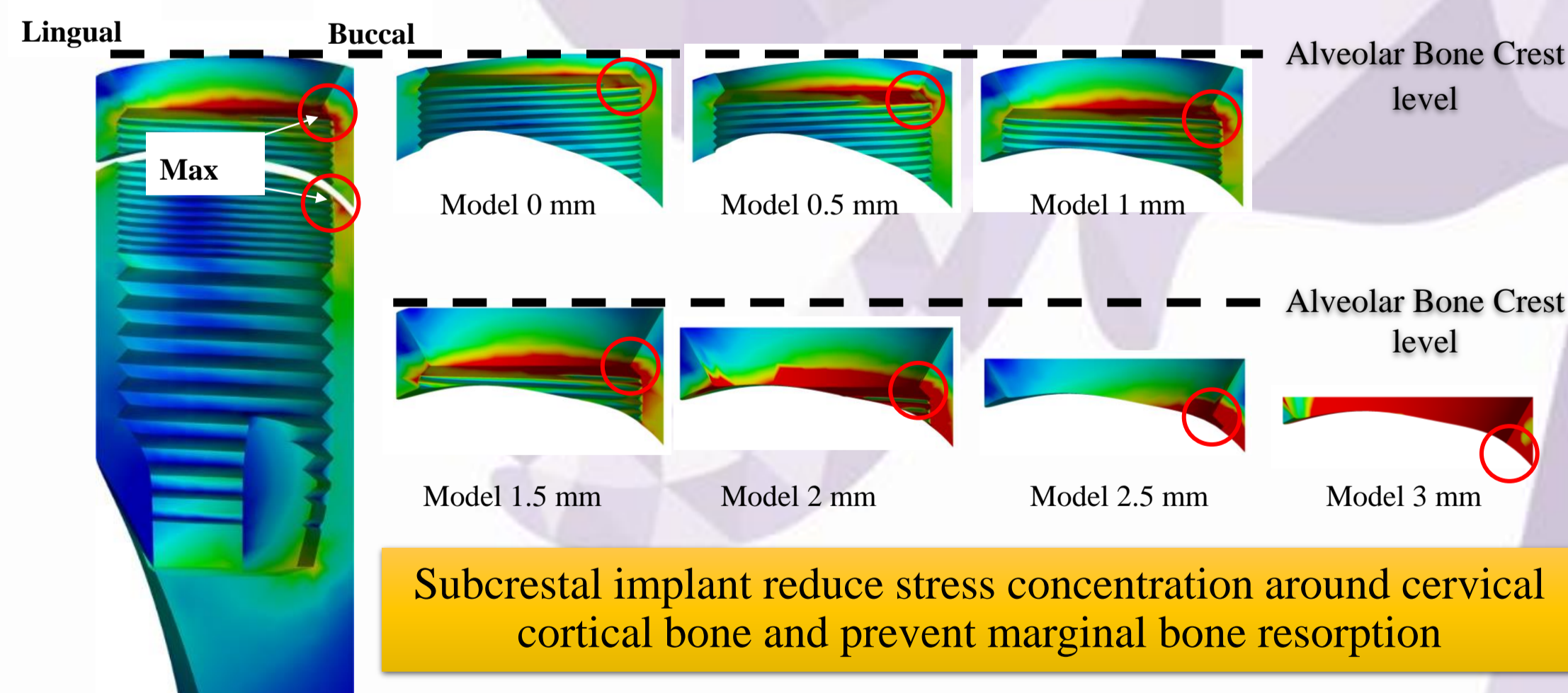
- Volume averages of density at the peri-implant region
- Maximum von Mises Stress
- Overloading elements

$$\bar{\rho} = \frac{1}{V} \int_V \rho dV = \frac{1}{\sum_{e=1}^n V_e} \sum_{e=1}^n \rho_e V_e$$

1 mm. Peri-implant region



2. Maximum von Mises stress of cortical and cancellous bone



This overloading could not be discovered through von Mises' stress failure criteria

This finding may help explain the occurrence of osseointegration failure of an integrated implant or progressive bone loss.

According to the findings

- Implant placements greater than 2 mm subcrestally induced bone resorption
- Implant positioned 1.5 mm subcrestally demonstrates rapid rise in cortical density without risk of bone overload.
- In clinical situation the CHS greater than 12 mm should be treated with caution and monitored on a frequent basis.
- However, further research should be undertaken through optimization research to identify the optimal depth.

Conclusion

Within the limitations of the study, it may be inferred that

- The implant placement depth has a direct effect on peri-implant bone remodeling, particularly in cancellous bone.
- The more implants placed apically, the greater the increase in bone density. However, implant placements depth than 2 mm. should be aware bone loss caused by overloading resorption.