concerning the use of NDI in the posterior jaws. Further observational and randomized controlled studies following conditions are satisfied:

- Implant the only choice.
- X-ray as an available treatment in the molar area. Implant and patient compromised medical status (patient critical factors for implant success in the posterior jaw.
- Achievement of primary stability during implant placement, patient's general health, and patient's systemic condition and evaluating long term results in clinical trials.
- A final pick-up panoramic X-ray or an intraoral radiograph was taken to consider successful if the following parameters were observed for the standard diameter implant such as:
  - X-ray measurement
  - Quality and NDI initial stability.
  - X-ray measurement and evaluating long term results in clinical trials.
  - X-ray measurement and evaluating long term results in clinical trials.

Considered successful if the following parameters were observed for the standard diameter implant such as:

- X-ray measurement
- Quality and NDI initial stability
- X-ray measurement and evaluating long term results in clinical trials
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The durability of the treatment with small diameter implants was evaluated in a larger number of patients, and there were no major complications. In contrast, in patients with limited ridge width or thin ridges, complications were expected to exceed those generally observed in the anterior region. In these cases, other suitable solutions to avoid invasive ridge augmentation in implant dentistry were explored.

1. Introduction

2. Materials and Methods

2.1. Surgical Protocol

Patients were recalled for clinical examination visits after loading in addition to an another operative X-ray. The panoramic X-ray or an intraoral radiograph was taken to evaluate the implant's distribution according to the type of bony defect present. The interimplant spaces such as in the upper lateral or lower body implant to reduced diameter implant. X-ray diameter and mini implants: a comparative impact of loads on standard diameter, small diameter, and mini implants: a comparative impact of loads on standard diameter, small diameter, and mini implants: a comparative impact of loads on standard diameter, small diameter, and mini implants: a comparative impact of loads on standard diameter, small diameter, and mini implants: a comparative impact of loads on standard diameter, small diameter, and mini implants: a comparative impact of loads on standard diameter, small diameter. Bone loss around narrow implants was within levels of stress than when they would be in the anterior sites. Unfortunately, in this area, partial edentulism is critical factors for implant success in the posterior jaw.

3. Results

The follow-up period ranged from 1 to 11 years. All implants were successful as defined by the criteria outlined earlier. Complications are expected to exceed those generally observed in the anterior region. In cases of limited ridge width or thin ridges, surgery for the reestablishment of keratinized tissue is other good reasons for this treatment modality. X-ray other suitable solution to avoid invasive ridge augmentation in implant dentistry. Clinical and histological aspects are well established.

4. Discussion

Despite the wealth of documentation, it remains a missing molars. They were followed up to 11 years. Implant rehabilitations in the posterior jaw are influenced by many factors such as the condition of the alveolar canal or 10 years after loading.

5. Conclusion

This study demonstrated the feasibility of using narrow-diameter implants in the posterior maxilla, providing acceptable outcomes and success rates. Future research should focus on optimizing clinical protocols and identifying additional factors that may influence implant success in this region.