not support other therapeutic solutions. ***Correct answers: a, b.***

4. *The stages of performing the implant-supported restorations are?* ***a.*** *The psychological preparation stage of the patient with this idea;* ***b.*** *The stage of creating in advance of the future implant-supported restoration;* ***c.*** *Surgical stage;* ***d.*** *Creating the fixed prosthetic restoration.* ***Correct answers: c, d.***

5. *In the case of dental implants, the materials from which prosthetic abutment are made can be?* ***a.*** *Titanium and titanium alloys;* ***b.*** *Ni-Cr and Cr-Co alloys;* ***c.*** *Zirconia;* ***d.*** *Copper-based alloys from the bronze category.* ***Correct answers: a, c.***

6. *In the category of local contraindications for inserting dental implants, the following are included?* ***a.*** *Defective oral hygiene and the presence of inflammatory gingival outbreaks;* ***b.*** *Parafunctional activities;* ***c.*** *Patients with malignant tumors;* ***d.*** *Patients with failed implant-supported restorations in the background.* ***Correct answers: a, b, c.***

7. *In the category of general contraindications for inserting dental implants, the following are included?* **a.** *Osteoporosis;* ***b.*** *Insulin-dependent diabetes;* ***c.*** *Excessive smoking;* ***d.*** *Alcohol abuse;* ***e.*** *Stress.* ***Correct answers: a, b, c, d.***

8. *There are several factors that influence the osseointegration of the dental implant, these being?* ***a.*** *The biocompatibility of the material, the design and the surface of the implant;* ***b.*** *The health state of the organism;* ***c.*** *Surgical implant insertion technique;* ***d.*** *Final prosthetic loading.* ***Correct answers a, b, c, d.***

RESULTS AND DISCUSSION

Regarding the factors to be taken into account when performing a prosthetic restoration, most of the study participants 39 (representing 86.67%) answered correctly - variants a, b and c. Only 6 participants (representing 13.33%) excluded from the correct variants the answer related to the advantages, disadvantages and long-term prognosis (Fig. 2).

All the specialists included in the study answered correctly (variants a, b, c and d) to the question related to the selection criteria for choosing an implant-prosthetic rehabilitation solution.

The answers to the third question show us that the vast majority of the respondents (42 representing 93.33%) know very well the indications of implant-supported single tooth prosthetic restorations (variants a and b). Only 3 respondents mistakenly included among the answers the variant related to patients with severe heart disease (Fig. 3).

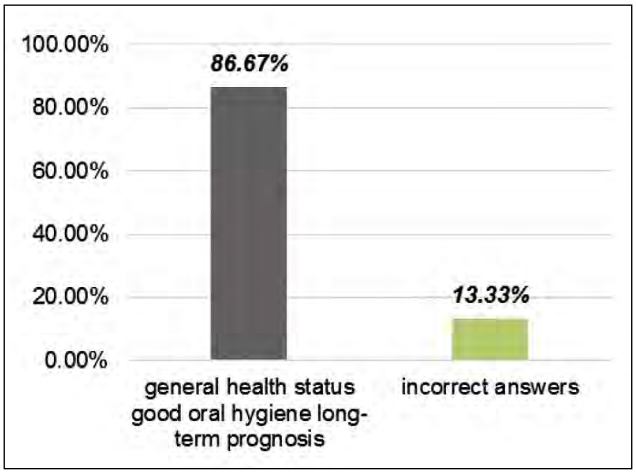

FIGURE 2. *Knowledge of the factors that matter in performing prosthetic restorations*

In relation to the stages of the implant-supported restorations, all the specialists included in the study have answered correctly, namely the surgical and the prosthetic stage.

About the prosthetic connection to dental implants, most of the subjects (32 representing 71.11%) answered correctly (titanium or zirconium

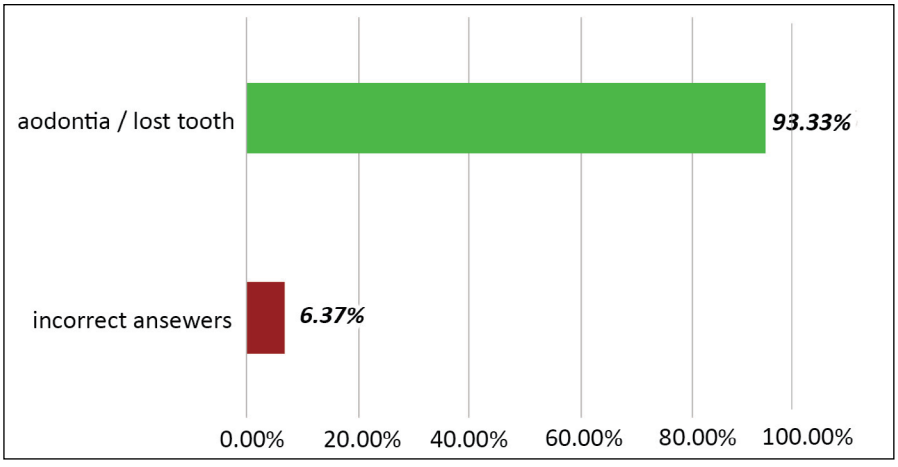

FIGURE 3. *Indications of implant-supported single tooth prosthetic restorations*

CONCLUSIONS

As a result of the answers to the 8 questions, we can conclude the following aspects, as follows:

Most of the dental practitioners participating in the study (over 80%) possess firm theoretical and practical knowledge regarding the implant-prosthetic rehabilitation of single tooth edentations. The exception is that situation in which almost 30% of the subjects made a regrettable confusion regarding the materials from which the implant prosthetic abutments are made, indicating besides titanium, titanium alloys, zirconium, and Ni-Cr and Cr-Co based alloys.

Osseointegration and maintenance of dental implants are also influenced by other factors, such as age, diet, medications, system disorders and oral disorders.

Implant-prosthetic oral rehabilitation can be a very good treatment solution for healthy patients who want to replace missing teeth and can undergo surgery.

When planning the insertion of a dental implant, at least 5 factors must be taken into account, which can be more difficult to influence later, in the prosthetic stage: the position of the dental implant; diameter of dental implant; the axis tilt angle of the dental implant; contour of peri-implant soft tissues; intragingival position of the shoulder of the dental implant.

In general, high success rates have been reported for the restoration of a single tooth, especially for the replacement of the anterior teeth. Regarding the replacement of the posterior teeth, this is more problematic, especially in the case of the molars, due to the size discrepancy between the implant and the tooth, and the high occlusal stress.

Both from our experience, of the authors, as well as studying the specialized literature, we can say with certainty that, the implant-prosthetic rehabilitation of single tooth edentations represents a safe treatment method, with few surgical complications and with minimal bone loss.

Implant-prosthetic rehabilitation of single tooth edentations is a valuable treatment option, with a fair cost-benefit ratio, especially in situations where the teeth neighboring the edentulous space are integral, and the patient is young and healthy.

In the case of anterior edentations, after the insertion of a dental implant, provisional prosthetic restorations can be used, which restore the physiognomy. Partial acrylic prostheses may be used which do not press on the area of the dental implant or maryland bridge that attach to the neighboring teeth, without requiring their preparation.

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none declared

none declared

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