PAST AND PRESENT IN IMPLANTOLOGY SUCCESS AND FAILURE CRITERIA

Success or failure of the implant-prosthetic therapy are complex concepts that depend on the criteria. Both systemic status, smoking, anatomical and morphological conditions as well as interdisciplinary collaboration of the implantologist or oral surgeon influence the long-term outcome. Literature data report wide range of implants survival and success as well as technical and biological complications. Basic criteria for implant success are lack of implant mobility, absence of peri-implant radiolucency, proper width of the keratinized mucosa, and absence of peri-implant infection or patient discomfort. Prospective and retrospective studies have changed basic criteria related to systemic conditions. Diabetes 2 is no longer significantly associated to implant failure. Smoking can lead to implant failure but its effect on implant osseointegration is related to dose. Short and narrow implants inserted in resorbed alveolar bone are associated with increased implant failure. Higher release of TNF-α or IL-1β markers are associated with increased implant loss rates. Present implant success/failure criteria must include genetical and immunological factors.