

## Colocación anterior y posterior: Astra Tech Implant System™ para todas las indicaciones

Numerosos estudios han demostrado unos excelentes resultados clínicos tras la colocación de implantes Astra Tech en la zona anterior del maxilar superior o la mandíbula. Se han observado pérdidas de hueso marginal mínimas, un buen resultado estético a largo plazo y unos índices de supervivencia próximos al 100%, tanto en restauraciones unitarias<sup>1-8</sup>, en restauraciones parciales fijas<sup>9</sup> y rehabilitaciones totales sobre 4-6 implantes colocados en la zona intermentoniana<sup>10,11</sup>. También se han obtenido buenos resultados clínicos en situaciones de carga inmediata<sup>2, 5, 8, 11-13</sup> y en implantes relacionados con procedimientos de aumento de cresta<sup>14</sup>.

Los excelentes resultados clínicos, a corto y largo plazo, obtenidos con los implantes Astra Tech colocados en zonas posteriores son menos conocidos pero extensamente probados en la literatura científica. Normalmente, la colocación de implantes en estas zonas se considera más complicada, ya que la reabsorción de la cresta junto con cavidades sinusales muy pneumatizadas en el maxilar superior o la presencia del nervio dentario inferior en la mandíbula podrían conducir a situaciones más complejas con una altura de hueso limitada. Además, el hueso de la zona posterior del maxilar superior suele poseer una menor densidad, con una cortical delgada y con estructuras trabeculares más amplias.

Independientemente de estas condiciones más complejas en las zonas posteriores, varios estudios demuestran también unos buenos resultados con los implantes Astra Tech colocados en diferentes situaciones, como restauraciones unitarias<sup>15-23</sup>, prótesis parciales fijas<sup>24-38</sup>, utilizando tanto protocolos de carga convencional como temprana<sup>20, 35, 36</sup>, en mandíbulas atróficas con proximidad del nervio<sup>39</sup>, en pacientes periodontalmente comprometidos<sup>40-42</sup> y en asociación con procedimientos de elevación de seno<sup>28, 41-53</sup>. Otras técnicas menos convencionales, como la colocación de dos implantes para sustituir un molar<sup>54</sup> y la ferulización de implantes posteriores a dientes naturales<sup>55</sup>, también han demostrado ser opciones de tratamiento exitosas. Además, varios estudios muestran unos resultados igualmente satisfactorios con implantes colocados en ubicaciones anteriores y posteriores. Éstos comprenden diferentes indicaciones, como restauraciones unitarias<sup>56-61</sup>, rehabilitaciones totales<sup>62-69</sup> y parciales<sup>26, 58, 60, 70-77</sup>, situaciones de aumento de cresta<sup>62, 78</sup> y en pacientes periodontalmente comprometidos<sup>73</sup>.

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