Recent reports extol the benefits of a minimally invasive approach for implant placement in the aesthetic zone,1 and in posterior areas with reduced bone height as well.2,3 Implant dentistry’s “conservative movement” is fueled by escalating fees and patients’ strong desire to avoid more invasive procedures and prolonged treatment. Many implant manufacturers have made shorter implants available to meet the increasing demand for a less invasive approach to implant rehabilitation at the deficient implant site. The utilization of short implants measuring 5 mm to 10 mm in length can obviate or minimize the need for more extensive augmentation procedures, which increase treatment duration and the patient’s financial burden. Recently reported successes using short implants with varied surface modifications (eg, acid-etched, sand-blasted, oxidized, HA-coated, sintered-porous),2-6 provide the clinician with increased confidence in this “patient-friendly” approach. These enhanced osseconductive implant surfaces have been developed to increase the bone/implant contact, effectively reducing the length of the implant previously necessary to successfully function under occlusal load generated in the posterior maxilla and mandible.

After tooth loss, the ensuing alveolar ridge resorption and increased proximity to the inferior alveolar canal and floor of the maxillary sinus limit the length of the implant(s) to be placed. In the posterior mandible, increased implant length is achieved via nerve lateralization, block bone grafting, or vertical augmentation using guided bone regeneration. The placement of short implants measuring 5 mm to 7 mm in length may be used to avoid these more invasive procedures and an inherently greater risk for complications (Figure 1). Limited residual subantral bone height frequently necessitates extensive sinus floor elevation with staged or simultaneous implant placement. Alternatively, short implants—6 mm to 8 mm in length—eliminate or significantly limit the extent of sinus augmentation necessary, thereby expediting treatment and decreasing surgical risk and postoperative morbidity (Figure 2).

A tremendous volume of patients refuse implant therapy, finding it to be too lengthy, expensive, or invasive. The clinical application of short implants will not only reduce postoperative complications, surgical costs, and treatment duration, but also significantly improve patient compliance with the recommended implant treatment.

**Figure 1.** Two 4.1-mm x 6-mm implants were placed as a less invasive alternative to nerve lateralization and ridge augmentation.

**Figure 2.** Two 4.8-mm x 8-mm implants were used to support a cement-retained splinted restoration. Note conservative sinus floor elevation of 3 mm to 6 mm.

**Reference**