The Foundation of Knowledge

9th Consensus Document on Indications for Tooth Extraction and Oral Implant Placement with Corticobasal® Implants (2024)

Executive Summary

This consensus document addresses the indications for tooth extraction and immediate replacement with Corticobasal® implants. It defines when extraction is necessary, the principles of implant placement, and the benefits of simultaneous restoration. The recommendations emphasize evidence-based practice, patient-centered outcomes, and the biomechanical advantages of Corticobasal® implantology.

Key Consensus Statements:

- Tooth extraction is indicated when preservation does not serve functional rehabilitation or compromises long-term stability.
- Corticobasal® implants allow immediate replacement of compromised teeth without waiting for any healing.
- Preservation of hopeless teeth is not justified.
- Corticobasal® implants may be placed in infected or periodontally compromised sites after thorough debridement.
- Simultaneous extraction and implant placement provides predictable outcomes, even in compromised bone situations.

1. General Principles

Consensus statement: The decision to extract a tooth must be guided by the objective of restoring bilateral masticatory function and long-term prosthetic stability.

- The priority is achieving stable cortical anchorage for implants, not maintaining ac compromised dentition.
- Immediate functional loading is the therapeutic objective.

2. Indications for Extraction

Consensus statement: Indications for tooth extraction prior to Corticobasal® implant placement include:

- Advanced periodontitis with hopeless prognosis.
- Severe mobility or loss of alveolar bone support.
- Extensive caries, root fractures, or failed endodontic treatments.
- Malpositioned teeth preventing functional rehabilitation.
- Retained roots or teeth incompatible with prosthetic planning.
- Teeth with persistent periapical or periodontal infection.

3. Contraindications to Tooth Preservation

Consensus statement: Preserving teeth is not recommended if doing so compromises prosthetic planning, occlusal stability, or esthetics.

- Natural teeth should not be retained to reduce implant numbers.
- Strategic extraction facilitates placement of implants in biomechanically optimal sites.
- Delaying extraction in hopeless teeth increases the risk of complications and treatment complexity.

4. Timing of Implant Placement

Consensus statement: Corticobasal® implants may be placed immediately following extraction, even in the presence of infection, provided adequate debridement and antisepsis are performed.

- Smooth-surface Corticobasal® implants reduce infection risks.
- Immediate loading protocols provide functional stability without reliance on bone grafting.
- Healing delays are not required between extraction and implant placement.

5. Surgical Considerations

Consensus statement: Implant placement should prioritize cortical anchorage beyond the extraction socket.

- Thorough removal of infected tissues is a good option. On the other hand, after tooth extraction, granulation tissue can also be disinfected and it will serve as a fast generator of woven bone.
- Flapless techniques with local antiseptic application (e.g., povidone-iodine) are preferred.
- Antibiotics are optional and case-dependent.

6. Prosthetic Considerations

Consensus statement: Immediate splinting of implants with rigid prosthetics is required.

- Prosthetic planning must consider occlusion, esthetics, and distribution of functional loads.
- Single implant restorations in extraction sockets are higher risk and require careful case selection.

7. Clinical Benefits

Consensus statement: Extraction combined with immediate Corticobasal® implant placement provides significant advantages.

- Avoids need for bone augmentation.
- Reduces treatment time and cost.
- Improves patient satisfaction by minimizing edentulous phases.
- Predictable outcomes even in periodontally or endodontically compromised sites.

8. Summary of Consensus

- Extraction is indicated when retention compromises long-term rehabilitation.
- Corticobasal® implants allow safe immediate replacement, even in infected sites.
- Preservation of hopeless teeth for prosthetic or anchorage purposes is not recommended.
- Corticobasal® implants allow early removal of periodontally involved teeth.
- Corticobasal® implants allow to avoid root canal treatments.
- Simultaneous extraction and implant placement offers predictable, efficient, and patient-centered treatment.

Overall consensus: Corticobasal® implantology supports immediate replacement following extraction as the standard of care when functional rehabilitation is required.

Approved by the expert consensus group, Version 2, April 2024.