

Implant or fixed partial denture?

We have all been faced with the following situation: A patient presents with a missing first molar and seeks advice on the most appropriate therapy. The vast majority of dental professionals would agree that the tooth should be replaced, but they debate which replacement is best. Presently there are five replacement options: (1) no replacement, (2) a removable partial denture (RPD), (3) an autogenous tooth transplantation, (4) a fixed partial denture (FPD), or (5) a dental implant. Many would argue that the last two options are preferable to the rest, but a lively debate often ensues. Certainly there are clear indications for both FPDs and implants. For example, consider an older patient whose contiguous teeth have caries lesions but the potential abutments are sound periodontally—most practitioners would argue for an FPD. In younger patients with periodontally compromised abutments that do not need restoration, many of our colleagues would place an implant. But what about the patients who fall between these two extremes?

What is the optimal choice for a 40-year-old patient who has lost a first molar? For the purposes of debate, we will assume that the patient is in good health, is capable of giving informed consent, and has no strong prejudices against any of the possible treatment options. Let's further assume that conditions would allow the use of either approach and that the patient's third molars have been removed.

If this patient were in my family, I would place an implant. Why? Because it has been my experience that an implant will last longer and serve better, on average, than an FPD. In addition, if the replacement is lost, the defect created will be associated with less morbidity and tooth loss than

the loss of a tooth-supported FPD. I also believe that evidence is growing in the literature that supports this view. Now please understand my biases—I place implants for a living and I belong to international implant societies, which occasionally pay me an honorarium for lecturing on the topic. Having said that, I still believe that an implant is the best choice and offer the following literature to support my argument: Scurria et al¹ looked at tooth-supported FPDs, while Lindhe et al² discussed implant-supported restorations. At 6 years, the data from the two studies showed that implants were more successful. The longer-term data available on tooth-supported FPDs showed that the failure rates for these restorations accelerated at 10 and 15 years, affecting almost one third of the FPDs placed.

At this point, I think a healthy debate on the topic will ultimately benefit patients. To facilitate an exchange of information, I invite you to express your views on this topic in any form you consider appropriate, from e-mail messages to articles. It is my intention to use QI to promote this discussion.

Let the debate begin.



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References

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2. Lindh T, Gunne J, Tillberg A, Molin M. A meta-analysis in partial edentulism. *Clin Oral Implants Res* 1998;9:80-90.