

# Cementing Implant Reconstructions – quickly and reliably



Field report with a new means of fixing implant-borne superstructures

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## implantlink® *semi*

The fixture of crowns and bridge constructions on implants never ceases to raise questions. The most common one is, whether or not it is possible to remove a superstructure with absolute masticatory stability without damage.

This option is possible for the first time with the new implantlink® semi implant cement from DETAX.

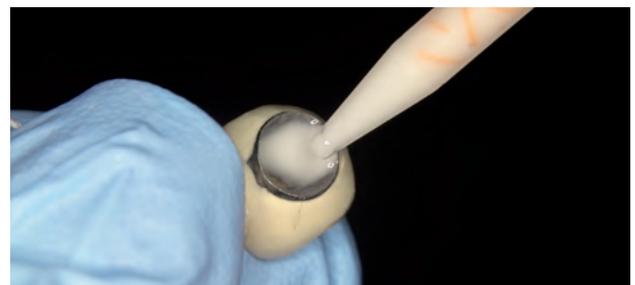
Clear advantages of this option include:

- Correctable occlusion in veneers
- Retrospective tooth colour corrections are possible
- Repairs for spalling of ceramic
- Extraoral cleaning in case of problematic oral hygiene
- Peri-implantitis can be treated consistently
- Ideal for gingiva and papilla forming techniques

The only drawbacks compared with cementing with zinc phosphate cement or composite cement are really only conceivable given poor retention of the superstructure. Experience shows that traditional cementing is also unable to offer unlimited service life.

The low viscosity cement can be quickly applied and distributed with the tip of the Duomix mixing can-

nula. The cement does not drip and sets slowly enough that, given a dry working field, the practitioner can insert several crowns in a jaw without assistance, which leads to considerable personnel savings.



The very good flow and cross-linking properties of implantlink® semi

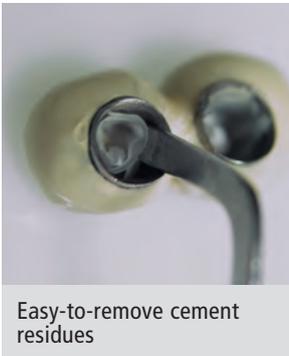
In the case of translucent framework materials, such as zirconia or lithium disilicate ceramic (Empress/e.max), the dual component cement can be fixed with the polymerization lamp.

implantlink® semi does not split or break, but remains slightly elastic after setting, which allows easy removal of excess, as can be seen in the first photograph.



The semi-transparent coloration facilitates easy identification of excess without influencing the colour rendition of the reconstruction.

If the reconstruction has been removed for inspection or for other purposes, the cement residues can be extracted almost in whole pieces. After brief disinfection, the reconstruction can be fixed again immediately with the minimum of effort. Until long-term experience has been gathered with this fixation method, I recommend checking that the superstructure is secure at regular intervals. Should there be any doubt whether there is still a complete seal, the construction can be re-fitted extremely quickly, which would also even be lucrative given the appropriate billing.



Easy-to-remove cement residues

implantlink® semi can be used provisionally with metal and zirconia frameworks with at least 0.8 mm wall thickness on the margins. A solid marginal construction should also be available for lithium disilicate frameworks. The combined use of implantlink® semi on implant and natural abutment teeth is currently undergoing clinical investigation, but should generally be no problem as far as compatibility is concerned. Being able to properly remove dental plaque on bridge abutment teeth every few years would also represent considerable progress.

Just how bacterially sealed the cement is, can be seen from the internal mucosa in the picture on the right, which began to bond to the edge of the removed zirconia crown within the first four months of wearing. The small vessels opened up on removal show this clearly.



The small bonded vessels of the internal mucosa indicate a bacterially sealed film of cement after 4 months.

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