In Lately, the importance of periimplant tissue has become increasingly evident in implant dentistry. Until the early 2000s, researchers and clinicians focused exclusively on the interaction between the bone and implant. Thereafter, the main focus became esthetics and the key role of the muco-prosthetic framework in relation to it. During the subsequent period, clinicians have focused their attention on the soft-tissue volume increment around implant-supported restorations, to achieve a more stable and esthetic result.

It is useless to talk about the importance of keratinized tissue or an adequate amount of connective tissue to improve the emergence profile of an implant-supported restoration in the esthetic zone. However, often soft-tissue grafts were done following the notion of the more, the better and the scientifically unconfirmed guarantee of a “periodontal-like” attachment between the abutment and the tissue, whatever material the abutment was made of. This was done without considering the high risk of creating a pocket all around the prosthesis.

Very recently, for this reason, attention in implant dentistry was focused mostly on the interaction between the abutment and the connective tissue, and the greatest attention was centered on the abutment’s ability to adhere to soft tissue, to “fibro-integrate”. This is a dramatic change of perspective because it implies a shift of attention from the bulk material, or the macroscopic geometry of the abutment, to its external microcharacteristics: cleanliness, electric properties, microtexture, wettability.

Maybe the near future will bring us a material (or configuration) that is truly integrable with soft-tissue.

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