JUR Journal of Unwanted Results and Their Correction

НРЖ Журнал нежелательных результатов и их исправление

Vol. 19, JUR N° 1, May 2025
English Edition

Corrective Intervention Using Corticobasal® Implants, After Failure of an "All-On-4" Reconstruction

Ihde S., Sipic O., Ihde A., Zappa U.

Failure of Corticobasal® Implants: Discussion on Possible Failure Reasons

Evidence & Research Department of the International Implant Foundation IF®

ISSN 2751-3726 / e-ISSN 2751-3734

Published by IF Publishing, Germany
continued in 2024 as:
- **CMF Implant Directions (CMF, ID1)**
- **Journal of Unwanted Results (JUR, ID2)**
- **Experience-Based and Evidence-Oriented Corticobasal® Implantology (EECI, ID3)**

The Foundation of Knowledge

Journal of Unwanted Results (JUR)

Editorial Board

Annual Subscription
2.800 €

Contact
publishing@implantfoundation.org

XHP/JUR
ISSN 2751-3726
e-ISSN 2751-3734

Disclaimer

The Foundation of Knowledge

Corrective Intervention Using Corticobasal® Implants, After Failure of an “All-On-4” Reconstruction

Authors

Prof. Dr. Stefan Ihde [1, 2]
Prof. Dr. Olga Sipic [1]
Prof. Dr. Antonina Ihde [1]
Prof. Dr. Urs Zappa [2*]

[1] Jaipur Dental College, Department for Prosthetics, Maharaj, Vinayak Global University, Jaipur - 302 021, Rajasthan, India

[2] Private Practitioner at Simpladent® GmbH, 8737 Gommiswald, Switzerland, www.simpladent.ch

* Correspondence: prof.zappa@bluewin.ch

How to Cite This Article

Ihde S., Sipic O., Ihde A., Zappa U. Corrective Intervention Using Corticobasal® Implants, After Failure of an “All-On-4” Reconstruction. Journal of Unwanted Results and Their Correction (JUR), Vol. 19, No. 1, International Implant Foundation Publishing, 2025

Accepted 01.05.2025

Abstract

Background: The “All-on-4” has become widespread in the last 10 - 15 years. This technology allows a limited form of immediate functional loading. Due to the shortcomings of this technique, we see an amazing amount of failures for this technology on the market and in our clinics. This article shows how a typical failure case can be corrected and developed into a successful case by an expert for Corticobasal® implants.

Case Presentation: Four years after receiving an “All-on-4” reconstruction in the lower jaw, a 54-year-old healthy patient requested revision of the lower jaw treatment because the bridge had become mobile and recurrent pain and infections were noticed. The old implants and reconstruction were removed and cortically anchored Strategic Implant® were placed in both the upper and lower jaw. During the next 18 months, radiographic controls were performed and a self-reformation of the formerly lost bone became apparent.

Conclusion: Strategic Implant® and the technology of “Osseofixation” are suitable for repairing dental implant cases after conventional osseointegrated implants have failed.

Keywords: Strategic Implant®, corrective intervention, failure of conventional dental implants, immediate functional loading, cortical implantology.

Introduction

The “All-on-4” technology includes placement of four implants in the mandibular interforaminal area or in the area between the maxillary sinuses in the frontal upper jaw. The protocol of this technology includes tilted placement of conventional 2-stage implants, as well as immediate functional splinting of the implants with reduced functional loading. Typically, two bridges are necessary per jaw (!) in order to avoid off-axis forces during the first six months or longer.

The disadvantage of this technology is that the area that has to cope with 90% of the masticatory forces, i.e. the distal aspects of the bridges in both jaws, has no support by implants. This often leads to implant mobilities due to overloading. Hence, overloading of bone and of implant structures (abutments, screws) is one of the main causes of complications.

In this article, we report on the successful repair of a failed “All-on-4” case. The case was rescued and solved with the help of the technology of the Strategic Implant®.

Case Presentation

The male patient was 54 years old and non-smoker at the onset of our treatment. He did not have a medical history.

Clinical Findings: The patient came to the clinic with a mobile, implant-borne bridge in the lower jaw. He complained about recurrent infections with pus flowing out of the mandible. In the upper jaw, he had a few over-elongated front teeth left.

Diagnostic Assessment: The patient was sent (as per our routine) to take a new panoramic picture, a cephalometric picture and a PA x-ray of the skull. We did not ask for any documentation from the previous treatment providers, as it was clear that we had to remove all implants and the bridge in the lower jaw as well as all teeth in the upper jaw.

Therapeutic Intervention: In local anesthesia and light oral sedation, the bridge and all four implants were removed. Only one of the four implants had still been integrated in its apex area, all other implants were just taken out with the fingers. We inserted seven Strategic Implant® into the lower jaw and all implants achieved high stability.

Right after this, the teeth in the upper jaw were removed, the level of the bone in the upper jaw was adjusted, and treatment given with a total of twelve cortically anchored implants (BCS® and TPG® uno).

Follow-up and Outcomes: The healing went well and without complications. The patient's speaking function adjusted quickly to the strongly increased amount of fixed teeth in the oral cavity.

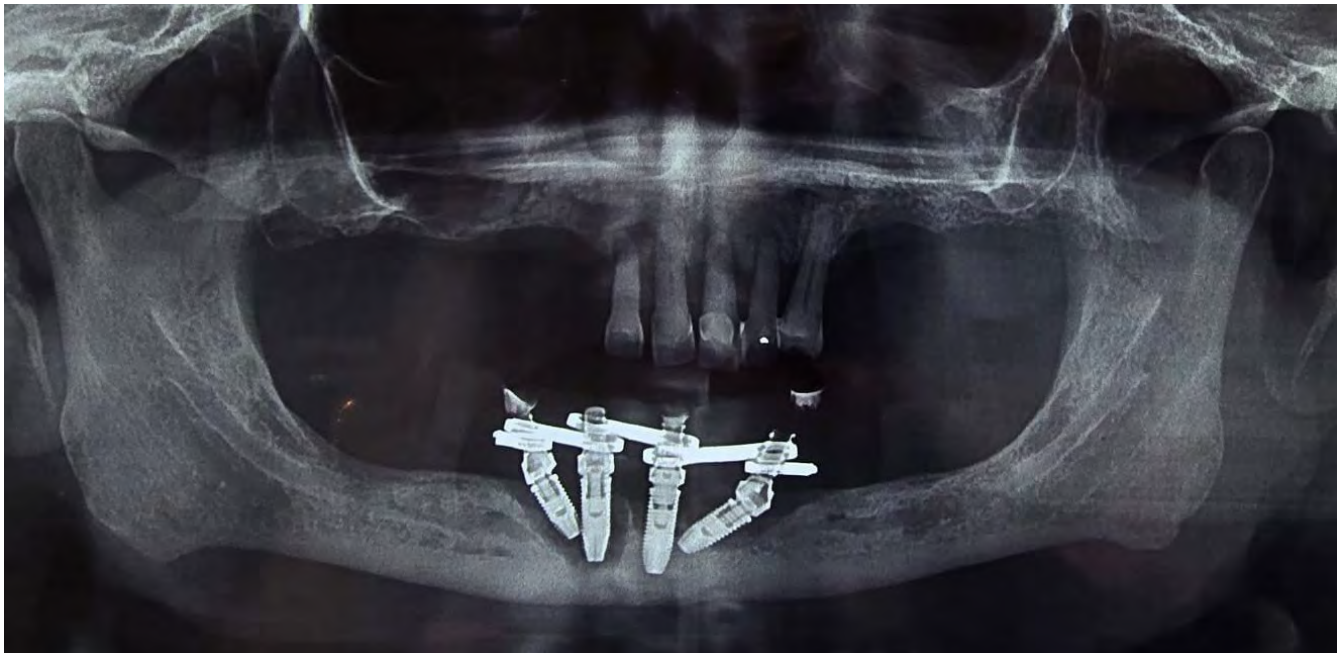

***Fig. 1a**: The pre-operative panoramic overview picture shows failing implants, placed according to the technology of "All-on-4", as well as a partly edentulous upper jaw with five teeth left in.*

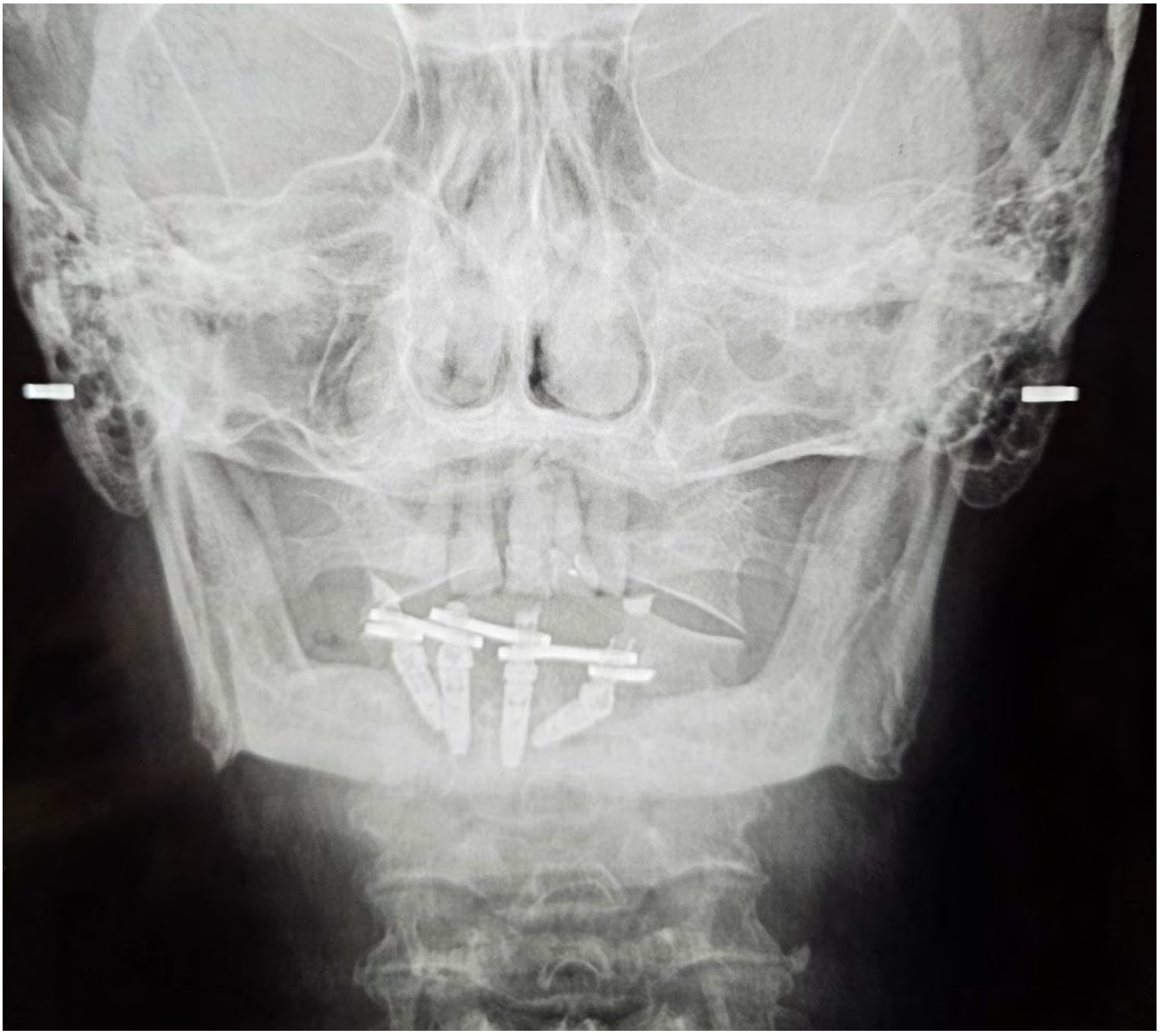

***Fig. 1b**: PA radiograph of the skull of our patient, showing massive bone loss and a reduced vertical dimension.*

***Fig. 2**: Clinical picture before the intervention, showing five upper front teeth with periodontal involvement and signs of chronic infection.*

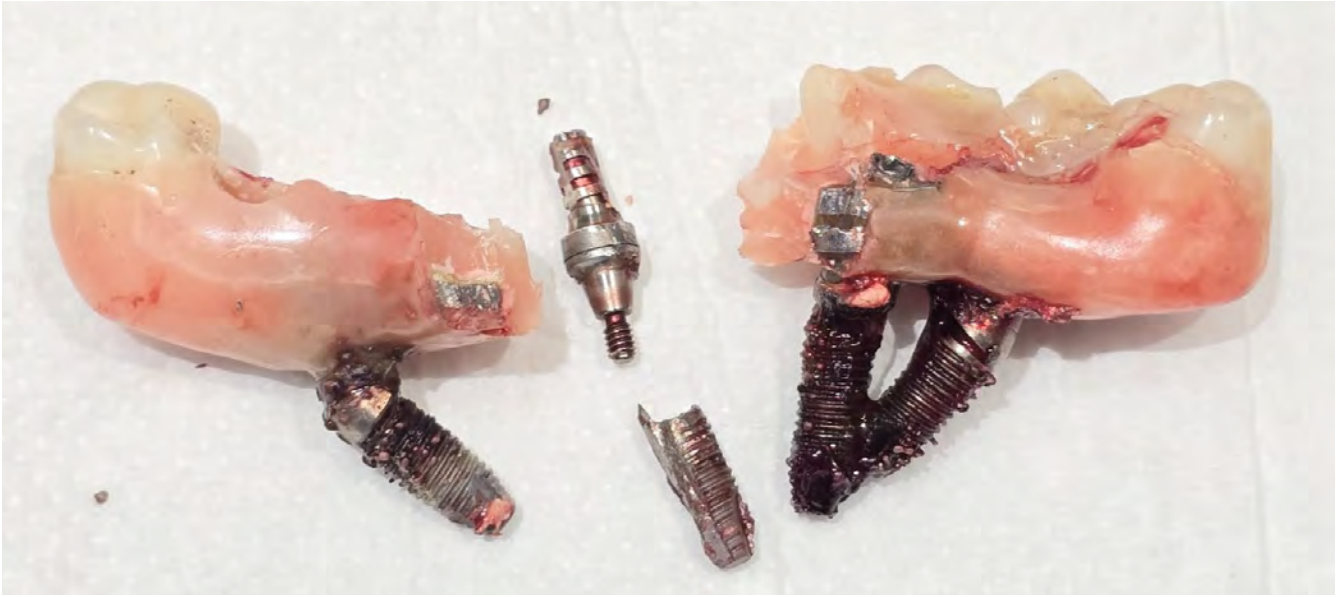

***Fig. 3**: All implants had been removed. The acrylic bridge was cut into two parts and removed.*

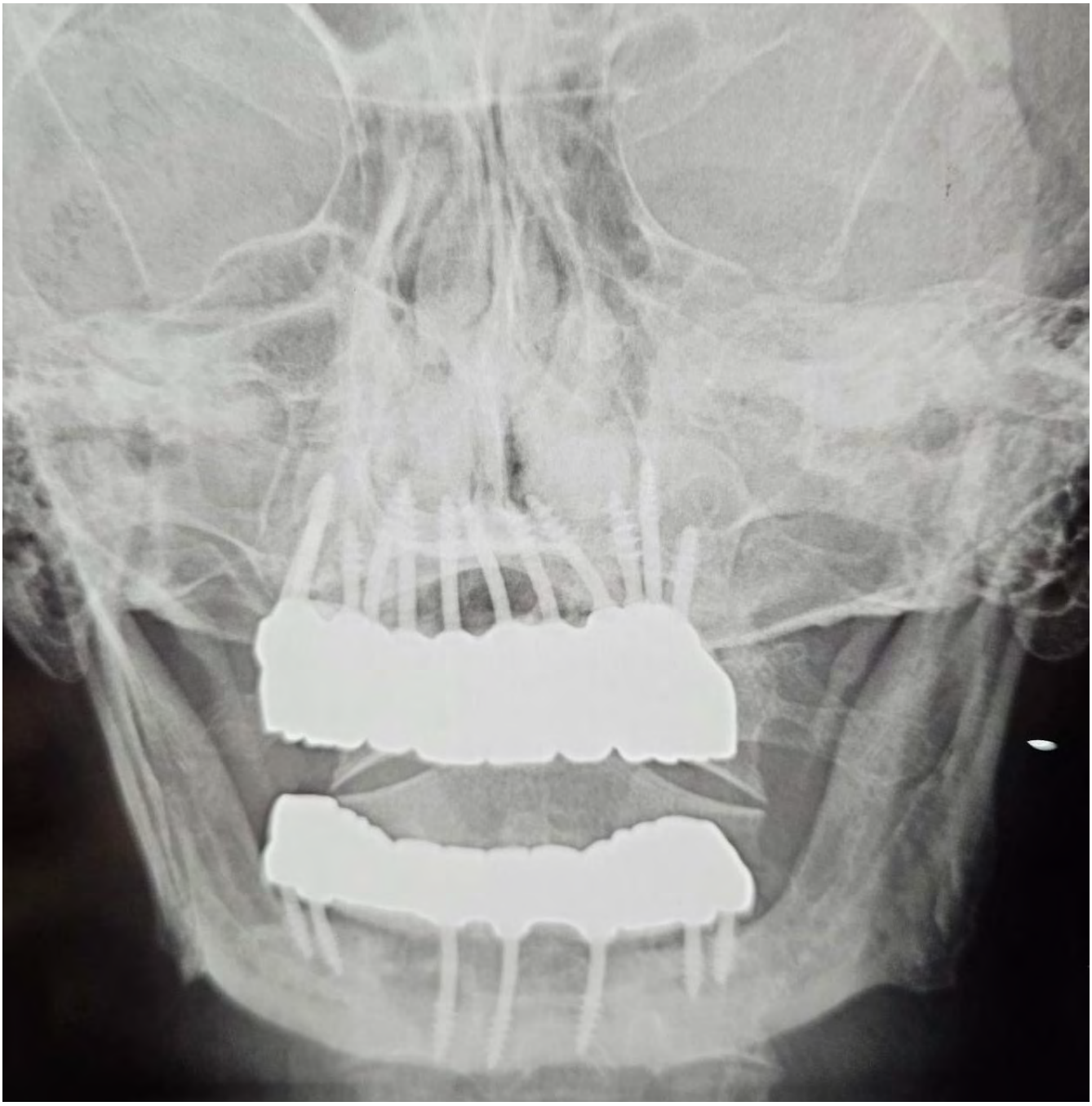

***Fig. 4**: Post-operative PA of the skull shows implant placement, prosthetic equipment of the two jaws, and the well-adjusted vertical dimension.*

***Fig. 5**: Clinical view three months post-operatively. The healing of the gums is uneventful. Contacts are balanced and the patients reports that he can eat everything without any pain.*

***Fig. 6**: Post-operative panoramic picture taken on day 3. Severe defects in the mandible are visible. Three implants in the lower front are anchored in the base of the mandible (2nd cortical); all distal implants are placed in IF Method 5a, in lingual cortical engagement.*

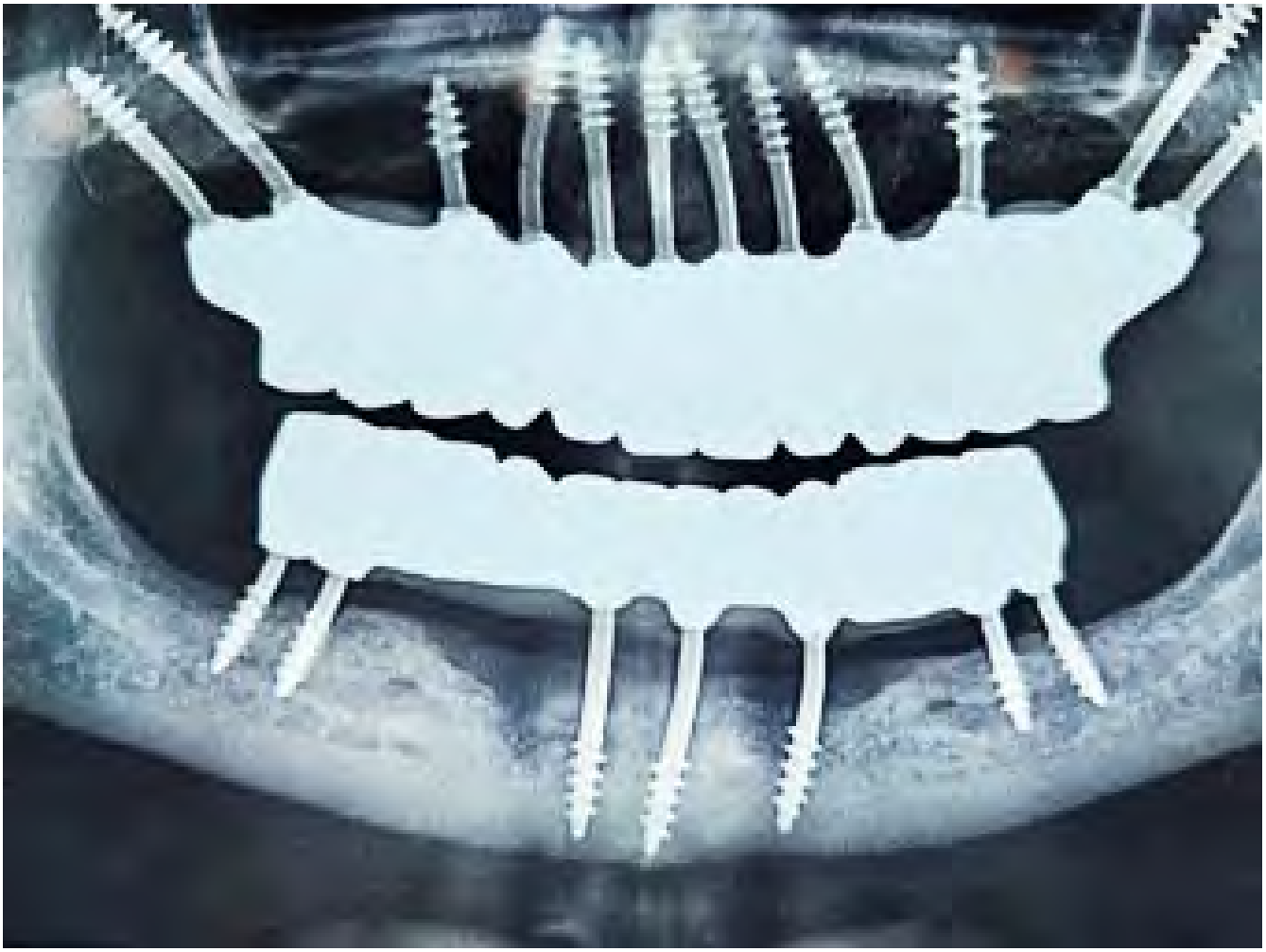

***Fig. 7**: Twelve months post-operatively, the bony defects in the lower jaw have started to self-fill with new bone. The apposition takes place in all areas of the former defect.*

Discussion

Interpreted Findings: This case is in line with current literature, which tells that periimplantitis (as well as technical failures of components) are the main reasons for failing conventional implants, especially if the technology “All-on-4” is used.

This case also shows how strong the desire of the jawbone is to reach an adequate level of the crest after the ailing 2-stage implants have been removed. The removal of these implants alone triggers massive new bone formation by itself.

Bone augmentation is not necessary, as the bone is self-healing after the unsuitable and failing implants have been removed.

Clinical Significance:

1. The Strategic Implant® is the device of the first choice when it comes to replacing failing 2-stage implants, because they utilize the available (reduced) amount of bone, they never require bone augmentation and they work in an immediate loading functional protocol.
2. Removal of the old implants and placement of the new implants are typically done in the same intervention. Right after, the dental lab will start working on the new prosthetic work pieces, which are then cemented onto the abutment heads within 72 hours after the surgical intervention.
3. While the bone level decreases along conventional 2-stage implants, it rises back up to earlier levels of the crest, as soon as the 2-stage implants are removed and replaced by the Strategic Implant®.

Conclusion

Even in cases of severe bone loss around conventional oral implants, a corrective intervention can be done in one single surgical intervention, using the Strategic Implant® technology.

Patient Perspective

Our patient came to our clinic from a distance of 2500 km away, just because he knew that we would be able to help him with the superior implant technology (“Implantology 2.0”) of the Strategic Implant®.

The patient came back well in time for the three-month control and then one year later. The bone and soft tissues appeared stable and clean. Some minor adjustments were done on the masticatory surfaces.

Informed Consent

This article is published with the consent of the patient, who wishes that more dental practitioners would consider to stop treating teeth in order to concentrate on a treatment technology that works without natural teeth and with any remaining amount of jawbone atrophy.

The authors claim that they have no conflict of interest.

References

Patzelt, B.M. (2014) The all-on-four treatment concept: a systematic review. Coin Implant Dent Relaxt Res, Dec

Malo, P., Araujo, M., Lopes, A., Molina, G. (2011) A longitudinal study of All-on-4 implants in the mandible with up to 10 years follow-up. Implants 142,3, 310-320.

Lazarov A. Immediate functional loading: Results for the concept of the Strategic Implant®. Ann Maxillofac Surg 2019;9:78-88.

Ihde S, Ihde A, Sipic O. Patient acceptance and outcomes of treatments with Corticobasal® implants. A prospective cohort study. Natl J Maxillofac Surg 2025;16:7-13.

Ihde S. (speaker), Sipic O, Ihde A. A Prospective Long-Term Study on the Strategic Implant®, with 17.089 implants observed during on average 9.8 years. This Study Changed the Dental World and the „Gold Standard“ in Oral Implantology. Lecture given at the IF® Workshop in Antalya / Turkey (04/2024), at the World Congress for Immediate Loading Implantology, Munich / Germany (25.10.2025), at the III Congreso Iberoamericano de Implantología Estratégica Corticobasal®, Cartagena / Colombia (21.03.2025), and at the 1st North African Conference on the Technology of Corticobasal® Implants, Hammamet / Tunisia (26.04.2025).

YOU ARE GOING TO SEE THE LIGHT!

This course will show you how REAL implantology works:

- **without bone augmentations**
- **without healing times**
- **without peri-implantitis**
- **without teeth**

We will show you how to stop the breakdown of the masticatory system by doing the Strategic Reset® on modern implants. You will see and understand why natural dentitions break down, and why the results of the Strategic Reset® on modern Corticobasal® implants are long lasting.

ALL-IN-ONE-WEEK CURRICULUM
Belgrade, Serbia

REGISTRATION
all-in-one-week.implantfoundation.org

ABOUT US

The Foundation of Knowledge

Since 2006, the International Implant Foundation (IF®) in Munich, Germany, has been at the forefront of implantology, advancing the field through innovative research and education. Our mission is to provide world-class implantology training for dentists, to support research and continuous exchange of knowledge & experience between professionals, and to inform the general public about the possibilities of modern oral implantology

16 Advantages of Osseofixation

Patients will hode you as their treatment provider, because you offer these advantages to them:

1 | Saves costs by 30-40%

2 | Reduces treatment time by 98%

3 | Efficient workflow saves chair-time

4 | Immediate functional loading

5 | Low complication rate

6 | Simple straight forward treatment

7 | Immediate implant placement

8 | Preserves bone elasticity

9 | Aesthetic solutions for all patients

10 | Uninterrupted intra-bony perfusion

11 | Easy long-term maintenance

12 | No peri-implantitis

13 | No patient selection

14 | Put more implants

15 | Start treatment immediately

16 | Cost-effective implants

AIOW - THE ONLY FULL COURSE FOR REAL IMPLANTOLOGY

Our All-in-One-Week Curriculum is an intense program designed for dentists to master **tooth-free dentistry.**

This course provides a solid foundation for future learning and patient treatments. With hands-on training and immediate application of skills, you'll be ready to safely implement the latest implantology techniques. Enroll in our advanced dental implants course today.

Requirements

A valid dental degree is required to enroll in our Corticobasal® implantology training program.

Who Should Attend

- Dentists and oral/maxillofacial surgeons interested in immediate functional loading
- (future) Prosthetic specialists

Features

- Instructions from experienced implantologists
- Learn how to work without bone augmentation
- Avoid peri-implantitis simply by choosing the right implant
- Immediate implant placement
- Immediate functional loading
- How to solve cases at all stages of

Course Duration

- A full & intense 7-day training program for modern implantology and directly associated subjects.
- Become a certified implantologist in just one week.

Conventional Implantology

1 Inspection Diagnostic procedures Treatment plan

2a **Surgery 1**
Tooth removal

2b **Surgery 2**
Bone augmentation/sinus-lifting
(necessary in up to 80% of the cases)

2c **Surgery 3**
Implantplacement
(adequate bone healing provided)

2d **Surgery 4**
Placement of gingiva former

2e Impression taking

3 Trying of the bridge frame
(5-10 days after impression taking)

4 Delivery of bridge (***4-24 months*** after implant placement)

Total

Treatment duration: 4 - 24 Months
Number of appointments: 7 - 12

Real Implantology with the Strategic Implant®

Inspection
Diagnostic procedures
Treatment plan

1 *

Removal of teeth, Implant placement, Impression & Bite taking

2

**Step 1 and 2 may be done in the same (first) appointment.*

Trying of a sample bridge and aesthetic & functional corrections (if required) ***0 - 1 days*** after implant placement 3

Delivery of bridge (***1 - 3 days*** after implant placement) 4

Control of occlusion and mastication 5

Total

Treatment duration: 2 - 4 Days
Number of appointments: 4 - 5

AIOW TEACHERS

Prof. Dr. Stefan Ihde

Surgical & Prosthetic Specialist and 1st Class IF® Teacher

Prof. Dr. Vitomir Konstantinović

Professor of Maxillofacial Surgery and Implantology, Director of the Clinic for Maxillofacial Surgery, 1st Class IF® Teacher and Member of the IF® Board

7

Prof. Dr. Antonina Ihde

Prosthetic Specialist, 1st Class IF® Teacher, and Head of Dental Implant Faculty.

Prof. Dr. Olga Sipić

Prosthetic Specialist - Implantologist and 1st Class IF® Teacher

Learn from 7 world-renowned professors

in implantology, each bringing extensive experience and expertise to your training. Our faculty includes leading experts in dental implants.

WORLD-RENOWNED PROFESSORS

Dr. Fodor Romulus Calin

Surgical and prosthetic specialist, 1st Class IF® Teacher

Prof. Dr. Aleksandar Lazarov

Surgical and prothetical specialist: 1st Class IF® Teacher, Member of the IF® Board

Prof. Dr. Yan Vares

Craniomaxillofacial surgion, Head of Departement, Oral Implantology, 1st Class IF® Teacher

For dental technician course

DT Sanela Lazinica

Dentist technician and specialized IF® teacher for the work on the Strategic Implant®

SUCCESS STORIES

And Impressions from the course

I got to know that this way of implantology is pretty good, I got so excited about it, that I quit my job at a hosital. And I took over a clinic which works only with these implants. Since then I dont do anything else!

DR. IONUTS

It changed my world, because with the Strategic Implant® everything is permitted, anything is possible, you improve oral health of the patient in only 24 hours, and the really important part for me you don't have peri-implantitis. Prof. Ihde forever!

DR. MIGUEL

It's all about the bone. To know how to do it, how to wear it, how to make prosthetics good for these cases. I think you need to learn that, learn it well and take this course! If you take this course.. All the questions will be solved.

DR. IBRAHIM

There is no realistic alternative to modern Corticobasal® implants and its technology.

Get in Touch: Register now to our course for REAL implantology and tooth-free dentistry, for long lasting results!

LECTURE ROOM:

Golsvordijeva 37, 11000 Belgrade,
Republic of Serbia

PHONE & WEBSITE:

+ 381 69 394 3788 (Whatsapp)
+ 381 63 207 607 (Whatsapp)
all-in-one-week.implantfoundation.org

REAL IMPLANTOLOGY IS THE ANSWER TO ALL PROBLEMS IN DENTISTRY!

Failure of Corticobasal® Implants: Discussion on Possible Failure Reasons

Authors

Evidence & Research Department of the International Implant Foundation IF® [1]

[1] International Implant Foundation IF®, Evidence & Research Department, Leopoldstr. 116, 80802 Munich / Germany

How to Cite This Article

Evidence & Research Department of the International Implant Foundation IF®. Failure of Corticobasal® Implants: Discussion on Possible Failure Reasons. Journal of Unwanted Results and Their Correction (JUR), Vol. 19, No. 1, International Implant Foundation Publishing, 2025

Received: April 2025
Revised: May 2025
Accepted: May 24, 2025

Abstract

This case highlights the complications and eventual failure of a Corticobasal® implant-supported prosthesis due to a lack of post-operative follow-up and occlusal imbalance. A 67-year-old female underwent full-mouth rehabilitation with BECES® Corticobasal® implants and a metal-acrylic prosthesis. Despite successful surgical placement, the patient failed to attend scheduled follow-ups and developed a unilateral chewing pattern, leading to implant failure and dissatisfaction.

Keywords: Corticobasal® implants, implant failure, unilateral chewing pattern, patient compliance, prosthetic imbalance, propagating overload.

Introduction

Implant-supported prosthetic rehabilitation has evolved considerably with the advent of Corticobasal® implantology. This technology has shown to be particularly advantageous in patients with compromised amounts of alveolar bone, as they anchor in the cortical regions and allow immediate functional loading. The usage of even minimal cortical areas thereby eliminates the need for grafting and healing periods. Although the procedure itself is not invasive, the reset of the masticatory system is in many cases connected to a number of significant changes (i.e. correction of the vertical dimension, correction of adverse chewing patterns, removal of bone excess, removal of all teeth, etc.), which will lead to an answer of the masticatory system. This answer will then require timely adjustments of various parameters in the system. The long-term success of such treatments hinges hence not only on surgical and prosthetic precision, but also on professional post-operative maintenance carried out by specially trained treatment providers and by the patient's compliance[1].

Due to the thin and polished design of the implants, poor oral hygiene has a minimal effect on the treatment outcome as long as care is taken not to roughen the polished surface e.g. by using toothpaste. Since the treatment focusses on cortical anchorage and always more than enough implants per jaw are placed, non-adherence to dietary instructions will have no influence on the outcome. Missed follow-ups however can significantly compromise treatment outcomes because the situation of the contacts and the masticatory slopes will alter the function and the loading of each implant. The prosthetic design, occlusal balance, and the patient's neuromuscular adaptation play vital roles in ensuring long-term implant survival. Among the lesser-discussed but highly relevant factors in implant failure is the impact of unilateral chewing, which leads to uneven stress distribution and increased mechanical overload on specific implants as well as to underloading of others. Both underloading and overloading will lead to mobility of implants. If this development remains untreated (because appointments are missed), overload can propagate to areas of the jaws which are initially not affected.

This case documents a failure scenario where the patient's non-compliance due to international travel obligations resulted in an otherwise preventable treatment breakdown[2,3].

Patient Information:

- Age: 67
- Sex: Female
- Relevant Medical History: Non-contributory

Clinical Findings:

- Presenting Symptoms: Partial edentulism in both arches; patient desired fixed teeth
- Physical Examination: Atrophic mandible; no signs of active infection

Timeline:

- Day 1: Clinical and radiographic evaluation
- Day 2: Surgical procedure and implant placement
- Day 4: Metal-acrylic prosthesis delivered
- Post-operative: Missed all scheduled follow-ups

Diagnostic Assessment:

- OPG imaging confirmed atrophic ridge and sufficient cortical anchorage zones
- Implants: BECES® Corticobasal® implants used in both arches
- Therapeutic Intervention:
- Mandibular Implants: Placed flap-less using a cortical engagement protocol
- Prosthesis: Metal-acrylic, full arch, screw-retained

Post-Operative Complications:

- Unilateral chewing pattern noted due to imbalance
- Mandibular implants eventually failed due to biomechanical overload
- No re-intervention possible as patient traveled and failed to return for follow-up

Follow-Up and Outcomes:

- Healing: Initial healing was satisfactory
- Follow-up: Missed despite multiple reminders
- Outcome: Implant failure in the mandible
- Patient Satisfaction: Poor due to functional and aesthetic dissatisfaction

Case Presentation

A 67-year-old female patient underwent full-mouth rehabilitation using Corticobasal® (BECES®) implants. Due to her upcoming travel to the United States, the prosthetic phase was completed in an expedited manner, and a metal-acrylic prosthesis was delivered shortly after implant placement. Despite clear instructions and repeated reminders for regular follow-ups, the patient did not return post-operatively.

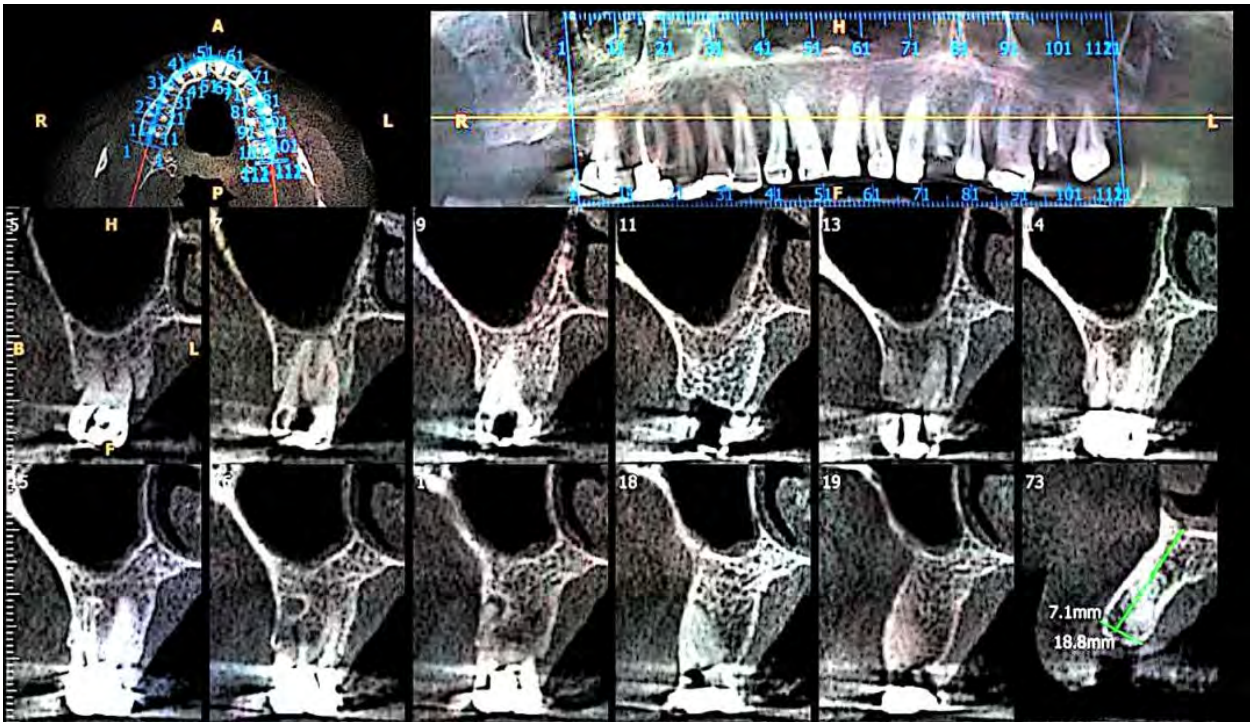

Fig. 1a

***Fig. 1a / 1b**: CBCT showing the bone level pre-operatively in maxilla and mandible*

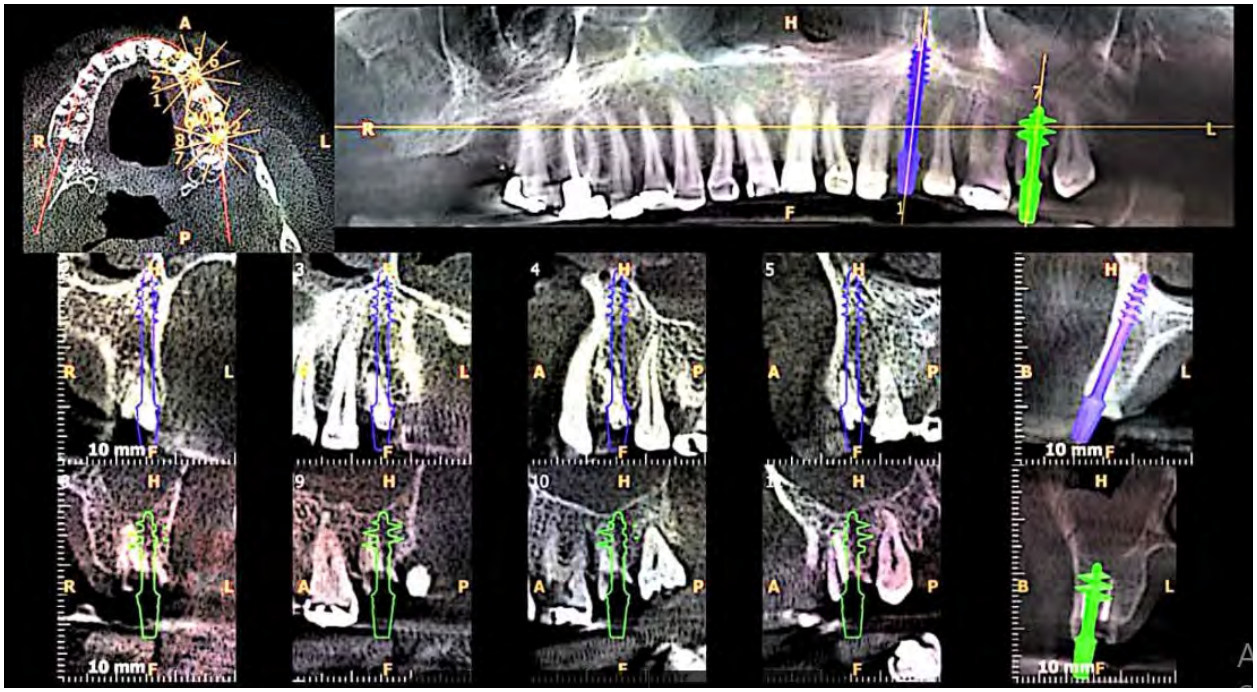

Fig. 1b

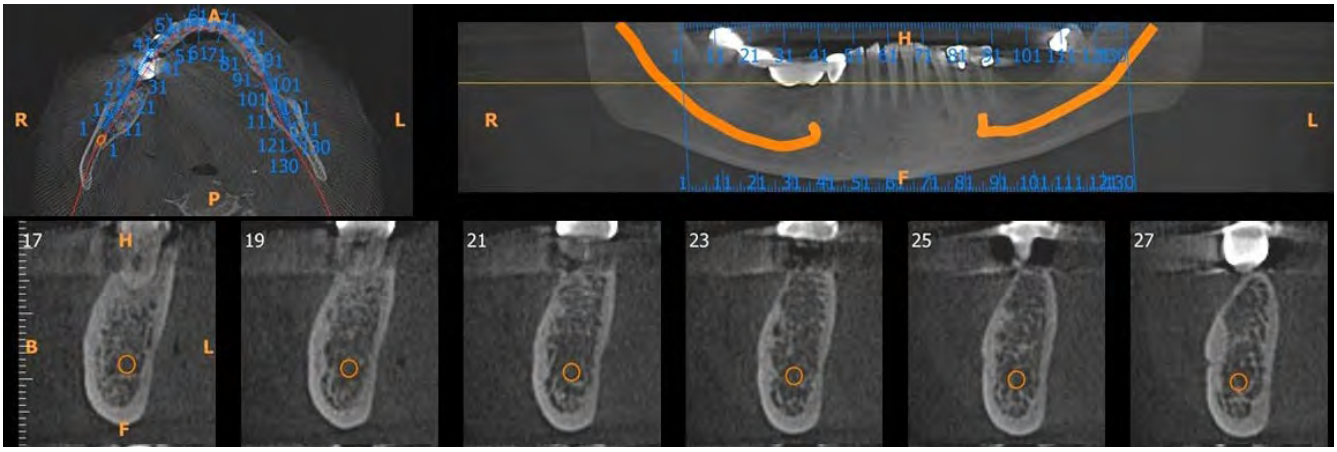

***Fig. 2**: OPG immediately after Corticobasal® implant placement*

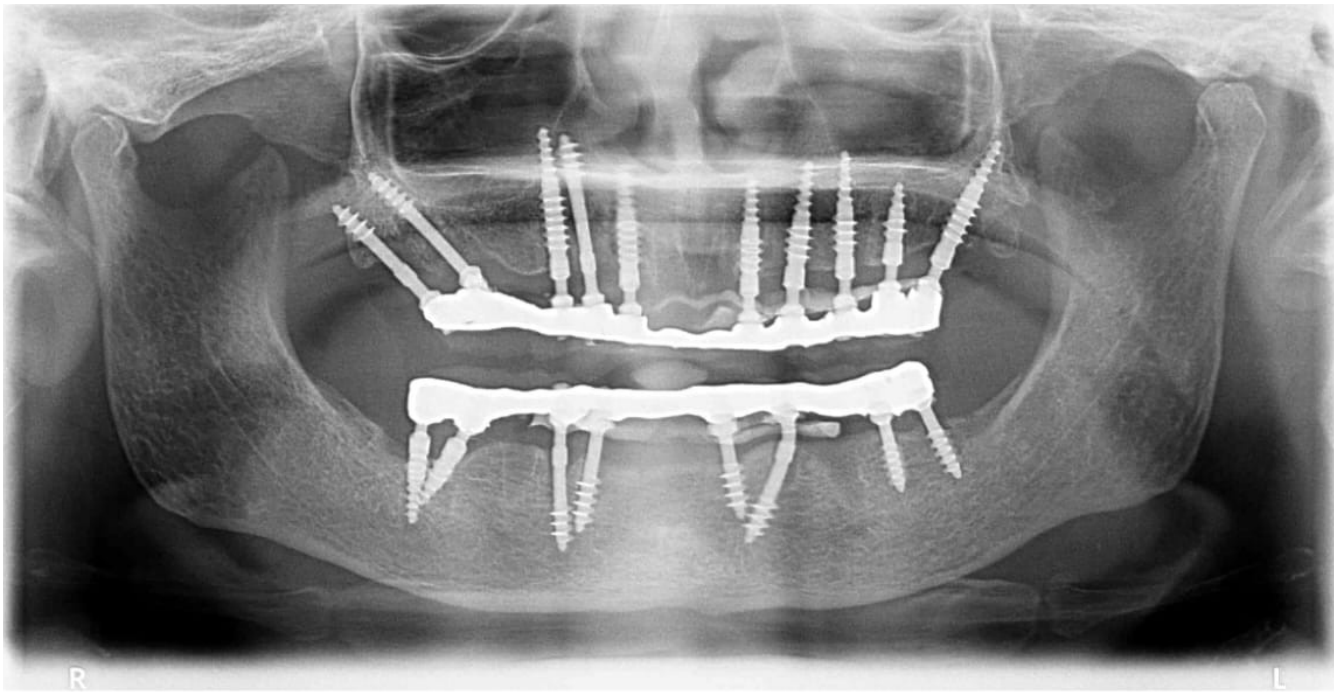

***Fig. 3**: Post-operative view demonstrating the metal acrylic prosthesis in situ*

***Fig. 4**: Pre-operative intra oral view*

Radiological Findings

Pre-operative CBCT (CS 9300) showed:

- Maxilla: Root stumps with chronic periapical abscess and condensing osteitis noted at #24 and #27. Maxillary sinus pathology including polypoidal mucosal thickening. Implant simulation at #24 (3.6 x 23.0 mm) and #27 (7.0 x 14.0 mm) suggested engagement with buccal cortex and nasal wall / floor.
- Mandible: Sparse and randomly oriented trabeculae in 36 - 37 region indicated D4 bone quality. Simulated implant sites showed dimensions of 4.6 x 17.0 mm (36) and 3.6 x 17.0 mm (37) with buccal cortical engagement.

Additional findings included multiple periapical lesions (e.g., #16, #26, #33) and generalized occlusal wear.

Outcome and Complications

The patient failed to attend any follow-up appointments after prosthesis placement. Over time, a unilateral chewing pattern developed, leading to an imbalance in occlusal loading. This progressively overloaded the implants, resulting in early implant failure in the mandibular arch and eventual compromise of the maxillary implants. As the occlusal scheme was never adjusted post-insertion, the biomechanical stress could not be alleviated. The patient later expressed dissatisfaction with the outcome.

According to the knowledge of the treatment provider, this case was never corrected or re-done.

Discussion

Corticobasal® implants have revolutionized prosthetic rehabilitation by enabling immediate loading and reducing surgical morbidity. These systems, such as the BECES® implants used in this case, derive primary stability from cortical bone, which remains structurally preserved even in aged or resorbed jaws. However, well-defined biomechanical principles must still be strictly followed to ensure long-term success[1].

In the present case, the major contributing factor to failure was the patient's lack of compliance. Despite multiple reminders, the patient did not return for occlusal adjustment and functional monitoring. Occlusal disharmony, especially due to unilateral chewing, is a well-documented cause of implant overloading and failure. A balanced distribution of masticatory forces is crucial for the longevity of full-arch prostheses, especially when using single-piece Corticobasal® implants that rely on immediate function, equal force distribution between all implants, and adequate and stable chewing patterns[1,2].

Unilateral chewing not only stresses specific implants disproportionately but also leads to prosthesis wear, screw loosening, and bone micro fractures and mechanically overloaded and underloaded zones. Given that the patient left for the US within a short time period and for good, there was no opportunity for timely occlusal adjustments, hygiene checks, or early intervention.

Patient education is another critical factor. It must be emphasized that even with such an advanced implant technology, the biological and mechanical principles of osseofixation (as the guiding principle for the functioning of Corticobasal® implants) must be respected. An adequate treatment plan including a stable and controlled load distribution is necessary. While Corticobasal® implants bypass the need for bone augmentation and enable swift restoration, they demand strict follow-up protocols for good long-term outcomes.

This case serves as an important reminder that implant therapy is a collaborative process and that the patient is involved. The clinician's responsibility extends beyond the surgery to ensuring patients understand the significance of maintenance. Meanwhile, patients must commit to post-treatment care, especially when logistical factors like international travel are involved.

There is limited literature documenting Corticobasal® implant failures due to unilateral or anterior chewing patterns. This is highlighting the need for broader awareness and further study. Restorations with Corticobasal® implants do not require unloaded healing times and they deliver very fast results. Maybe these features lead to a situation where some (few) patients believe that there are no obligations from their side besides paying the invoice.

Corticobasal® implants allow for immediate functional loading and bypass conventional bone augmentation techniques. However, they demand precise occlusal planning and long-term follow-up to ensure success. In this case, the patient's expedited treatment and subsequent non-compliance led to functional overload and periimplant complications. The use of metal-acrylic prosthesis, while cost-effective, may not have withstood the imbalance in occlusal forces.

The case emphasizes the need for:

- Patient education on compliance
- Regular follow-up, especially post full-arch rehabilitation
- Proper occlusal adjustments in the healing phase, including regular monitoring and adjustment of the vertical dimension

Considerations Regarding the Origin of the Problem(s)

Since there are no later post-operative x-rays available for the case shown here (except Fig. 3), we have to speculate about the origin of the problems that occurred. There are good reasons to assume that the road to failure was determined by wrong positioning of some of the implants in the lower jaw.

Fig. 3 shows that the endosseous parts of implants are very close to each other in area 46, and 43, so that the missing distance between implant could have been the origin of local osteolytic activity in the bone. This type of osteolysis occurs independently from overloading or underloading. At the same time, the implants 33 and 43 did not show the medial inclination as demanded in IF® Method No. 2a. The inclination of IFM 2a implants is necessary in order to facilitate vertical load transfer along the thread-free endosseous implant surface. In addition, the medial inclination of these implants ensures that the distal set of implants (46, 47) and the anterior set of implants (43, 44) show diverging directions, which will prevent mobilities and overloading. Not all these aspects had been adequately considered by the treatment provider. This may have happened because the patient did not leave enough time for correction in the first place.

The treatment of the lower jaw did not follow the rules for the creation of a BIPS® as defined by the International Implant Foundation IF® in nine "Consensus documents" and in many "IF® Clinical Guidelines".

In the case described here, the patient had requested compensation through a national court. The court ruled that first of all the patient's failure to come in for follow-ups and allow timely adjustments of all kinds (as they are necessary due to the nature of the intervention / treatment) has significantly increased the chances for failure. Although mobile implants had created long-term pain, the court decided that if the patient had complied with her (the patient's) obligation, pain and discomfort would have been minimal and in a range which has to be accepted for this kind of treatment.

Literature[4,5] and various clinical reports demonstrate that if a patient misses the first three-month follow-up as well as the second follow-up twelve months later, the incidence of complication and failure raises dramatically to 30% (of the uncontrolled cases) and that clinical failures occur typically after 2.5 (uncontrolled) years post-operatively.

The same long-term study[6] (which observed a total of 1680 full jaw reconstructions during up to twelve years) showed that no complete failures of full jaw reconstructions were seen after the Corticobasal® implants were four and more years in the oral cavity. Hence, Kaplan Maier calculations that predict the survival into the future cannot be applied to this implant technology.

Conclusion

Corticobasal® implants offer predictable outcomes when installed and maintained with strict protocol adherence. Patient cooperation is crucial. Non-compliance in this case nullified the otherwise successful surgical and prosthetic phases, leading to implant failure and dissatisfaction.

Informed Consent

The patient was informed about the treatment procedure and potential complications. Due to anonymity and lack of post-operative contact, retrospective consent for publication was not obtained. Therefore, all clinical pictures that would help the identification of the patient were removed from the report.

References

1 Awadalkreem F, Baroudi K, Minervini G, Zaineh Y, Al-Mehdhar E. Basal implants as a treatment alternative for severely resorbed ridges. Minerva Dent Oral Sci. 2025 Jan 22. doi: 10.23736/S2724-6329.24.05066-6. Epub ahead of print. PMID: 39841430.

2 Ihde S. Indications and Treatment Modalities with Corticobasal® Jaw Implants. Ann Maxillofac Surg. 2019 Jul-Dec;9(2):379-386. doi: 10.4103/ams.ams_142_19. PMID: 31909019; PMCID: PMC6933979.

3 Antonina I, Lazarov A, Gaur V, Lysenko V, Konstantinovic V, Grombkötö G, Palka L, Ihde S. Consensus Regarding 16 Recognized and Clinically Proven Methods and Sub-Methods for Placing Corticobasal Oral Implants. Ann Maxillofac Surg. 2020 Jul-Dec;10(2):457-462. doi: 10.4103/ams.ams_62_20. Epub 2020 Dec 23. PMID: 33708595; PMCID: PMC7944016.

4 Ihde S. Indications and Treatment Modalities with Corticobasal Jaw Implants. Ann Maxillofac Surg. 2019 Jul-Dec;9(2):379-386. doi: 10.4103/ams.ams_142_19. PMID: 31909019; PMCID: PMC6933979.

5 Ihde S. (Speaker), Sipic O., Ihde A. Prospective Long-Term Study on Treatments with the Strategic Implant®; Lectures on Sept. 28th 2024 at the ISOI Congress, Indore / India as well as at the World Congress for Immediate Loading Implantology in Munich / Germany, 25.10.2024.

6 Ihde S. (speaker) , Sipic O., Ihde A. A Prospective Long-Term Study on the Strategic Implant® - This Study Changed the Dental World and the „Gold Standard“ in Oral Implantology. Outline of the lecture:

1. Results of Treatments with the Technology of the Strategic Implant®
2. Description of Results of Comparable Study from the Field of Osseointegration
3. Comparison of the Results of the Two Studies
4. Implication for the Future Direction in Oral Implantology and in Dentistry
5. Guidelines for Evaluation of Alternative Treatment Technologies (in General)

Lecture given at the III Congreso Iberoamericano de Implantología Estratégica Corticobasal®, Cartagena / Colombia, 21.03.2025. The lecture was also given at the 1st North African Conference on the Technology of Corticobasal® Implants, Hammamet / Tunisia, in April 2025.