Interview with Prof. Dr. Mauro Labanca, Milan, Italy

"Implantology is not an emergency treatment"

As an experienced specialist in dental surgery and anatomy, Professor Mauro Labanca lectures internationally and publishes on various topics related to implantology. One of his educational main focuses is the transformation of complex knowledge into practical, patient-oriented protocols. André Siegrist from the EDI Journal had the opportunity to meet Professor Labanca during the last EAO congress in Lisbon, Portugal, where he was a chairman on an exciting section about recessions around implants.

Professor Labanca, a continually controversial question in current implantology is whether implants should be placed in infectious sites, like post-extraction sites. What is your opinion on this matter?

I would like to answer not as an implantologist, but from a biological and anatomical point of view. To try to outsmart biology is actually always a poor idea. Of course, there are interesting publications that document successful implant procedures even in compromised sites, but we should remember that implant placement is never an emergency treatment. Therefore, I see no good reason to take this increased risk in the infected site instead of simply waiting for the healing process to take place.

Another hotly debated issue is recessions, respectively their prevention and treatment options. When they can occur, and why?

Today, dental implantology can be an almost totally predictable surgical procedure. For immediate implant placement, however, the success rates depend strongly on very strict case selection. In order to ensure the long-term success of the treatment for the patient, I always recommend a conservative approach, especially for general clinicians working in implantology. Wrong selection easily leads to wrong procedure. And far too often clinicians are more focused on immediate satisfaction of the patient instead of long-term success.

Prof. Dr. Mauro Labanca

Even if today everything is expected to be very fast, one must accept that the body needs time for healing. As far as recessions are concerned–and also other complications–delayed implant placement, according to clinical situations and guideline, is generally less problematic than an immediate procedure.

If, despite all caution, a recession does occur, at what point are clinical measures necessary ?

With the exception of special patients, such as actors or public figures, I would consider aesthetic aspects as secondary and focus mainly on whether the function or the medium-term success prognosis of the implant is specifically at risk. As long as no such functional risk exists, a renewed surgical procedure is clinically unnecessary. Of course, we also want to offer our patients the best possible options in terms of aesthetics, but as a medical professional, health aspects must always be treated as the highest priority. Avoiding complications and re-treatment are therefore central in my view. Normal patients in normal offices usually don't ask for miracles, and don't like multiple surgical treatments.

And what if in the end the pressure to treat a recession comes from the patient himself?

In such a situation, the patient must be comprehensively informed: first, what conservative and what surgical options exist? Secondly, what results can realistically be expected from these different options, and how much patient discomfort and high costs are involved respectively?

Personally, I always recommend making full use of the conservative possibilities, or at least thinking it over very carefully before deciding for the surgical option. However, if surgical intervention is ultimately undertaken, the patient should be referred to a specialist in this field.