

Special Issue on
**Alveolar Bone Dimensional Changes following Tooth
Extraction: Analysis, Current Evidence, and Management**

CALL FOR PAPERS

The replacement of compromised teeth through osseointegrated titanium implants has been a predictable practice for many years, established in protocols and extended to an increasing number of operators. Osseointegration is a well-known biological phenomenon, which allows and supports the long-term success and survival of implant rehabilitation. Therefore, the new frontier does not aim at proving that implants systems are efficient and they survive over the time, but at trying to get the natural harmony in the relationship between teeth and supporting tissue which is often impeded by the phenomena remodeling affecting the alveolar postextraction, involving inevitably aesthetics of soft tissues. Clinical research has shown that the loss of volume in the extraction sockets is high: the biggest bone volumetric changes take place during the first 12 months from the extraction dental, with a reduction of bone volume of 50%, of which 2/3 (30%) are within the first 3 months. Nowadays to get success in postextraction implantology means managing the early and irreversible alveolar bone dimensional changes following tooth extraction, in order to minimize the negative effects on the aesthetics final. Several researches have shown that the positioning of a postextraction implant does not alter the physiological remodeling that occurs in the ridge after tooth extraction, so the principle to place a postextraction implant system to reduce the crestal bone resorption is not supported by the scientific literature. On the other hand, different studies have concluded that the preservation ridge techniques are effective in minimizing bone resorption after tooth extraction.

The use of biomaterials has allowed reducing to the maximum the inevitable horizontal and vertical postextraction alveolar bone dimensional changes. These biomaterials should be characterized by both maximum osteoinductive-osteoconductive properties and a resorption kinetics, which would allow a *restitutio ad integrum*, in order to have a balance between deterioration of the material and healing and remodeling bone, allowing obtaining a neobone formation that originates from adjacent bone tissue.

We invite authors to contribute original research articles as well as review articles that will examine the analysis and management of the alveolar bone dimensional changes following tooth extraction related to implant-prosthetic rehabilitation.

Potential topics include but are not limited to the following:

- ▶ Clinical and histologic analysis in several stages of the alveolar bone dimensional changes following tooth extraction
- ▶ Relationship between hard and soft tissues following tooth extraction
- ▶ Alveolar ridge preservation techniques
- ▶ Role of biomaterials in the ridge preservation
- ▶ Clinical and histologic studies of results of ridge preservation
- ▶ Evidence of timing of implant placement after tooth extraction

Authors can submit their manuscripts through the Manuscript Tracking System at <https://mts.hindawi.com/submit/journals/ijd/abdf/>.

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