

# PLATFORM SWITCHING: SAME PLATFORM A SWITCH IN DIRECTION

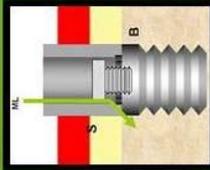
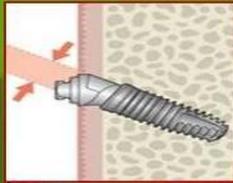


**MIND THE GAP:** Horizontal positioning of implant abutment interface reduces the amount of crestal bone resorption and also the biologic width has been repositioned horizontally.



PARALLELIZING  
POSTS

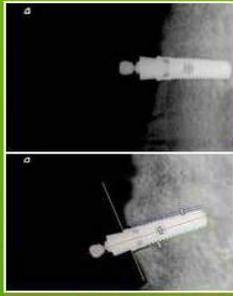
MACRODESIGN OF  
AN IMPLANT



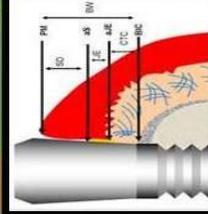
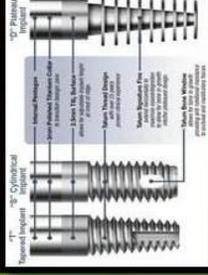
**SAY NO TO MICROGAP:** It reduces the microgap thus reducing bacterial induced bone loss. Bacterial infiltration can be avoided by placing the implant cervix overcrestally.

**NON-SUBMERGED  
STRAIGHT AND  
INCLINED IMPLANTS:**

Platform switching leads to limit crestal bone resorption in both straight and inclined implants.



**BONE LEVELS  
DURING AND  
AFTER  
PLACEMENT OF  
IMPLANTS**



**BIOLOGIC  
IMPLANT:** Minimizes changes of the crestal bone and consequently stabilizing soft tissue in the transmucosal portion of an implant borne restoration.

**ADVANTAGES**

- Soft tissue protection.
- Enhanced osseointegration.
- Crestal bone preservation.

**CLINICAL INDICATIONS**

- Where a wider-diameter implant makes sense for surgical reasons but the prosthetic space is limited.
- Where preservation of the bone results in improved esthetics, as under the papillae or on the labial aspect of anterior restorations.
- When short implants must be used.

**CONCLUSION:** The concept of platform-switching appears to be promising in restricting crestal bone resorption in both straight and inclined implants, which proves to preserve periimplant bone levels thereby improving gingival architecture.

## PLATFORM SWITCHING: SAME PLATFORM, SWITCH IN DIRECTION

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### Abstract

Platform switching is a new concept used to preserve alveolar bone levels around both straight and inclined dental implants. The platform switching (PLS) concept was introduced in the literature in 2005. The biological benefits and clinical effectiveness of the PLS technique have been established by several studies. The consequence of this form of treatment was an unintentional “change of platform”, which became known as platform switching (PLS).

This concept was introduced in the literature by Lazzara and Porter (2005), and Gardner.

Soft tissue relationship to implant surface is one of the most challenging area for clinicians today, as it is evident by different kind of connections, implant shoulders and platforms.

The abutments used with conventional implant types are generally flush with the implant shoulder in the contact zone. With many implant systems, this results in the formation of micro cracks between the implant and the abutment. The platform-switching concept requires that this micro-crack be placed away from the implant shoulder and closer toward the axis in order to increase the distance of this micro-crack from the bone. This generally implies the use of a reduced-diameter abutment.

The concept behind platform switching is that by shifting the implant-abutment interface medially, reduces the deleterious impact of the implant-abutment micro gap and peri-implant bone. The biological benefits and clinical effectiveness of the platform switching technique have been established which is useful to obtain and maintain the long-term result concerning the biological width. Platform switching in combination with a final abutment inserted on the day of implant placement (non-occlusal restoration) can be useful to obtain and maintain the long-term result concerning the biological width. The objective of this concept is to avoid provoking an additional post prosthetic bone loss & to preserve the long-term stability of the bone & soft tissue alike. Platform-switching appears to be promising in restricting crestal bone resorption in both straight and inclined implants, which has been proven to preserve peri-implant bone levels thereby improving gingival architecture.

### Presented at:

37<sup>th</sup> National Annual Conference of India Society of Periodontology, Shimla, 2012

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