1 Background

Osseointegration is implant anchorage via a combination of bone-to-implant contact with an implant surface (bone ongrowth) and bone ingrowth into a highly porous implant surface. An ongoing clinical study is currently evaluating the osseointegration of Trabecular Metal® (TM) cylinders after early healing in the human jaw.

2 Methods

This clinical study was approved by the institutional review board of the University of Leon, Spain. Surgeries were preformed at the University of Leon and histological processing and analyses were preformed at the University of Alcala, Spain. Healthy subjects (n=23) with available bone of at least 7mm in width to accommodate 1 or more 3x5mm porous tantalum cylinders between or distal to preexisting dental implants were enrolled in the study. Subjects were assigned to 1 of 4 groups (6 cylinders per group) designated for cylinder explantation at 2, 3, 6 or 12 weeks. After preparation of osteotomies, cylinders were placed flush with the mandibular or maxillary ridge and covered by the soft tissues without a barrier membrane. At the designated retrieval time, cylinders were explanted with 5.0mm trephines, marked to indicate orientation at placement, buffered in 10% formaldehyde, histologically processed and slides were stained to identify cells (hematoxylin-eosin), osteoid tissue (Masson trichrome) and markers of developing and existing trabecular bone (toluidine blue).

3 Results

New bone formation was observed inside the pores (ingrowth) and in direct contact with the external surfaces (ongrowth) of all samples at 12 weeks. The mean percentage of bone ingrowth into the cylinders, as measured longitudinally from the outside surface of the cylinders, varied according to the depth of measurement: at a depth of 0.5mm (measurement field = ~0.5x5mm), mean bone fill was 22.7%; at a depth of 1 mm (measurement field = ~1x5mm), mean bone fill was 16.8%. The average volume of new bone formation inside the entire 3x5mm cylinders was 14.4%. Very little osteoclastic activity or bone resorption was observed, but bone was still maturing, especially inside the material. Mucosal epithelium penetrated one sample, but overall the presence of mesenchymal cells, bone formation activity and intense angiogenesis in all samples indicated good tissue response with developing osseointegration. Newly formed trabeculae with osteoid borders surrounded by osteoblasts were evident inside and on the surfaces of the vast majority of samples. Bone ingrowth into the samples primarily occurred along the lingual, buccal or palatal surfaces. Except for one sample with poor tissue formation inside the pores and some evidence of foreign body reaction, implants exhibited good bone response, with the formation of bone trabeculae alternating with vascularized tissue inside the samples.

4 Discussion

The earliest evidence of osseointegration (bone ongrowth) reportedly occurs after a few weeks of early healing, and then progressively forms on the implant surface over a period of months or years.\[1\] In contrast, bone ingrowth was not only observable, but also quantifiable after 12 weeks of early healing. The presence of maturing and developing bone both inside and outside the porous material demonstrated that osseointegration was a progressive process. Further studies with longer follow-up times will help to document the rate of bone ingrowth into TM cylinders.

5 Conclusion

Twelve (12) weeks after placement, ingrowth of bone trabeculae and blood vessels inside highly porous TM cylinders was observed.

6 References


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