

Clinical Evidence With the Thommen Medical Implant System at a Glance

✓
ZERO
implant fractures
over 2–6 years
(N=2830)^{1*}

✓
ZERO
implant losses
over 41.3 months
(N=609)^{2**}

✓
99.5% & 98.3%
implant survival rate
2.1 years (N=1337)^{3†} 10 years (N=60)^{4††}

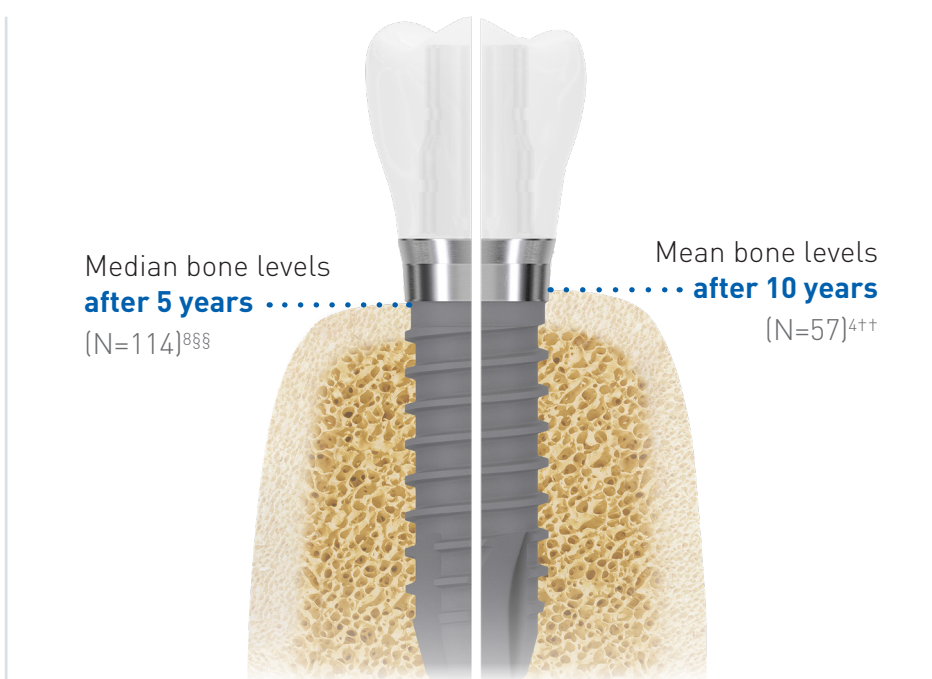
99.25% of implants without biologic complications found in meta-analysis (N=1473)^{5‡}



0.25 mean modified sulcus bleeding index after 3 years (N=20)^{6 ††}



100% fully satisfied patients after 1 year (N=21)^{7§}



Marginal bone levels stabilize between the machined implant collar and the structured implant surface in the long term^{4,6-8}

The high implant survival rates, absence of fractures and losses, stable bone levels, positive patient satisfaction, and minimal biologic complications underline Thommen Medical's unwavering commitment to making a positive impact in dental healthcare.

*Retrospective study on 7502 implants from 5 different brands. It is not reported which Thommen Medical implants were investigated (SPI®ELEMENT, SPI®CONTACT) **Retrospective study on early and late implant losses on 30959 implants from 7 different brands †Retrospective comparison between SPI®ELEMENT RC implants with an INICELL® or unconditioned surface. Data for implants with a conditioned INICELL® surface are represented ††Parallel, randomized clinical trial to compare immediate versus early non-occlusal loading of SPI®ELEMENT and SPI®CONTACT implants. Results from the early and immediate loading groups have been pooled. For the bone level graphic, an average of mesial and distal measurements pooled from the early and immediate loading groups is shown †Meta-analysis on clinical outcomes comparing superhydrophilic surface implants (INICELL® and SLActive®) ††Prospective case series to determine the efficacy of early loading of SPI®ELEMENT RC INICELL® implants §Prospective clinical trial on SPI®ELEMENT RC INICELL® implants under early loading conditions §§Clinical practice data with SPI®ELEMENT implants. Mesial bone levels are represented.

1. Yu H, Qiu L, Int. J. Oral Maxillofac. Surg. 2022;51:1355-61; 2. Lin G et al, J Clin Periodontol. 2018;45:733-43; 3. Le Gac O, Grunder U, Dent.J. 2015;3:15-23; 4. Merti M et al, J Clin Periodontol. 2020;47:621-9; 5. Makowiecki A et al, BMC Oral Health. 2019;19:79; 6. Hicklin SP et al, Int J Oral Maxillofac Implants. 2020; 35:1013-20; 7. Hinkle RM et al, J Oral Maxillofac Surg. 2014; 72:1495-502; 8. Jaquíery C et al, Dent. J. 2014; 2:106-17.