**Initial Report of 42 Consecutive Cases of Immediate Mandibular Replacement**


**Introduction**
Traditionally, failing mandibular molars are extracted then allowed to heal before implant placement. Considerable loss of alveolus frequently accompanies this. Therapy is lengthy and multi-staged. We wanted to know if might be possible to speed the therapy and reduce the loss of alveolus by placing implants immediately following the extraction.

**Aim**
To see if immediate implant placement in mandibular molar extraction sites was feasible, to see if the implants osseo-integrated and to see the change in form of the alveolus in the region. Also, to measure the time for therapy compared with the conventional protocol. Patient and referring dentists responses to the therapy were also assessed.

**Materials and Methods**
Over the study period of two years, 48 consecutive cases presented or were referred for implant replacement of mandibular molars. Teeth were generally removed by sectioning the teeth and extracting the roots individually. Efforts were made to preserve the four walls of the socket and the regions were only flapped if a bone wall deficiency was encountered. Six teeth were found not to be suitable for immediate replacement because of the inability to stabilize an implant in the remaining bone volume, or because of the proximity to the mandibular nerve. These cases were treated with Socket Regeneration, and later implant placement.

**Results**
1. In all, 42 cases of extraction with immediate implant replacement, the implant osseo-integrated and was present at the three month final assessment stage. Most of these have now been restored.
2. From analysis of the master models taken at the time of restoration, it was obvious that retention in height and width of the alveolus was impressive.
3. Instead of four surgical exposures (Extraction, Socket Regeneration, Implant Placement, Implant Exposure) treatment was accomplished in a single surgical visit. Overall treatment costs were greatly reduced.
4. No difference in survival was found between the cases with “Loss of Supporting Bone” as opposed to those “With restorative issues”. However, in those cases with restorative issues the teeth were generally more difficult and time consuming to remove, even when using ultrasonic periromes. Teeth with endodontic therapy were a particular problem because they tended to have a much higher incidence of fracture.
5. Patient and referring dentist appreciation of the accelerated protocol was extremely gratifying.

**Discussion**
Molar failures can generally be grouped into two different types, one where the breakdown situation involved loss of supporting bone. These would include endodontic issues and periodontal breakdown. The other category would be those cases with restorative issues such as inadequate tooth structure to retain a crown, advanced root caries etc.

**Conclusions**
Aside from eliminating several surgical procedures, it was found that this immediate replacement protocol better preserved the alveolar supporting complex than the traditional two- or three-stage protocol (extraction, implant placement, implant uncovering). Both patients and referring dentists greatly appreciated the faster, less invasive, single-stage protocol.

All the implants survived so there is no need to differentiate cases with loss of supporting bone from those with restorative issues.