

Ankylos[®] インプラントシステムの 臨床記録

アンキロスインプラントシステムは、摩擦によるセルフロック機構を備えた円錐形状のインプラント-アバットメントコネクション、システムに内在する水平オフセット（プラットフォームスイッチング）、微細な表面構造を持つインプラントショルダー部などのいくつかの重要な特徴を有している。このシステムは、25年以上にわたりさまざまな臨床適用症例に使用されてきた。

公表されているデータでは、アンキロスインプラントの埋入は、次のさまざまな上下顎の症例において安全で予知性の高い治療であることを示している：単歯修復¹⁻¹²、固定性の部分的あるいは全顎的な補綴物¹¹⁻¹⁵、およびオーバーデンチャー^{11, 16-19}。さらに、抜歯窩^{6, 8, 17, 20-22}や移植部位^{23, 24}へ即時埋入されたインプラントの臨床結果、および1回法術式で即時負荷を行った場合^{6-8, 13, 14, 16, 17, 20-22, 25-37}の臨床結果も公表されている。

フォローアップ期間が1～8年の臨床研究によれば、アンキロスインプラントは94～100%の高いインプラント生存率で、安全に使用できることが報告されている^{3-11, 13, 14, 16-18, 20-36, 38-42}。さらに、文書化された20年にわたる臨床的フォローアップの報告とともに、12,500本を超えるアンキロスインプラントの後ろ向き研究で、臨床的な安全性が裏付けられたものとなっている⁴³。

アンキロスインプラントの良好な初期固定は、複数の研究で公表されている^{1, 26-29, 44}。また、平均埋入トルク値は28.8～47.5 Ncmの範囲で、3.5 mmインプラントの場合でも同様であるとの報告がなされている^{8, 26-28, 45}。さらに、高い患者満足度も報告されている^{2, 21}。

アンキロスインプラント周囲の平均辺縁骨レベルの変化について、機能1年後（0.01～-1.32 mm）^{7, 9, 23, 46, 47}、2年後（+0.21～-0.78 mm）^{13, 20, 26}、および3年後（-0.6 mm）¹²の変化について報告した臨床研究が公表されている。

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