

Editorial

DENTAL IMPLANTS – FUTURE !!!

The main theme of oral implantology is occlusal rehabilitation to restore form and function. We should call the final product a prosthesis, whether it is removable or not. As described, a prosthesis is defined a substitute for a functioning of an organ. At its best, a patient should be able to forget that they are using a prosthesis and its existence should in itself be satisfying to them. If we can fulfill all these criteria, we have given the patient a most precious gift to replace the thing which has lost, a gift which is one of the most important they will ever receive.

The field of oral implantology increased rapidly in the present decades. This is explained not only by the increasing level of oral surgeons knowledge and skills, but also by the various national social security systems of various countries.

Today, these systems are less effective as a result of economic depression. This has forced the development of reasonable, simplified and rational dental implant as present now in various implant systems. It is possible to describe oral implantology as controlled risk-taking, based on skilled surgery in the jaws, modern titanium fabrication and precision dental laboratory manufacturing. This involves three

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obligatory conditions for the oral implantologist:

1. A perfect knowledge of anatomy
2. The ability of the surgeon to handle tissues very gently such as the mucous membrane, muscles, nerves, bones, veins, extra oral tissues, and even sinus with sinus lifting procedures.
3. The ability to assemble prefabricated titanium parts and hand-made dental laboratory products. If any of these claims are not fulfilled, the risk-taking is no longer controlled.

It is not a waste of time to consider applied implantological anatomy, because a small misalignment of an implant may result in tremendous technical problems between the bone surface and occlusion becoming apparent. It is impossible to overstate the importance of the advice of experienced implantologists and the enormous knowledge which is available in other implantological journals. It may be that surgeons are born, i.e. surgical capability is mainly inherent, not the result of academic education. If the oral implantologist has “good hands with good skills ” the bone tissue also “feels good”.

Cite: Ahmed halim A. Dental implants – future, Journal of head & neck physicians and surgeons, 2013;1(1):4