MEDICINE

L.A. Life, Daily News—October 22, 1985 7

Implant systems help denture wearers

False teeth can get a better bite

By Karen Kenney
Daily News Staff Writer

Last Thanksgiving, Peggy Hargrave of Panorama City gingerly chewed her holiday supper with a loose-fitting upper plate that gave her "denture breath" and a nagging insecurity.

This Thanksgiving, the 43-year-old homemaker will have a new chomp in her bite, thanks to oral surgery that anchors dentures to the jawbone, making them more secure than natural teeth.

"I've been wearing a plate since my front teeth got knocked out when I was 12," Hargrave said. "I'm just thrilled with the implant. I don't have the aggravation of a plate, and my teeth look great.

"It was a long ordeal," she added, referring to her implant surgeries, "but I would go through it all over again."

Between last November and summer 1985, Dr. Gerald Niznick, an Encino dentist specializing in oral surgery and prosthetics, performed a series of operations on Hargrave to install an implant system he introduced in 1982, Core-Vent Implants.

The Core-Vent units include a threaded, titanium-alloy cylinder and a variety of flexible heads that allow a trained dentist or oral surgeon to literally screw or snap a false tooth, dental plate or full denture into the hidden fixture.

The surgical technique involves a series of one to five in-office procedures, depending on the number of implants installed. Most surgeries are done under local anesthetic and take less than 30 minutes.

The price tag for implanting a patient's existing dentures runs between $1,400 and $2,000. It goes up if new dentures or bone grafts are needed.

The process involves drilling into the jawbone with a precision tool that uses water to reduce the heat and bone trauma. The dentist implants the anchor cylinder below the gumline, then waits between three and six months for the bone and metal to bond in a process called osseointegration. (Meanwhile, the patient continues to use his or her own dentures.)

Niznick says an independent study showed the bone-metal fusion happened in 98 percent of the Core-Vent implants. When it does, a dentist reopens the gum and screws in an attachment that invisibly anchors plates or dentures.

Niznick regularly conducts workshops to teach dentists his technique. Interviews with a visiting periodontist and a reconstructive dentist from Maryland netted positive comments on the stability and adaptability of the Core-Vent system, simplified surgical technique and health of gum tissue around the implants.

The Encino implant specialist spent more than a decade studying dental prosthetics and three years developing his system before implanting his first two Core-Vent units in Kate Hudek of Valencia in 1981.

"I can eat corn or steak and bite into an apple as if I had my own teeth," the 20-year denture wearer said. "Before, my teeth were slipping. The bottom of my mouth was always sore. It got to the point where I was almost on baby food."

"If implants had been available 20 years ago," she added, "I would have had this done on the spot."

Implants were available 20 years ago —in Sweden.

Dr. Per-Ingvar Branemark, a Swedish bone surgeon, developed a dental implant system back in the 1960s, after a decade of research on wound repair led to his discovery of bonding (osseointegration) between bone and pure titanium.

Branemark was in Los Angeles recently at UCLA to teach oral surgeons the technique for installing his Biotes implant system of threaded, pure titanium fixtures into jawbones.

"Since 1965, we have installed 15,000 fixtures in 3,000 cases," he said. A 15-year follow-up study showed osseointegration occurred in more than 92 percent of the surgeries. (Last month, the American Dental Association gave provisional approval to Branemark's method, making it the first dental implant procedure to be so recognized.)

"I wouldn't do it if the patient wouldn't benefit," he said, "but I have seen people who were 'dental cripples' feel more psychologically secure and get better function from their teeth after surgery."

Dental cripples, he explained, are denture wearers (especially geriatric patients) who live with the daily discomfort, pain or embarrassment of ill-fitting or unstable false teeth.

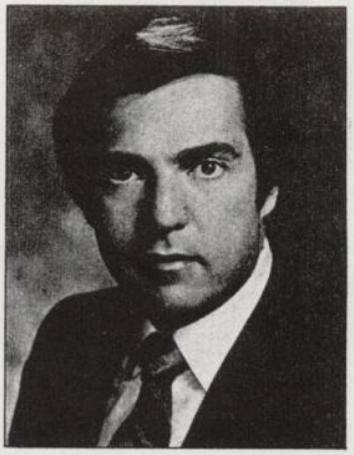
"Some of these people can't chew or talk well," he said, "so they isolate themselves. They take their teeth out, put them in a glass and stay at home."

Now the estimated 30 million Americans who don't have their own teeth have two implant alternatives: the Branemark and Niznick systems. There are differences.

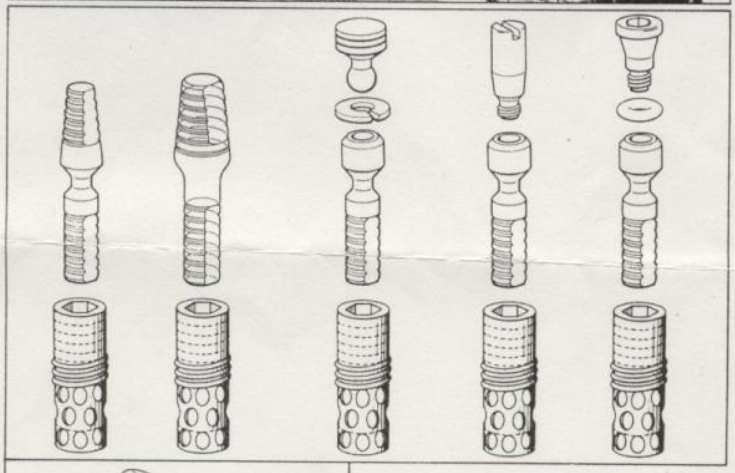
The Branemark system uses pure titanium, is done in an operating room, not in-office suite, offers a basic screw mount, and costs between $6,000 and $10,000. Several hundred oral surgeons have been trained in the technique.

The Niznick system uses a titanium alloy, is done in-office, offers a variety of snap or screw mounts, and costs between $500 and $750 per implant unit. About 2,000 dentists, and 50 universities and teaching hospitals are using the Core-Vent implant system.

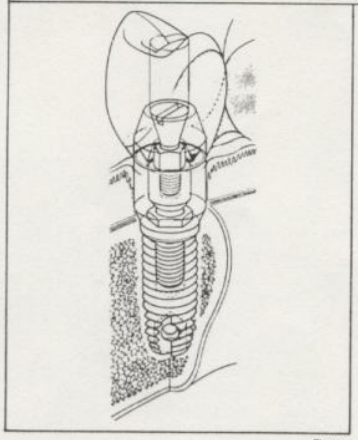
The good news for denture wearers is that both systems offer the security and freedom of having false teeth as natural as their own.



Dr. Per-Ingvar Branemark, left, developed the Biotes implant system which anchors teeth to a titanium fixture below the gum line. Dr. Gerald Niznick has pioneered another dental implant system, Core-Vent.



Courtesy Core-Vent Corp.



Biotes