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ANALYSIS OF COMPLICATIONS ARISING DURING PROSTHETICS WITH FIXED CONSTRUCTIONS OF DENTAL PROSTHESES ON TWO-STAGE OSSEOINTEGRATED SCREW IMPLANTS, THEIR ELIMINATION, AND PREVENTION

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Two-stage osseointegrated screw implants are widely used in modern prosthetics due to their high success rates and stability. However, complications during the prosthetic phase can compromise the outcome and patient satisfaction. This thesis analyzes the common complications encountered during prosthetics with fixed dental prostheses on two-stage screw implants, their causes, methods of elimination, and strategies for prevention.

1. Common Complications During Prosthetics:

- o **Mechanical Complications:** These include screw loosening, fractures of implant components (abutment, screws), and issues with prosthetic fit. Inaccurate alignment or excessive occlusal forces can contribute to these problems.

- o **Biological Complications:** Peri-implant soft tissue inflammation (peri-implant mucositis) and bone loss (peri-implantitis) are significant biological issues that may arise due to improper prosthetic design, bacterial colonization, or poor oral hygiene.

- o **Aesthetic Complications:** Gingival recession, color mismatch, or improper positioning of the prosthetic crown can affect aesthetics, especially in the anterior region.

2. Causes of Complications:

- o **Prosthetic Misfit:** Poor alignment of prosthetic components or inaccuracies in impression-taking can lead to improper fit, resulting in mechanical stress on the implant and surrounding tissues.

- o **Excessive Occlusal Loading:** Overloading the implants due to poorly distributed bite forces or bruxism can cause mechanical failures and peri-implant bone loss.

- o **Poor Soft Tissue Management:** Inadequate management of peri-implant soft tissues during the surgical or prosthetic phase can lead to gingival inflammation and mucosal recession.

3. Methods of Elimination:

- o **Mechanical Adjustments:** Tightening or replacing loose screws, ensuring proper torque, and adjusting prosthetic fit through occlusal equilibration can resolve mechanical issues.

- o **Biological Treatment:** Early diagnosis and treatment of peri-implant inflammation with professional cleaning, antimicrobial therapy, and in severe cases, surgical intervention are crucial for preventing further bone loss.

o **Aesthetic Corrections:** Soft tissue grafts, proper positioning of prosthetic components, and accurate color matching can improve aesthetic outcomes.

4. Prevention Strategies:

o **Accurate Treatment Planning:** Using digital tools such as CAD/CAM, intraoral scanners, and guided surgery ensures precise implant placement and optimal prosthetic fit, reducing mechanical complications.

o **Occlusal Management:** Implementing occlusal guards for patients with bruxism and adjusting bite forces during prosthetic placement can minimize excessive loading.

o **Soft Tissue Care:** Regular monitoring of peri-implant tissues, coupled with good patient education on oral hygiene, helps prevent biological complications such as peri-implantitis.

Conclusion:

Complications during prosthetics with fixed constructions on two-stage osseointegrated screw implants can be categorized into mechanical, biological, and aesthetic issues. Accurate treatment planning, proper occlusal management, and meticulous soft tissue care are essential in preventing these complications. Early detection and intervention are key to eliminating issues and ensuring the long-term success of implant-supported prosthetics.

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ОРТОПЕДИЧЕСКИЕ АСПЕКТЫ ПРОТЕЗИРОВАНИЯ ПАЦИЕНТОВ С ОПОРОЙ НА ИМПЛАНТАТЫ ПРИ ПОЛНОЙ ВТОРИЧНОЙ АДЕНТИИ

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Аннотация. Выбор конструкции протеза с опорой на имплантаты предусматривает следование

биомеханическим принципам, которые действуют в системе супраструктура-имплантат-кость.

В работе представлены пути практического решения данной клинической задачи, включая комплексное клиническое обследование.

При полной вторичной адентии комплексная оценка клинического состояния полости рта с учетом индивидуальных особенностей, а также возможности развития локальных и системных реакций организма пациента позволяет выбрать оптимальный вид лечения. В случае выполнения протезирования с опорой на имплантаты, технические особенности установки имплантатов, а также качество и нюансы пространственного размещения установленных зубных протезов имеют определяющее значение для комфортного, длительного ношения протезов и срока службы абатментов, принимающих на себя жевательные и окклюзионные нагрузки [14]. Современное принципиальное положение протезирования с опорой на имплантаты заключается в соблюдении условий ранней этапно-прогрессирующей(нарастающей) нагрузки на имплантаты от съёмного протеза [14]. Таким образом, уже в первые недели после имплантации жевательная нагрузка способствует развитию структурно-функционального ремоделированияпараимплантатной кости без необходимости открытия имплантатов.