

# Primary stability measurement of two types of conical self-tapping implants in an ex-vivo model

SCHIEGNTZ, E (\*)<sup>1</sup>; KÄMMERER, P<sup>1</sup>; PALARIE, V<sup>2</sup>; WAGNER, W<sup>1</sup>

<sup>1</sup>Department of Oral and Maxillofacial Surgery, University Medical Centre, Mainz, Germany  
<sup>2</sup>State University of Medicine and Pharmacy "N. Testemitanu", Chisinau, Moldova

## Objectives

Successful implant outcome is basically the result of primary implant stability following placement. Therefore, implant stability is the key to clinical success. Optimal implant stabilization is particularly important in bone of low density. Primary stability depends especially on the geometry of the implant. Aim of the study was to investigate the impact of geometrical modifications of a conical self-tapping Camlog® implant ("J" and "K" line; Fig 2) on primary stability ex-vivo.

## Material and Method

Two different types of Camlog implants ("J" and "K" line, Camlog, Basel, Switzerland) were inserted into fresh porcine bone. The implants (4.3 x 9mm; half "K", half "J") were placed into porcine cortical (n=18) and cancellous (n=18) bone (Fig 3). Damping capacity (Periotest, Modautal, Germany) and Implant Stability Quotient (ISQ, Osstel, Gothenburg, Sweden) were measured (Fig 4).

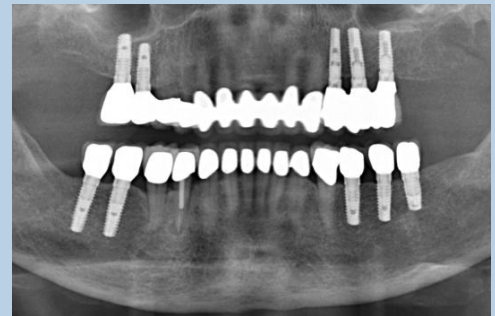


Fig 1: Patient with camlog implants



Fig 2: Camlog K-Line and J-Line implants

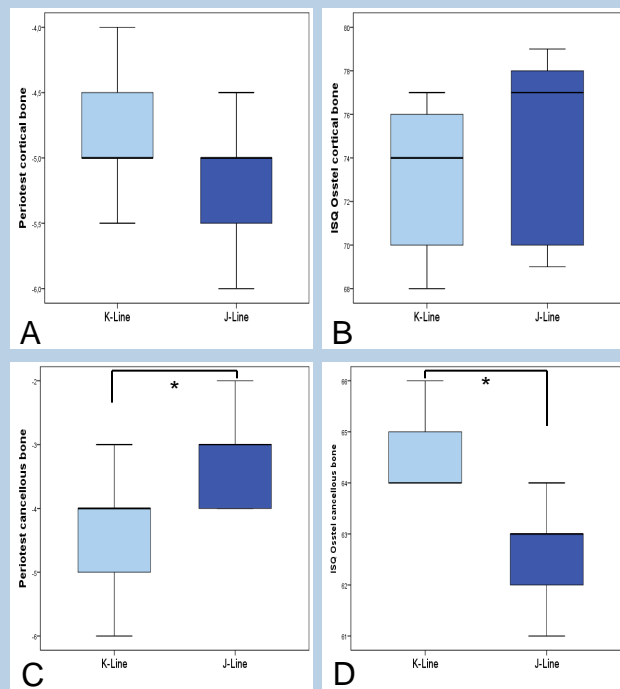


Fig 5A: Blogspots for mean Periotest values K-Line vs. J-Line in cortical bone (p=0.27; n=9), 5B: Blogspots for mean ISQ Osstel values K-Line vs. J-Line in cortical bone (p=0.36; n=9), Blogspots for mean Periotest values K-Line vs. J-Line in cancellous bone (p=0.02; n=9), 5D: Blogspots for mean ISQ Osstel values K-Line vs. J-Line in cancellous bone (p=0.001; n=9), \*p<0.05.



Fig 3: Implantation of Camlog K-Line implants into cortical bone

Fig 4: Measurement of ISQ with Osstel

## Results

In cortical bone a high primary stability without significant differences between the implant lines regarding the mean Periotest values (Fig 5A; p=0.27; n=9) and the mean ISQ values (Fig 5B; p=0.36; n=9) was seen. In cancellous bone, the "K" line showed minor though significant lower Periotest (Fig 5C; p=0.02; n=9) and significant higher ISQ values (Fig 5D; p=0.001; n=9).

## Conclusion

Due to the minor changes in the implant geometry, an increased primary stability of "K" line implants in cancellous bone seems to be possible.