one of the 91 examined fixtures can provide quite value obtained with two measurements for each of periapical radiographs. However, the mean data is less precise than that obtained with the use of orthopantomograph and CT scans (for veneer) This period, although rather short, is the most related to the well known difference in bone quality than the maxilla, and this fact is probably the reason why several reports are available regarding implant immediate loading in different jawbones. It must be considered that the use of FFB is not considered an option for immediate loading. In general, length, diameter and surface are similar between removable dentures and fixed restorations. In addition, because in some groups there was number of fixtures, no conclusion can be reached. A peak Scale Loupe with a magnifying glass was used to evaluate the bone level. A peak Scale Loupe with a magnifying glass was used to evaluate the bone level. This level was marked on the crest level. Sutures were removed 14 days after the operation. Delta IAJ medians were about 0.8. All patients were included in a strict hygiene recall program.

RESULTS

Disease-specific survival curves were calculated right after the operation. Delta IAJ medians were about 0.8. All patients were included in a strict hygiene recall program. Disease-specific survival curves were calculated right after the operation. Delta IAJ medians were about 0.8. All patients were included in a strict hygiene recall program.

DISCUSSION

Delta IAJ (i.e. reduced crestal bone loss) and thus less crestal exposure, contributes to a more favorable outcome. It is well known that the mandible is a suitable area in which to insert implants. In general, length, diameter and surface are similar between removable dentures and fixed restorations. In addition, because in some groups there was number of fixtures, no conclusion can be reached.

Hygiene recall program.

Hygiene recall program.

MATERIAL AND METHODS

The Kaplan Meier algorithm and Cox regression analysis were used. The Kaplan Meier algorithm and Cox regression analysis were used. The Kaplan Meier algorithm and Cox regression analysis were used.

Table 1 describes the distribution of patients according to sex and age. Table 1 describes the distribution of patients according to sex and age. Table 1 describes the distribution of patients according to sex and age.

Table 2 describes the distribution of implants according to the surface treatment. Table 2 describes the distribution of implants according to the surface treatment. Table 2 describes the distribution of implants according to the surface treatment.

Table 3 describes the distribution of implants according to the type of implant and group. Table 3 describes the distribution of implants according to the type of implant and group. Table 3 describes the distribution of implants according to the type of implant and group.

The Kaplan Meier algorithm and Cox regression analysis were used to compare survival curves, related factors, marginal bone loss (MBL) was measured immediately after the surgical procedure and at the follow-up of 1 year. Delta IAJ by evaluating delta implant level recorded immediately after the surgical procedure and at the follow-up of 1 year. Delta IAJ by evaluating delta implant level recorded immediately after the surgical procedure and at the follow-up of 1 year. Delta IAJ by evaluating delta implant level recorded immediately after the surgical procedure and at the follow-up of 1 year. Delta IAJ by evaluating delta implant level recorded immediately after the surgical procedure and at the follow-up of 1 year. Delta IAJ by evaluating delta implant level recorded immediately after the surgical procedure and at the follow-up of 1 year. Delta IAJ by evaluating delta implant level recorded immediately after the surgical procedure and at the follow-up of 1 year. Delta IAJ by evaluating delta implant level recorded immediately after the surgical procedure and at the follow-up of 1 year.