Anterior and posterior placement
– ASTRA TECH Implant System™ for all indications

Numerous studies have shown excellent clinical outcome with ASTRA TECH Implant System™ placed in different indications in the anterior maxilla or mandible. Minimal marginal bone loss, good long-term esthetics, and survival rates close to 100% have been reported for single tooth restorations 1–8, fixed partial dentures 9, and full arch rehabilitation with 4 to 6 implants placed in the interforaminal area in the mandible 10, 11. Additionally, good clinical results have been shown in immediate loading situations 2, 5, 8, 11–13, and in implant sites subjected to augmentation procedures 14.

Less known, but extensively proven in the scientific literature, is the excellent short- and long-term clinical results of ASTRA TECH Implant System when used in posterior locations. Generally, implant placement in the posterior area is considered more challenging. Resorption of the ridge in combination with a large maxillary sinus cavity in the maxilla, or an interfering alveolar nerve in the mandible could lead to more demanding situations with a limited bone height. Moreover, the posterior maxillary bone is often of softer quality, with thin cortical layers and large cancellous structures.

Despite the more challenging conditions in posterior regions, several studies report good results for ASTRA TECH Implant System placed in different indications, such as single tooth restorations 15–23, fixed partial dentures 24–30, using both conventional, early and immediate loading protocols 30, 35, 36, in atrophied mandibles close to the nerve 39, in periodontally compromised dentitions 40–42, and associated with sinus lift procedures 28, 41–53. More unconventional treatment solutions, such as the use of two implants to restore one molar 54, and posterior implants linked to natural teeth 55, have also proven to be successful treatment options. In addition, a number of studies show similar good results for implants whether placed in anterior or posterior locations. The results reflect different indications, such as single teeth 56–61, full arch rehabilitation 62–69, partial cases 26, 58, 60, 70–77, in augmentation situations 62, 78, and in periodontally compromised dentitions 79.