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Title: Cemented versus screw-retained implant prostheses: Which one is better?

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Abstract: Background and Aims: The aim of the article is to assess the current literature in terms of the prosthetic outcome of cement-retained and screw-retained implant-supported fixed restorations, , as well as to determine the type of prosthesis that can be recommended for clinical application

Data and Sources: A review of the literature published up to 2010 was conducted to identify laboratory and clinical studies and also case reports. The search strategy applied was a combination of MeSH terms and free text words.

Discussion: A major benefit of a screw-retained prosthesis is retrievability. This feature is particularly desirable in multiple-unit, full-arch, or cantilever prostheses. In addition, screw joint systems provide a great variety of transmucosal and prosthetic components, work well in patients with limited occlusal space, require no removal of subgingival cement. However, the screw joint has limited stability, and it is particularly susceptible to buccolingual off-axis loading. This liability is usually surmounted by splinting multiple implant units. Screw-retained units generally have screw access openings, with some drawbacks.

Cemented restorations also have the potential to compensate for any minor dimensional discrepancies in the fit of restorations to abutments, which can contribute to lack of passivity. However, a disadvantage of cementing implant-supported restorations is the potential difficulty in retrieving the restoration. This technique has the potential to reduce stress to splinted implants.

Conclusion: The question of which modality is better depends on the clinical situation. Sometimes only one possible prosthetic solution exists, and this needs to be understood as well.

implants, implant-supported fixed dental prostheses (FDPs), bridges, implant-supported single crowns (SCs), cement-retained, screw-retained, retention, and loss of retention, technical complications, mechanical complications, prosthetic complication, retrievability and maintenance.

Presentation: Oral