

ConicalFITTM Mini Review







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ConicalFit[™] **Design (CF)**

The year was 1864 when Stephen A Morse proposed the idea of a joining two uniformly tapered machine components in a "cone with cone" principle.⁽¹⁾ This concept has been employed in dental implant field as "Morse Taper Connection" and seeks to enhace the mechanical and biological performance of this devices. This internal connection was developed to offer a higher stability between the implant-abutment interface which may reduce the stress concentration in the abutment screw.⁽²⁾ Likewise, this interface displayed appropriate biomechanical behavior developed to induce lower stress values on the surrounding peri-implant bone.⁽³⁾ It is known that differences in the implantabutment interface may affect the potential risk of oral microorganisms colonization.⁽⁴⁾ In addition, it was stated that the fit of Morse taper connection decreases the size of microgap at the interface aiming a suitable biologic seal restricting bacterial leakage.^(5,6)





ConicalFIT[™] embodied not only the Morse taper interface but also the platform switching concept. This feature, where the abutment is narrower than the implant platform, is suggested to avoid peri-implant bone loss due to the biological width that can be established horizontally, since there is more horizontal space for the soft tissue attachment ⁽⁷⁾. A previous clinical study stated that gathering Morse taper connection and platform switching may enable to achieve balanced bone levels in a short to medium period ⁽⁸⁾. Also, this association seeks to develop a more adequate relationship between the implant and the abutment and healthier condition to surrounding biological structures ⁽⁹⁾.









ConicalFit

Since modifications on the abutment countour has an impact on improved higher soft tissues esthetics profile ^(10,11), another important feature of **Conical**FITTM is the emergence profile created by the abutment. The emergence profile was tailored to respect the biological principles of peri-implant tissue and designed to reach enhanced quality and quantity of soft tissues. A more natural-looking prosthetic rehabilitation may be achieved when the transitioning from a circumferential implant neck to a proper cervical anatomy is considered ⁽¹²⁾.





NUVO[™] implant system always come with a cover screw regardless of the loading protocol.





ConicalFIT[™]

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Implant Design

NUVO™ system has a double threated, apically tapered implant shape, developed to achieve proper insertion torques with faster insertion, which may provide a primary stability, resulting in more chances of success ^(7,13,14,15). Tapered implants have a design similar to tooth roots⁽¹⁶⁾, making it possible to be placed within two teeth. Also, conical implants support a proper implant placement due to the relation between the osteotomy and the implant shape (Figure 1).





Figure 1: Tapered and conical implant design and its osteotomy. Tapered implant design requires consequently conical drills and for **NUVO™** a straightforward surgical cassette was developed color coded for a friendly use, with a reduced number of drills (Figure 2 A-B).

The proper insertion torque could be related to the screw thread geometry, which may provide a larger contact area with the host tissue ⁽¹⁷⁾, aiming to improve load distribution. These threads are developed to enhance the dissipation of loads at the bone by converting the occlusal loads into more favorable compressive force at the bone interface ^(18,19,20).

Gathering the macro-geometry of **NUVO™** implants with the correct abutment of choice, seeking to restore function and aesthetic to the patient, in order to provide a suitable treatment.





Figure 2-B: Narrow (pink) and standard implant driver for handpiece – NUVO[™] ConicalFit[™].

Figure 2-A: Surgical Kit – NUVO™ ConicalFit™.







3D Surface

NUVO™ implants have a surface that combines sandblasting and acid etching as presented in Figure 3, which increases the roughness of the implant surface (21-23). The roughness extends the implant area which may provide great space for cell attachment and proliferation ⁽²⁴⁾. In addition, when a roughness implant is placed, there is a considerably initial increase in the adsorption of blood proteins on the implant surface ⁽²⁵⁻²⁷⁾. These enhance the chances of a positive contact osteogenesis.



Figure 3: NUVO™'s Sandblasted and Acid Etched Surface. A-Macro topography (600x). B- Micro topography (300x).



Finally, Sandblasted and Acid Etched surface seeks to promote a stable implant anchorage ⁽²³⁾ and which may reduce bone loss bone loss ⁽²²⁾. Meeting all these surface characteristics, a higher rate of bone to implant contact area and suitable properties of osseotegration are shown ^(21-24,28).

Gathering the Titanium G4 and the Sandblasted and Acid Etched surface used in **NUVO™**, these implants are a solid choice for implant material and surface treatment, seeking to achieve favorable results for the treatment.





1. Hernigou P, Queinnec S, Flouzat Lachaniette CH. One hundred and fifty years of history of the Morse taper: from Stephen A. Morse in 1864 to complications related to modularity in hip arthroplasty. Int Orthop. 2013 Oct;37(10):2081-8.

2. Pessoa RS, Muraru L, Júnior EM, et al. Influence of implant connection type on the biomechanical environment of immediately placed implants - CT-based nonlinear, three-dimensional finite element analysis. Clin Implant Dent Relat Res. 2010;12(3):219-234.

3. Macedo JP, Pereira J, Faria J, et al. Finite element analysis of stress extent at peri-implant bone surrounding external hexagon or Morse taper implants. J Mech Behav Biomed Mater. 2017;71:441-447.

4. Tesmer M, Wallet S, Koutouzis T, Lundgren T. Bacterial colonization of the dental implant fixture-abutment interface: an in vitro study. J Periodontol. 2009;80(12):1991-1997.

5. Mangano C, Mangano F, Piattelli A, Iezzi G, Mangano A, La Colla L. Prospective clinical evaluation of 1920 Morse taper connection implants: results after 4 years of functional loading. Clin Oral Implants Res. 2009;20(3):254-261.

6. Jansen VK, Conrads G, Richter EJ. Microbial leakage and marginal fit of the implant-abutment interface. Int J Oral Maxillofac Implants. 1997;12(4):527-540.

7. Lazzara RJ, Porter SS. Platform switching: a new concept in implant dentistry for controlling postrestorative crestal bone levels. Int J Periodontics Restorative Dent. 2006;26(1):9-17.

8. Ghensi P, Tonetto G, Soldini C, Bettio E, Mortellaro C, Soldini C. Dental Implants With a Platform-Switched Morse Taper Connection and an Osteo Growth Induction Surface. J Craniofac Surg. 2019;30(4):1049-1054.

9. Macedo JP, Pereira J, Vahey BR, Henriques B, Benfatti CAM, Magini RS, López-López J, Souza JCM. Morse taper dental implants and platform switching: The new paradigm in oral implantology. Eur J Dent. 2016 Jan-Mar;10(1):148-154.

10. Su H, Gonzalez-Martin O, Weisgold A, Lee E. Considerations of implant abutment and crown contour: critical contour and subcritical contour. Int J Periodontics Restorative Dent. 2010;30(4):335-343.

11. Schoenbaum TR. Abutment Emergence Profile and Its Effect on Peri-Implant Tissues. Compend Contin Educ Dent. 2015;36(7):474-479.

12. Weisgold AS, Arnoux JP, Lu J. Single-tooth anterior implant: a world of caution. Part I. J Esthet Dent. 1997;9(5):225-233.

13. Valente M.L.C. et al. Analysis of the influence of implant shape on primary stability using the correlation of multiple methods. Clin Oral Investigation. 2015;19(8):1861-6.

14. George A., Khalil A., Hassan N. et al. Comparison between cylinder and tapered implants in delayed immediate placement. Alexandria Dental Journal. 2015; 40: 221-228.



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15. Torroella-Saura G. et al. Effect of implant design in immediate loading. A randomized, controlled, split-mouth, prospective clinical trial. Clin. Oral Impl. Res. 2015; 26: 240–244.

16. Babbush C.A., Hahn J.A. Chapter 20-Extraction Immediate Implant Reconstruction: single tooth to full mouth. In:Dental Implant. The art and science. 2010. 2nd ed. P. 315

17. Javed F, Romanos G.E. The role of primary stability for successful immediate loading of dental implants. A literature review. J Dent. 2010; 38: 612-20.

18. Dos Santos M.V., Elias C.N., Cavalcanti Lima J.H. The effects of superficial roughness and design on the primary stability of dental implants. Clin Implant Dent Relat Res. 2011; 13: 215–223.

19. Chowdhary R. et al. Biomechanical evaluation of macro and micro designed screw-type implants: an insertion torque and removal torque study in rabbits. Clin Oral Implants Res. 2013; 24: 342–346.

20. Misch C.E., Strong T., Bidez M.W. Scientific rationale for dental implant design. In: Misch CE, ed. Contemporary Implant Dentisry. 2008; (3): 200-229.

21. Buser D. et al. Influence of surface characteristics on bone integration of titanium implants. A histomorphometry study in miniature pigs. J Biomed Mater Res. 1991; 25(7); 889-902.

22. Cochran et al. Bone response to unloaded and loaded titanium implants with a sandblasted and acid-etched surface: A histometric study in the canine mandible. J Biomed Mater Res. 1998; 40(1): 1-11.

23. Jemat A. et al. Surface modifications and their effects on titanium dental implants. Bio Med Research International. 2015; Article ID 791725.

24. Kim H. et al. The biocompatibility of SLA-treated titanium implants. Biomedical Materials. 2008; 3(2); 25011.

25. Moreo P., García-Aznar J.M., Doblaré M. Bone ingrowth on the surface of endosseous implants. Mathematical model. J Theor Biol. 2009; 260: 1-12.

26. Sela M.N. et al. Adsorption of human plasma proteins to modified titanium surfaces. Clin Oral Implants Res 2007; 18:630-8.

27. Terheyden H. et al. Osseointegration–communication of cells. Clin Oral Implants Res 2012; 23: 1127-35.

28. Xue W. et al. In vivo evaluation of plasma-sprayed titanium coating after alkali modification. Biomaterials. 2005; 26(16); 3029–3037







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