Figure 2e. Young woman, 38 years old, presenting an internal resorption on her upper right canine. Her general practitioner cannot treat and save it. The demand consists in an immediate tooth replacement with respect of esthetic clinical appearance. Bio-Oss® (Geist ich®) bone filling around the implant body, just before temporary crown placement (by direct screwing / no cement).

Figure 2f. Young woman, 38 years old, presenting an internal resorption on her upper right canine. Her general practitioner cannot treat and save it. The demand consists in an immediate tooth replacement with respect of esthetic clinical appearance. Clinical and radiological result at 8 days postoperative.

Figure 2g. Young woman, 38 years old, presenting an internal resorption on her upper right canine. Her general practitioner cannot treat and save it. The demand consists in an immediate tooth replacement with respect of esthetic clinical appearance. Last clinical check, final crown in place (Dr. CHAPELLE) and X-Ray control at 4 months-postoperative.

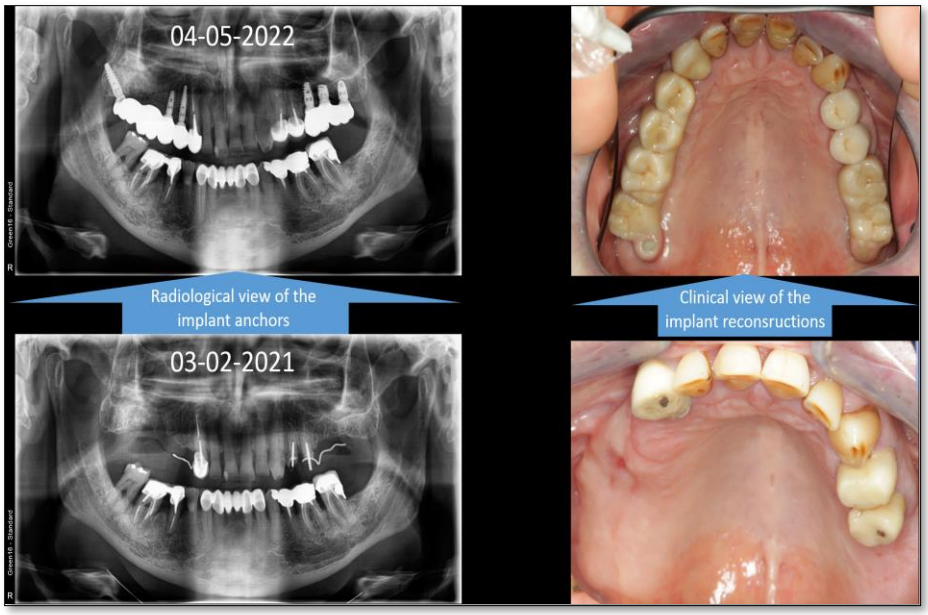

Figure 3. 70-years-old male patient (medical doctor) wanting an effective but time-saving prosthetic treatment. According to the osseous sites configuration, we have opted either for axial short implants (left) or for the realization of a bridge combining axial implants and an oblique one placed in the maxillary tuberosity.

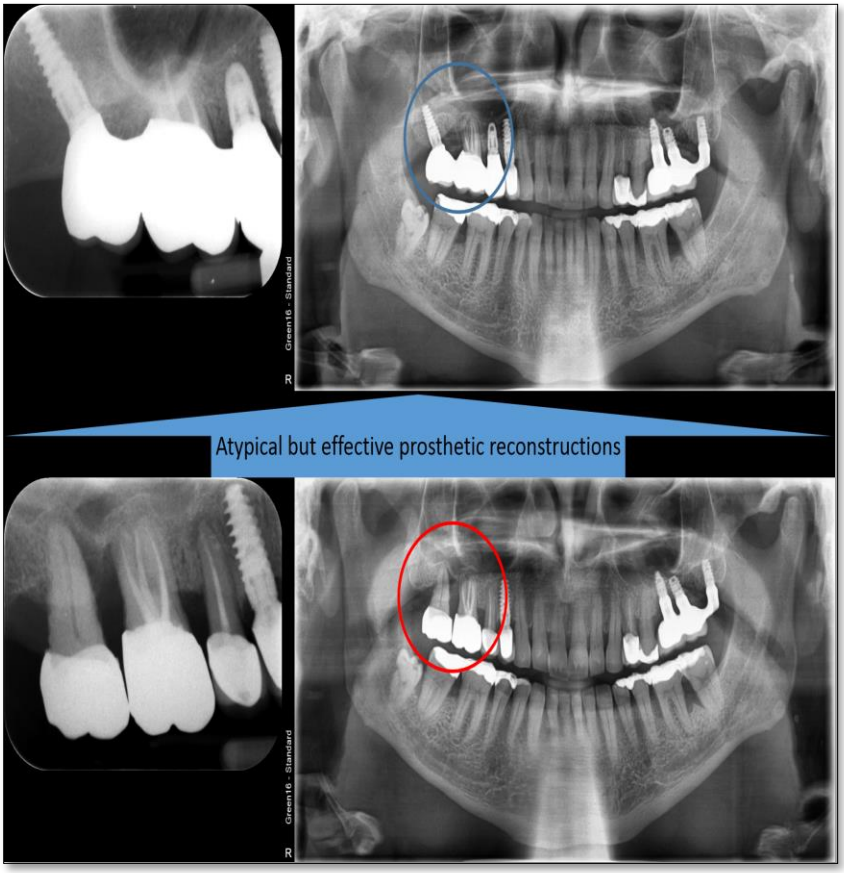

Figure 4. 74-years-old male patient (retired medical doctor): In the right upper jaw, we made a mixed tooth-implants supported bridge (9), using 1 short mesial implant and a posterior slightly oblique one to avoid breaking the sinus lobe.

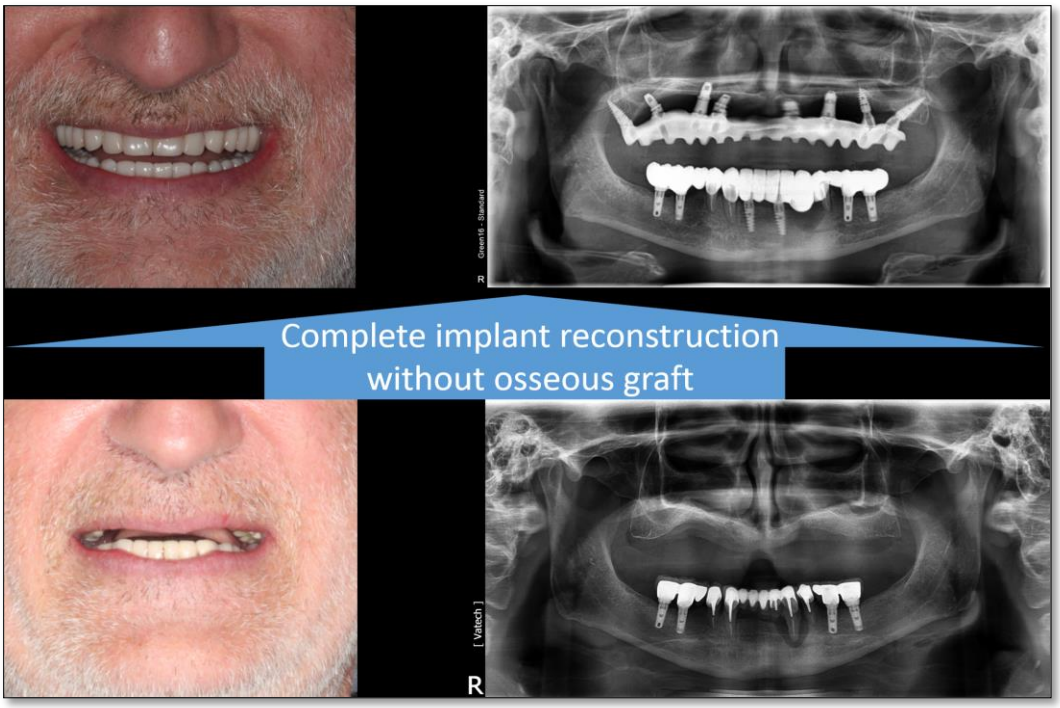

Figure 5. We had to use extra short implants (Southern Implants®) as well as oblique implants to meet the specifications of this 66-years-old patient who no longer wanted to undergo bone grafting after 2 failures in this area. Note the tilted implants (Magix® by Cortex Dental Implants®) in the tuberosity zone to avoid prosthetic cantilevers.

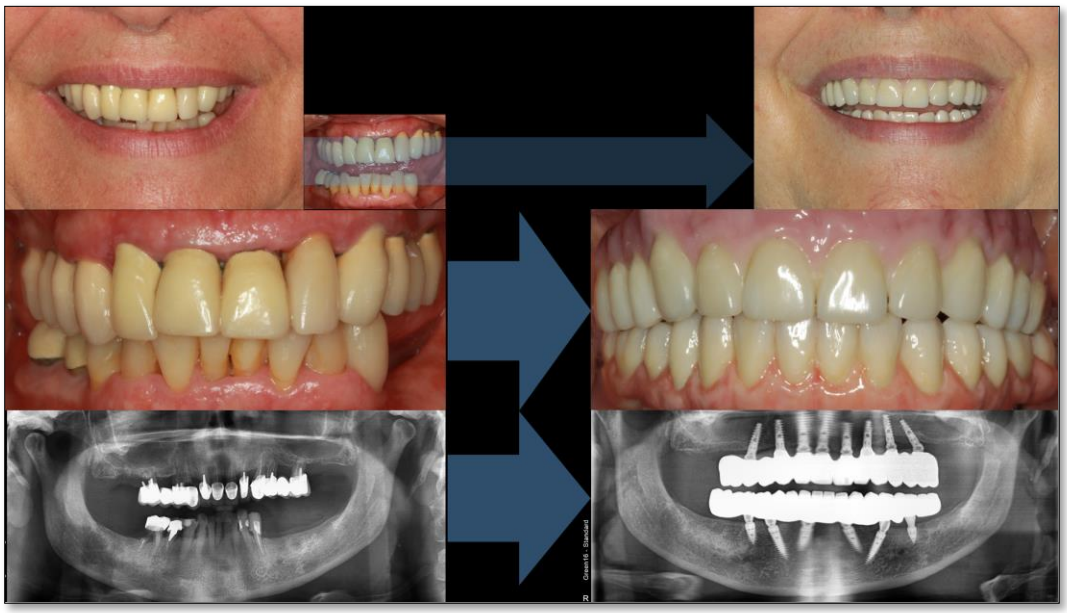

Figure 6. Most of the time, tilted implants are placed in this way to avoid an anatomical obstacle or to augment/optimize bone anchorage. But according some studies (6,7), this obliquity could also contribute to the good behavior of the reconstruction in terms of biomechanics.

Implants can be tilted in both bucco-lingual and mesio-distal directions, or a combination of both (**Figure 2**). In addition to the purely surgical aspect, which must be managed in the light of a 3D radiological study, the practitioner must also include in his treatment plan the appropriate prosthetic modalities to ensure that the inclination of the implant(s) does not hinder the successful realization of the prosthesis,

particularly in terms of aesthetics and possible removability [11].

The various examples in this article illustrate the clinical choices made with inclined implants. In each case, this procedural choice is based on either the patient's preference with regard to therapeutic alternatives, or the practitioner's preference, based on his or her knowledge and experience.

CONCLUSION

Tilted implants can be considered as part as Evidence-Based Dentistry since, not only they are useful and widely used in various clinical settings, but all studies to date show no significant difference between oblique and axial implants in terms of efficacy, complications or survival rates.

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