

# "A step forward for the zygomatic approach"

Reduced treatment times and costs increase treatment acceptance.

Working and living in Alicante, Spain, Dr. Rubén Davó is a trailblazer in the field of zygomatic implant treatment. Here, he tells *Nobel Biocare News* about the evolution of this advanced approach, its advantages and his experiences with the new NobelZygoma implant.

By Michael Stuart

For Dr. Rubén Davó, routine patient care encompasses dento-facial deformities, guided surgery, and the rehabilitation of patients with atrophied bones and quality-of-life issues. He is a member of the faculty at the Barcelona University Hospital, lectures worldwide, and provides international educational courses and programs at *Instituto Davó*.

**Michael Stuart:** Dr. Davó, you have been involved with zygomatic implant surgery from the very beginning. How did this approach first develop?

**Dr. Rubén Davó:** I started implementing a zygomatic approach back in 1999, working together with Professors P-I Brånemark and Chantal Malevez. At that time, we didn't have a predictable solution for the severely atrophic maxilla, and we were confident zygomatic implants could be the answer. The results we saw were outstanding from the start.

Five years later I began combining zygomatic implant placement with Immediate Function. This was actually the focus of my PhD dissertation, which was one of the first publications in the world on Immediate Function with zygomatic implants. A couple of years later, we started with the quad zygoma concept using four zygomatic implants, this time utilizing Immediate Function from the beginning.

**Stuart:** What are the main patient benefits associated with zygomatic implant treatment?

**Davó:** For the patient, the benefits are enormous. Previously, for patients with severe maxillary resorption, grafting was unavoidable. The zygomatic approach, which rarely includes grafting, can reduce treatment times and costs, which in turn can increase treatment acceptance. After zygomatic treatment the improvement in quality of life is dramatic.



**Dr. Rubén Davó's PhD dissertation** was entitled, "Immediate function in atrophic maxilla using zygomatic implants." Since then he has become a internationally renowned expert on the subject.

Before the treatment, these patients are orally handicapped, which can lead to a lot of psychological, social and functional problems. In my experience, after the treatment, quality of life can return to normal. It's remarkable.

**Stuart:** Nobel Biocare is building on 25 years of success in zygomatic implants with the introduction of the NobelZygoma implants. What have your experiences been with these new options?

**Davó:** I have already performed many cases with the NobelZygoma implant and completed them with a high success rate. I think it is a very good implant as it offers more opportunities to adapt the position of the zygomatic implant to the different anatomies we see in our daily practice, and thus to the needs of the patient.

With the surface of the implant, I now have threads just where I need them. I have been finding that it is beneficial to have parts of the implant surface that are unthreaded. I also feel that you have a little more stability with the new tapered apex.

In a study my team and I presented as a poster at the 2016 EAO Congress in Paris, we followed thirteen patients who were each treated using NobelZygoma implants. Some patients required just one zygomatic implant, others up to four. In total, we assessed the clinical outcome of 33 NobelZygoma implants and the patients were followed for at least six months. During this observation period, we saw a 100% success rate,

with no implants failing and all provisional prostheses remaining stable.

Overall, I think the new NobelZygoma implants are a step forward for the zygomatic approach, offering opportunities to place the implants in different positions, and, in my opinion, to help ensure primary stability.

**Stuart:** For a clinician who is looking to begin with zygomatic implant placement, what is the best way to start with this advanced procedure?

**Davó:** It is very important to attend specialized courses. Nobel Biocare offers many such courses, I run a cadaver course with Professor Chantal Malevez, for example, but there are many more. Attending a good course is essential, even for very experienced maxillofacial surgeons.

There are many very important details to consider in order to ensure a successful outcome. You have to respect the protocol and adhere to it strictly—especially at the beginning. If you follow the protocol and use high-quality implants like NobelZygoma, you will be on course for delivering a successful treatment. <

→ More to explore!

Davó R, Syed H, Vicente G V, Pons O. Clinical outcome of 33 immediately loaded NobelZygoma 45° (new design). (2016), Implant Therapy Outcomes, Surgical Aspects. Clin. Oral Impl. Res., 27: 256. doi:10.1111/clr.254\_12958.

## In Brief

### Have a story to share?

The lives of millions of patients around the world have been changed for the better as the result of the routinely successful osseointegrated implant therapy first made possible more than fifty years ago by Professor Per-Ingvar Brånemark and his team in Sweden. These patients' individual stories about increased quality of life and improved self-confidence—often shared by word of mouth between friends, family and acquaintances—make it abundantly clear why implant-based restorative dentistry has found such widespread acceptance.

The patients have spoken. Now it's your turn to convey what osseointegration has meant for your profession. The editors of *Nobel Biocare News* would like to hear from you. Let us know how solutions from Nobel Biocare have revolutionized your practice so we can spread the good news!

→ [news.editors@nobelbiocare.com](mailto:news.editors@nobelbiocare.com)

### Peri-implantitis overdiagnosed?

As Professor Tomas Albrektsson pointed out in the most recent issue of *Nobel Biocare News*, bone remodelling and bone loss occur for very different reasons. In a new *Scottish Dental Magazine* article (that provides one hour of Continuing Professional Development credit), three other authorities on the subject have weighed in on the topic.

Dr. Pierluigi Coli, Dr. Kevin Lochhead and Professor Lars Sennerby point to a clear risk of overdiagnosis of disease (i.e., peri-implantitis) when using traditional periodontal diagnostic techniques in conjunction with dental implants. They suggest that "using periodontal indices to monitor dental implant health may not only be unnecessary but in many circumstances may result in patients receiving treatment that they don't need."

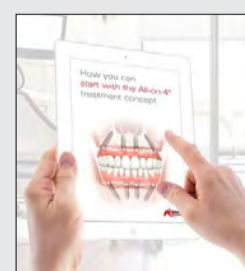
The authors clearly demonstrate that, from a morphological point of view, the tooth and the implant represent two different entities, which cannot be directly compared. The former is the result of millions of years of evolution and is built-up by highly differentiated and specialized tissues. The latter is osseointegrated into the bone as the result of a foreign body reaction, which results in soft and bone tissue interfaces consisting of lowly differentiated scar tissues. Read more and take the CPD-accredited quiz in the Nov/Dec issue of the *Scottish Dental Magazine*.

→ [www.sdmag.co.uk/issue-pdfs/](http://www.sdmag.co.uk/issue-pdfs/)

### Download your free e-book today!

Would you like to feature the All-on-4® treatment concept as an appealing alternative for your patients? Nobel Biocare is now offering an e-book that will help you get started!

This e-book will help you to identify eligible patients and provide you with treatment planning strategies too. It also covers common challenges—



and how to avoid them—and includes tips and techniques from experts illustrated by real-life clinical cases.

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implants, this well-proven concept provides Immediate Function via a fixed provisional bridge. Start with this e-book, then follow-up with an online course! (See pages 8-9.) To order directly:

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