Dental implantation in the middle age groups.

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Tooth loss is very common and it can happen as a result of disease and trauma; therefore, the use of dental implants to provide support for replacement of missing teeth has a long and multifaceted history.

Tooth loss is normal, and it can occur as a result of illness or trauma; as a result, the use of dental implants to facilitate the removal of damaged teeth has a long and varied history.

According to the American Association of Oral and Maxillofacial Surgeons, 69 percent of people between the ages of 35 and 44 have lost at least one permanent tooth due to an injury, gum disorder, a botched root canal, or decay. Furthermore, 26% of adults had lost all of their permanent teeth by the age of 74.

As a result, the use of dental implants shows that between 100,000 and 300,000 dental implants are inserted each year, which roughly corresponds to the number of new hip and knee joints implanted each year.

Owing to the recent development of the global market for dental implants and the increasing demand for cosmetic dentistry, research on dental implant designs, products, and techniques has risen in recent years and is projected to increase in the future.

Dental implants can be traced all the way back to ancient Egypt, where carved seashells and/or stones were used to restore missing teeth in the human jaw bone. Other early implants that have been registered are those made of noble metals and moulded to look like natural roots.

Dental implants have a long tradition, dating back to the early cultures of South and North America, as well as parts of Middle Asia and the Mediterranean, more than 2,000 years ago. These cultures used cut stone, shells, bones, and gold to restore lost teeth, according to archaeological finds.

Dental implantation in the middle Ages was done using allografts and xenografts. This procedure, however, did not gain popularity until it was linked to the spread of infectious diseases and even deaths.

Modern dental implant history begins after World War II, when Dr. Norman Goldberg, while serving in the army, considered dental reconstruction using metals that had once been used to repair other body parts. In 1948, they developed the first functional sub-periosteal implant in collaboration with Dr. Aaron Gershkoff. This achievement laid the foundations for implant dentistry, and they were among the first to teach procedures in dental schools and cultures all over the world.

One of the most significant advances in dental implantology occurred in 1957, when Per-Ingvar Brnemark, a Swedish orthopaedic surgeon, began researching bone healing and reconstruction and discovered that bone could expand in close proximity to titanium (Ti) and could easily bind to the metal without being rejected.

As a result, Brnemark coined the term "osseointegration" to describe the phenomenon, and he went on to do several experiments on both animal and human topics. He implanted the first titanium dental implants in a 34-year-old human patient who had lost teeth owing to extreme chin and jaw deformities in 1965. Brnemark installed four titanium fixtures into the patient's mandible and used the fixtures as the base for a fixed set of prosthetic teeth several months apart. The dental implants lasted more than 40 years, until the patient passed away.

A subperiosteal shape, blade form, ramus frame, and endosseous form are the four primary forms of dental implant prototypes that have been developed and used in clinical dentistry.

The creation of the perfect implant has been a major research topic in the field of dental implantology for more than 40 years, ever since modern dental implants were launched more than 40 years ago, thus transforming the discipline of implant dentistry. Dental implant technology has advanced significantly in recent years as a result of testing, supplying patients with unrivalled degrees of efficacy, comfort, and affordability. Several specification criteria have been determined, and several prototypes have been put to the test. While biomaterials, biomechanical behavior, implant structure, patient medical condition, and bone quality have been identified as design and implantation criteria, it is still important to assess and recognize the correlation of those variables in the long-term performance of the dental implant.

As a result, more research into improved dental implant products, design criteria, surface treatment methods, and measurement techniques is needed to enhance the results.

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