Improving the Fit of Implant-Supported Superstructures Using the Spark Erosion Technique

Eduard Eisenmann, Dr Med Dent¹/Ali Mokabberi, Dr Med Dent²/ Michael H. Walter, Dr Med Dent³/Wolfgang B. Freesmeyer, Dr Med Dent⁴

Purpose: The purpose of this study was to determine whether the passive fit of the implant-retained single-cast framework could be improved by spark erosion treatment. Materials and Methods: An initial cast was produced in a transparent resin material. Five Brånemark System implants were arranged in the interforaminal region, and abutments were placed on them with a torque of 20 Ncm. An impression was made using a standard impression technique described by Brånemark. A corresponding master cast suitable for the spark erosion post-framework fabrication was produced. From this master cast, 12 frameworks were produced in a conventional single-cast procedure. Six of these were made of a high-gold alloy (Stabilor G); the other 6 were made of pure titanium (Biotan). These frameworks were then refined using the SAE Secotec Spark Erosion System. To measure the accuracy of the framework fit, the frameworks were measured before and after the spark erosion treatment using 2 different measurement methods-scanning electron microscopy to measure the gap widths (Sheffield test) and photoelastic stress analysis. Results: The results of both measurement techniques correlated and demonstrated significant improvement in the accuracy of fit or in the passive fit for all 12 frameworks after spark erosion treatment. This improvement was statistically significant for the titanium frameworks. Discussion: Dental practitioners and technicians should strive to achieve a precise passive fit of frameworks and superstructures to minimize additional stress at the interfaces of the prosthesis, abutment, and implant. Conclusion: The clinical use of the spark erosion technique to refine framework fit is recommended. (More than 50 references.) INT J ORAL MAXILLOFAC IMPLANTS 2004;19:810-818

Key words: implant-supported superstructures, passive fit, spark erosion technique

he production of full-arch frameworks supported by osseointegrated implants constitutes a formidable challenge for dental technology. A very

important objective is to achieve a passive fit of the framework to prevent biologic or technical failure. If full-arch or segmental frameworks do not fit correctly, loading may result in mechanical complications such as screw loosening or fracture of the individual components.¹⁻⁷ Biologic complications, such as soft tissue irritation, pain, stress, marginal bone loss, or loss of osseointegration, may also occur.^{2,5,8–12}

Numerous scientific studies have cited the passive fit of a framework as an important prerequisite for the long-term osseointegration of implants.^{13–22} Many methods for evaluating casting accuracy and framework fit before delivery have been suggested.^{18,23,24} Cast superstructures can be disassembled and resoldered or rewelded if necessary, although this may result in new errors of fit. Stress generated by the firing cycle used for ceramic veneers also has the potential to compromise fit.²⁵

¹Assistant Professor and Clinical Lecturer, Charité–Universitätsmedizin Berlin, Campus Benjamin Franklin, Department of Restorative Dentistry, Prosthetic Dentistry, Berlin, Germany; Private Practice in Implant Prosthetics, Mannheim, Germany.

²Private Practice, Berlin, Germany.

³Professor and Head, Department of Prosthetic Dentistry, University Hospital Carl Gustav Carus, Dresden University of Technology, Dresden, Germany.

⁴Professor and Head, Charité–Universitätsmedizin, Campus Benjamin Franklin, Department of Restorative Dentistry, Prosthetic Dentistry, Berlin, Germany.

Correspondence to: Prof Dr Wolfgang B. Freesmeyer, Clinic and Policlinic of Dentistry and Oral and Maxillofacial Surgery, Department of Restorative Dentistry, Prosthodontics, Assmannshauser Strasse 4-6, 14197 Berlin, Germany. Fax: + 49 30 8445 6238 E-mail: wolfgang.freesmeyer@medizin.fu-berlin.de

Producing passively fitting 1-piece frameworks for several implants may cause complications. The foundation of such a framework lacks forgiveness, since there is no periodontal ligament and the implants are essentially immobile.^{26–28} Nonetheless, a number of authors consider 1-piece casting the technique of choice because it results in frameworks that are very stable and homogenous.^{29,30}

Rübeling³¹ described a procedure for improving the fit of single-cast frameworks using the SAE Secotec Spark Erosion System (SAE Dental, Bremerhaven, Germany). This procedure was examined in the present study using scanning electron microscopy (SEM) and photoelastic stress assessment to determine whether measured improvement can be demonstrated.

MATERIALS AND METHODS

An initial cast was produced in a transparent polycarbonate resin (PSM1; Vishay, Malvern, PA) with 5 Brånemark System implants (13 mm long and 3.75 mm wide; Nobel Biocare, Göteborg, Sweden) arranged in the interforaminal region. A 4-mm abutment was secured to each implant with a torque of 20 Ncm.

Subsequently, an elastomeric impression (Impregum; 3M Espe, St Paul, MN) was made with cylindric tapered impression copings placed on the initial model. The impression copings were then removed from the model, placed on the model analogs, and repositioned inside the impression. Subsequently, the diagnostic cast was produced. The square impression copings were then placed on the diagnostic cast and secured with long guide pins using a torque controller at 10 Ncm. The square impression copings were splinted with autopolymerizing pattern resin and left to set for 24 hours.

To control polymerization shrinkage, the resin connections between the square impression copings were vertically separated with using disks (Horico; Hopf, Ringleb, Berlin, Germany), yielding gaps between the impression copings that were less than 1 mm wide. The square impression copings with the resin were seated separately on the initial cast and reconnected using the pattern resin. The guide screws were tightened to 10 Ncm using the torque controller.

Finally, an impression was made with Impregum using the pick-up technique typically used for the Brånemark System. A corresponding master cast suitable for the spark erosion treatment was produced in stone (SAE-Special Die Stone, SAE Dental). From this master cast, 12 frameworks were cast in a conventional single-cast procedure as described by White.³⁰ Six of these were made of a gold alloy (Stabilor G; Dentsply/DeguDent, Hanau, Germany); the other 6 were cast in pure titanium (Biotan; Schutz Dental Group, Rosbach, Germany).

Two different methods of measurement were used in this study to determine passive fit—SEM measurement (Sheffield test) and photoelastic stress analysis using monochromatic light.

To examine the fit of a framework, the Sheffield test employs a single gold screw. It must be possible to completely tighten this single screw on a distal model abutment without creating a gap between the other abutment–gold cylinder interfaces. If the superstructure remains in place on the abutments medial to the tightened screw and on the screws on the opposite of the framework, the superstructure is said to have an acceptable passive fit. If the fit is not stress-free, the superstructure will be lifted when a screw is tightened, creating a gap.^{12,18,28,30} (This is a clinical statement only. The test provides limited assessment in a single plane, but it is commonly used in clinical practice.)

Photoelastic stress analysis is a modeling method that uses the optical effect of double refraction of mechanically or thermally loaded transparent resins for analyzing stress. It is generally used to optically determine mechanical stress and, by implication, the accuracy of the fit.³² Depending on the stress patterns inside the model, fringe lines are created by superimposing the partial rays that are aligned relative to each other, allowing the stress to be measured.

The fit of all 12 frameworks was then measured by SEM using a Cambridge Stereoscan 150 MK 2 (Cambridge, England) both before and after the spark erosion treatment using the Sheffield test. All measurements were made at a magnification of $200 \times$ at 8 predefined measuring points per implant (4 buccal, 4 lingual) without tilting the casts. Photoelastic stress analysis was also performed before and after spark erosion treatment after the framework was incrementally screwed to the model.

After spark erosion, the corresponding SEM measurements and the photoelastic images were assessed and compared to the frameworks' "as cast" condition. For statistical analysis of the SEM measurements, the test was used and based on the assumption that the calculated values were distributed normally. Comparisons between the conditions of the casts before and after spark erosion treatment were made both between the 2 groups (ie, gold alloy and titanium) and within the groups. For statistical analysis of the photoelastic results, the Mann-Whitney U test was used based on the assumption that these calculated values do not have a normal distribution. Analysis

Treatment						
	Implant					
	1 (w/screw)	2	3	4	5	Mean
Gold alloy						
А	6.5	12.0	16.4	12.0	14.4	12.3
В	6.0	11.4	16.4	14.4	15.5	12.7
С	4.1	9.4	10.5	11.4	14.1	9.9
D	6.1	15.1	13.6	13.1	9.5	11.5
E	9.6	16.0	13.4	9.1	5.0	10.6
F	6.2	24.4	29.4	25.0	11.9	19.3
Titanium						
А	7.2	30.6	33.1	34.1	26.3	26.2
В	3.8	16.3	36.3	24.4	8.1	17.7
С	2.8	42.8	70.0	87.5	45.0	49.6
D	20.9	53.1	89.7	39.4	10.3	42.7
E	4.7	20.3	22.9	35.9	20.0	20.7
F	6.9	61.3	52.5	35.9	7.8	32.9

Table 1 Mean Gap Widths (μm) Between Abutments and All Gold and Titanium Frameworks Before Spark Erosion Treatment

Figures shown are the means of the measurements at each of the 8 measurement points.

was performed as for the SEM measurements, ie, by comparing the individual frameworks within each group and by comparing the framework groups before and after spark erosion treatment. For this study, P < .05 was considered significant and P < .01 was considered highly significant.

RESULTS

SEM

A total of 960 SEM measurements were made for the Sheffield test; 480 before spark erosion treatment and 480 afterward.

Before spark erosion treatment, the gap widths of the titanium frameworks ranged from 17.7 μ m to 49.6 μ m, while the gap widths of the cast gold frameworks ranged from 9.9 to 19.3 μ m (means given; see Table 1). After spark erosion treatment, the gap widths of the titanium frameworks were between 4.3 and 10.3 μ m; those for the gold frameworks were between 5.2 and 7.4 μ m (Figs 1 and 2).

The mean gap measurements after spark erosion treatment were calculated in the same manner and may be seen in Table 2. The statistical assessment derived from the measurements noted in Tables 1 and 2 is shown in Fig 3.

In the gold framework group, the gap width was noticeably smaller after spark erosion treatment; however, statistical analysis showed that the difference was not statistically significant (P = .15). In the titanium framework group, gap widths were considerably smaller following spark erosion, and this improvement proved to be highly significant (P = .008).

Statistical analysis of both framework groups before spark erosion showed the gold framework gaps to be considerably smaller than the titanium framework gaps. This difference was significant before (P = .01) and after (P = .035) spark erosion treatment.

Photoelastic Stress Analysis

For photoelastic stress analysis, 288 photographic images were taken, 144 before spark erosion treatment and 144 afterward.

The highest stress, 6.38 N/mm², was found for a titanium framework, and the lowest, 2.42 N/mm², for a gold framework. After spark erosion treatment, however, a reduction in the induced stress was observed for both types of framework. This was typically true for both the gold frameworks (0.57 orders) and the titanium frameworks (1.25 orders). Photoelastic stress analysis results before and after spark erosion treatment are shown in Table 3 and Fig 4.

The stress measured in gold frameworks significantly decreased after spark erosion treatment (P = .001).

A decrease in stress after spark erosion treatment was also found with titanium frameworks and was shown to be highly significant (P = .003).

Comparison of the 2 framework groups showed that the stress measurements for gold frameworks

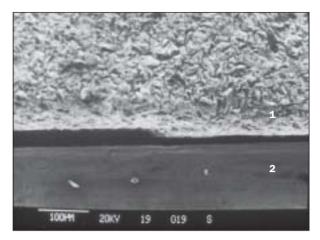


Fig 1a SEM measurement of the gap vertical axis widths using the Sheffield "one screw" test at a magnification of $200 \times$ before spark erosion treatment (the irregularity of the framework seat is clearly visible). 1 = framework; 2 = abutment.

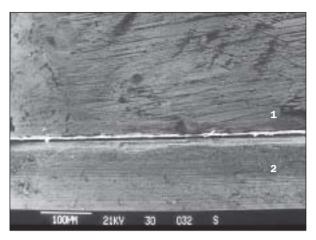


Fig 1b SEM measurement (same measuring point as Fig 1a) of the gap widths using the Sheffield "one screw" test at a magnification of $200 \times$ after spark erosion treatment. It can be clearly seen that the irregularity of the framework has disappeared. 1 = framework; 2 = abutment.

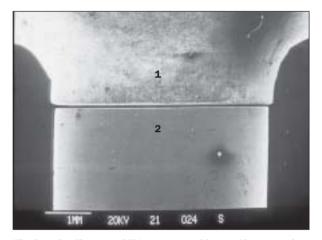


Fig 2a Sheffield test SEM image at \times 20 magnification before spark erosion treatment (second abutment in the original model). A clear gap is visible between the framework and abutment. 1 = framework; 2 = abutment.

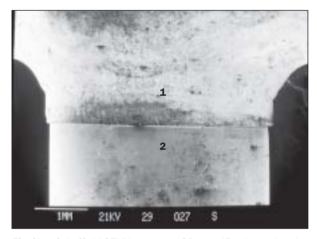


Fig 2b Scheffield SEM image at \times 20 magnification, using the same framework and abutments as in Fig 2a, but after spark erosion treatment. The gap has disappeared, ie, metal-to-metal contact has been achieved without the gold screw being tightened. 1 = framework; 2 = abutment.

before spark erosion treatment were much smaller than those for titanium frameworks (P = .003). After spark erosion treatment, measured stresses in gold frameworks continued to be lower than measured stresses in titanium frameworks; however the difference was not statistically significant (P = .075).

The photoelastic stress images comparing the image of the unloaded initial cast with that of the screw-connected framework after spark erosion treatment, as shown in Fig 5, were similar to those of the initial cast without the framework in place (Fig 6). In Fig 7, which shows a typical initial case with the screw-connected framework before spark erosion treatment, clearly asymmetric lines are visible. Thus photoelastic stress analysis affirmed the

benefits of correcting cast frameworks with spark erosion in regard to enhancing the interface fit.

The results of the both SEM measurements and photoelastic stress analysis showed that the measured gap widths were already very small (ie, within component machining tolerances) before spark erosion treatment. The fit of both gold and titanium frameworks was already good compared to data reported in clinical studies.¹⁷

DISCUSSION

When comparing the values for the titanium frameworks with those of the gold frameworks before

Table 2 Mean Gap Widths (µm) Between Abutments and All Gold and Titanium Frameworks After Spark Erosion Treatment

	Implant					
	1 (w/screw)	2	3	4	5	Mean
Gold alloy						
A	2.2	7.0	10.9	8.6	5.1	6.7
В	2.4	5.0	9.8	8.5	6.3	6.4
С	1.2	4.3	8.1	8.9	3.4	5.2
D	1.6	4.9	10.5	8.2	3.4	5.7
E	2.4	8.0	10.9	11.9	4.0	7.4
F	1.0	6.4	8.6	8.8	4.5	5.8
Titanium						
A	1.5	7.1	11.1	9.9	5.1	6.9
В	1.8	9.1	19.9	14.9	5.9	10.3
С	1.1	7.6	13.3	13.6	4.0	7.9
D	4.0	10.4	17.0	14.1	5.3	10.2
E	1.6	7.5	8.3	8.3	3.8	5.9
F	1.3	6.2	5.1	5.9	3.3	4.3

Figures shown are the means of the measurements at each of the 8 measurement points.

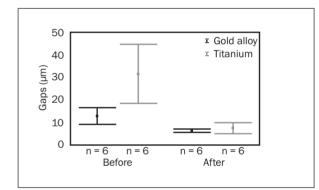


Fig 3 Gap widths before and after spark erosion treatment calculated using SEM. Brackets indicate 95% confidence intervals.

Table 3Photoelastic Stress Analysis ResultsBefore and After Spark Erosion Treatment						
	Stress (N Before	l/mm²) After	Stress reduction posttreatment (N/mm ²)			
Gold alloy						
A	2.86	1.76	1.10			
В	2.86	1.76	1.10			
С	2.42	1.54	0.88			
D	2.86	1.54	1.32			
E	2.86	1.76	1.10			
F	3.52	1.54	1.98			
Titanium						
А	4.40	1.76	2.64			
В	4.40	2.86	1.54			
С	6.16	2.64	3.52			
D	6.38	3.52	2.86			
E	3.96	1.76	2.20			
F	5.28	1.54	3.74			

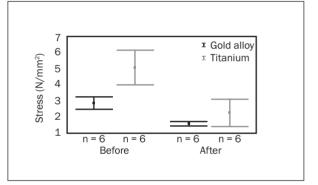


Fig 4 Photoelastic stress analysis results before and after spark erosion treatment.

spark erosion treatment, the differences were highly significant statistically, ie, the primary fit of the gold frameworks was better than that of the titanium frameworks. Looking at the measured mean gap widths after spark erosion treatment, an improved fit was found for both framework groups. The mean gap width was 6.20 μ m for gold frameworks and 7.58 μ m for titanium frameworks.

For titanium frameworks, the differences in fit before and after spark erosion treatment were highly significant. For the gold frameworks, there was also a marked improvement. After spark erosion treatment, the gap width values still tended to be more favorable for the gold frameworks than for the titanium frameworks. However, the difference between the 2 groups was no longer statistically significant.

According to Klineberg and Murray, frameworks with gap widths up to 30 µm across 90% of the

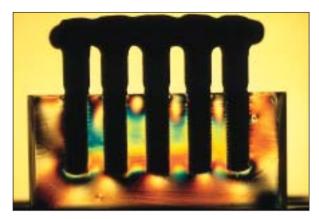


Fig 5 Initial cast with titanium framework after spark erosion treatment. All gold screws were screwed tight.

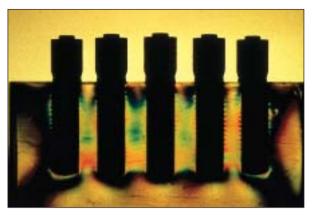


Fig 6 Initial cast made of transparent acrylic resin with 5 Brånemark System implants.

abutment cylinder area can be considered to have a good passive fit.³³

Carr and associates, quoting Brånemark,³⁴ suggested that a gap width between abutment and superstructure of < 10 μ m be considered to be a passive fit. If this precondition is met, bone remodeling relative to cellular turnover necessary to maintain osseointegration should not be adversely affected.

Statistical analysis of the SEM measurements showed that the fits of the gold frameworks in their original state, before spark erosion treatment, were acceptable according to the criteria of Klineberg and Murray, with a confidence interval between 9.16 and 16.27 μ m. The titanium frameworks, by contrast, exhibited an acceptable fit only after spark erosion treatment, with a confidence interval between 5.08 and 10.08 μ m.

The results of the photoelastic stress analysis also showed that the 6 gold frameworks already had an excellent fit in their as-cast state; the additional stress induced compared to the unloaded cast was minimal. The 6 titanium frameworks, on the other hand, exhibited a much less precise fit initially. The highest photoelastic stress (6.38 N/mm²) was found in a cast titanium framework, and the lowest (2.42 N/mm²) in a gold framework.

Figure 6, which shows a photoelastic stress image of the initial cast before spark erosion treatment and without screw-connected framework, shows that stress was induced before the implants were loaded. This induced stress is unavoidable, as the implants must be firmly anchored to their environment, resulting in forces that induce stress. However, this stress must be as evenly distributed as possible (ie, stress distribution should be as symmetric or homogenous as possible).

By connecting the frameworks to the implant abutments, additional asymmetric stress is induced.

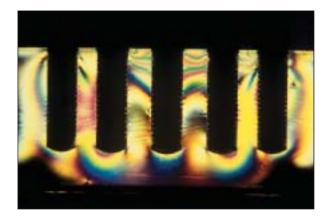


Fig 7 Similar initial cast from the preliminary study of transparent acrylic resin before spark erosion treatment with 5 Brånemark System implants and a framework (screwed-on), showing lack of passive fit. Compared with Fig 6, additional asymmetric stress "fringe" lines are clearly visible, caused by the screwed-in framework lacking passive fit.

If the framework fit is not passive, the resulting stress is a considerable burden on the peri-implant bone.^{2,5,17,23,35–41}

The results of this study showed that, following spark erosion treatment, the fits of all frameworks were acceptable according to the Klineberg and Murray criteria.³³ Titanium and gold frameworks treated using the spark erosion technique were equivalent with regard to fit. The literature suggests that these frameworks satisfy the criteria for a passive fit. The clinical use of the spark erosion technique for the treatment of superstructures can therefore be recommended.

The spark erosion technique has the potential to improve framework fit. Complications that could result from poorly fitting frameworks are deformation, loosened gold screws, fractured gold screws, fractured abutment screws, fractured frameworks, microfractures of the peri-implant bones, or even loss of osseointegration.^{6,12,15,19,42–45}

Numerous studies have described methods for improving framework fit. Jemt and associates⁴⁶ described a method in which a titanium superstructure is produced in 1 piece by a computerized numerically controlled milling machine. Other methods worth mentioning are the Cresco Ti precision technique⁴⁷ and the Procera technique.⁴⁸

When discrepancies in fit are found and the restoration does not fit passively, it is currently still common practice to perform time-consuming procedures such as segmenting, indexing, and reconnection of the segments by laser welding or soldering. These techniques may, among other things, promote framework fractures and compromise the stability and homogeneity of the entire restoration.^{18,24,46,49}

Applying ceramic veneer to a framework can result in distortion of a well-fitting framework. The studies mentioned^{46–48} examined only the passive fit of the framework. Changes in framework fit after veneering were not assessed. The spark erosion technique can be used to correct framework fit after ceramic veneering, too.

Commercially pure titanium has been the material of choice for dental implants in the oral environment for many years. The biocompatibility argument requires that the frameworks supported by titanium implants also be made of commercially pure titanium, resulting in a monometallic restoration for the patient.^{49–53} Since the titanium frameworks can achieve a passive fit using spark erosion treatment, monometallic implant-supported restorations with an acceptable fit can be produced.

Tan and colleagues,²³ discussing biocompatibility, reported that it is probable that the initial preload between the implant and the adjacent periimplant bone is reduced by physiologic bone transformation. It is unknown, however, how long it takes until this transformation reduces the persistent stress.²³ Moreover, the elasticity of bone might also compensate for negative stress resulting from misfit. Stress in the bone is an important stimulus for bone apposition and bone resorption. This is why it is so important to be cognizant of this biologic aspect of implant restoration. Such cognizance will enable us to better understand the consequences of an ill-fitting framework being placed on implants.² Windhagen and Thorey also concluded that additional studies of the biomechanical reaction of the bone to different types of loading are required to better understand the biologic response to different levels of framework fit.54

As long as it remains unclear what bone biologic reaction to chronic loading will be and whether and how much bone resorption or bone apposition will occur, clinicians should strive to achieve a precise passive fit of the implant frameworks to minimize additional stress at the implant-bone interface.

CONCLUSION

The results of this study show that single-cast frameworks treated with the SAE Secotec Spark Erosion System exhibited gap width within the range considered acceptable for passively fitting frameworks. It was demonstrated that the spark erosion technique can result in noticeably greater precision in producing single-cast frameworks and in ensuring a passive fit of these frameworks for implant-supported restorations. This was demonstrated both by SEM and by photoelastic stress analysis. The SAE Secotec Spark Erosion System permits the refinement of metals in a manner largely independent of their physical properties. This allows the correction of errors in the fit of frameworks even after ceramic veneering.

ACKNOWLEDGMENTS

The authors thank Rubeling & Klar Dental-Labor for their support in producing and spark erosion-treating the frameworks. Thanks also go to Dr Munschau at the Federal Institute for Materials Science (BAM) in Berlin for his support in conducting the photoelastic stress analysis and to Professor Radlanski of the Department of Experimental Dentistry and Oral and Maxillofacial Surgery of the Free University of Berlin for his assistance with the SEM measurements.

REFERENCES

- 1. Gunne J, Jemt T, Linden B. Implant treatment in partially edentulous patients: A report on prostheses after 3 years. Int J Prosthodont 1994;7:143–148.
- Jemt T, Lekholm U. Measurements of bone and frame-work deformations induced by misfit of implant superstructures. A pilot study in rabbits. Clin Oral Implants Res 1998:9:272–280.
- Lekholm U, van Steenberghe D, Herrmann I, et al. Osseointegrated implants in the treatment of partially edentulous jaws: A prospective 5-year multicenter study. Int J Oral Maxillofac Implants 1994;9:627–635.
- Naert I, Quirynen M, van Steenberghe D, Darius P. A study of 589 consecutive implants supporting complete fixed prostheses. Part II: Prosthetic aspect. J Prosthet Dent 1992;68: 949–956.
- 5. Skalak R. Biomechanical considerations in osseointegrated prostheses. J Prosthet Dent 1983;49:843–848.
- Sones AD. Complications with osseointegrated implants. J Prosthet Dent 1989;62:581–585.

- Zarb GA, Schmitt A. The longitudinal clinical effectiveness of osseointegrated dental implants: The Toronto study. Part III: Problems and complications encountered. J Prosthet Dent 1990;64:185–194.
- Adell R, Lekholm U, Rockler B, Brånemark P-I. A 15-year study of osseointegrated implants in the treatment of edentulous jaw. Int J Oral Surg 1981;10:387–416.
- Bauman GR, Mills M, Rapley JW, Hallmon WW. Plaqueinduced inflammation around implants. Int J Oral Maxillofac Implants 1992;7:330–337.
- Haanaes HR. Implants and infections with special reference to oral bacteria. J Clin Periodontol 1990;17:516–524.
- Yanase RT, Binon PP, Jemt T, Gulbransen HJ, Parel S. How do you test a cast framework for a full-arch fixed implantsupported prosthesis? [current issues forum] Int J Oral Maxillofac Implants 1994;9:471–474.
- Kallus T, Bessing C. Loose gold screws frequently occur in full-arch fixed prostheses supported by osseointegrated implants after 5 years. Int J Oral Maxillofac Implants 1994;9:169–178.
- Carr AB, Gerard DA, Larsen PE. The response of bone in primates around unloaded dental implants supporting prostheses with different levels of fit. J Prosthet Dent 1996;76: 500–509.
- Hobo S, Ischida E, Gracia TL. Fully bone anchored prostheses. Laboratory procedures. In: Osseointegration and Occlusal Rehabilitation. Tokyo: Quintessence, 1989:153–186.
- Isa ZM, Hobkirk JA. The effects of superstructure fit and loading individual implant units: Part I. The effects of tightening the gold screws and placement of a superstructure with varying degrees of fit. Eur J Prosthodont Restorative Dent 1995;3:247–253.
- 16. Jemt T. Failures and complications in 391 consecutively inserted fixed prostheses supported by Brånemark implants in edentulous jaws: A study of treatment from the time of prosthesis placement to the first annual checkup. Int J Oral Maxillofac Implants 1991;6:270–276.
- Jemt T. In vivo measurements of precision of fit involving implant-supported prostheses in the edentulous jaw. Int J Oral Maxillofac Implants 1996;11:151–158.
- Kan JY, Rungcharassaeng K, Bohsali K, Goodacre CJ, Lang BR. Clinical methods for evaluating implant framework fit. J Prosthet Dent 1999;81:7–13.
- Stumpel LJ III, Quon SJ. Adhesive abutment cylinder luting. J Prosthet Dent 1993;69:398–400.
- Lechner S, Duckmanton N, Klineberg I. Prosthodontic procedures for implant reconstruction. 2. Post-surgical procedures. Aust Dent J 1992;37:427–432.
- May KB, Edge MJ, Russell MM, Razzoog ME, Lang BR. The precision of fit at the implant prosthodontic interface. J Prosthet Dent 1997;77:497–502.
- Millington ND, Leung T. Inaccurate fit of implant superstructures. Part 1: Stresses generated on the superstructure relative to the size of fit discrepancy. Int J Prosthodont 1995; 8:511–516.
- Tan KB, Rubenstein JE, Nicholls JI, Yuodelis RA. Threedimensional analysis of the casting accuracy of one-piece, osseointegrated implant-retained prostheses. Int J Prosthodont 1993;6:346–363.
- Ziebert GJ, Hurtado A, Glapa C, Schiffleger BE. Accuracy of one-piece castings, preceramic and postceramic soldering. J Prosthet Dent 1986;55:312–317.
- Rübeling G. Metallikeramisch verblendeter Bruckenzahnersatz aus Titan mit passivem Sitz nach funkenerosiver Behandlung. Implantologie 1999;3:279–294.

- Aparicio C. A new method for achieving passive fit of an interim restoration supported by Brånemark implants: A technical note. Int J Oral Maxillofac Implants 1995;10:614–618.
- 27. Henry PJ. An alternate method for the production of accurate casts and occlusal records in the osseointegrated implant rehabilitation. J Prosthet Dent 1987;58:694–697.
- Witkowski S. Die Realisierung des spannungsfreien Sitzes bei implantatgetragenen Suprastrukturen. Implantologie 1993;1:69–81.
- 29. Fusayama T, Wakumoto S, Hosada H. Accuracy of fixed partial dentures made by various soldering technique and one-piece casting. J Prosthet Dent 1964;14:334–342.
- White GE. Herstellung eines Gerusts f
 ür eine implantatgetragene Totalprothese im Unterkiefer. In: White GE (ed). Implantat-Zahntechnik. Berlin: Quintessenz, 1993:S114.
- Rübeling G. Titanverarbeitung mittels Funkenerosion. In: Wirz F, Bischoff H. Titan in der Zahnmedizin. Berlin: Quintessenz, 1997:S231.
- Wolf H. Spannungsoptik. Buch 2: Auflage. Berlin: Springer, 1976.
- Klineberg IJ, Murray GM. Design of suprastructures for osseointegrated fixtures. Swed Dent J 1985;28(suppl):63–69.
- Brånemark P-I. Osseointegration and its experimental background. J Prosthet Dent 1983;50:399–410.
- Brunski J. Biomaterials and biomechanics in dental implant design. Int J Oral Maxillofac Implants 1988;3:85–97.
- Brunski JB. The influence of force, motion and related quantities on the response of bone to implants. In: Fikgerald RF Jr (ed). Noncemented Total Hip Arthroplasty. New York: Raven, 1988:7–21.
- Brunski JB. Forces on dental implants and interfacial stress transfer. In: Laney WR, Tolman DE (eds). Tissue Integration in Oral, Orthopedic and Maxillofacial Reconstruction. Chicago: Quintessence, 1992:108–124.
- Frost HM. Some ABC's of skeletal pathophysiology. 5. Microdamage hysiology. Calcif Tissue Int 1991;49:229–231.
- 39. Roberts WE, Garetto LP, Katona TR. Principles of orthodontic biomechanics: Metabolic and mechanical control mechanisms. In: Carlson DS, Goldstein SA (eds). Bone Biodynamics in Orthodontic and Orthopedic Treatment [Proceedings of the Annual Symposium on Craniofacial Growth, 22–23 Feb 1991, Ann Arbor, Michigan]. Ann Arbor, MI: Center for Human Growth and Development, University of Michigan, 1991:189–225.
- Roberts WE, Smith RK, Zilberman Y, Mozsary PG, Smith RS. Osseous adaption to continuous loading of rigid endosseous implants. Am J Orthod 1984,86:95–111.
- Roberts WE, Helm FR, Marshal KJ, Gongloff RK. Rigid endosseous implants for orthodontic and orthopedic anchorage. Angle Orthod 1989;59:247–256.
- Brånemark P-I, Zarb GA, Albrektsson T. Gewebeintegrierter Zahnersatz. Osseointegration in klinischer Zahnheilkunde. Berlin: Quintessenz, 1985:11–76.
- Jörnéus L, Jemt T, Carlsson L. Loads and designs of screw joints for single crowns supported by osseointegrated implants. Int J Oral Maxillofac Implants 1992;7:353–359.
- 44. Smedberg J-I, Nilner K, Rangert B, Svensson SA, Glantz SA. On the influence of superstructure connection on implant preload: A methodological and clinical study. Clin Oral Implants Res 1996;7:55–63.
- 45. Waskewicz GA, Ostrowski JS, Parks VJ. Photoelastic analysis of stress distribution transmitted from a fixed prosthesis attached to osseointegrated implants. Int J Oral Maxillofac Implants 1994;9:405–411.

- 46. Jemt T, Back T, Petersson A. Precision of CNC-milled titanium frameworks for implant treatment in the edentulous jaw. Int J Prosthodont 1999;12:209–215.
- Ziesche U. Spannungsfreiheit, die wir meinen: CRESCO Ti Präzisierungs-Verfahren. Das Internationale Zahntechnik Magazin 2002;6:312–314.
- Nölken R. Procera Implantat Steg Ein neues Behandlungskonzept für die Versorgung eines zahnlosen Kiefers mit einer stegretinierten Galvano-Hybridprothese. Dent Implantol 2003;7:335–350.
- Rinke S, Lucius J, Huls A. Vergleichende Untersuchungen zur Herstellung von Titanstegkonstruktionen. Z Zahnärztl Implantol 1995;11:38–44.
- Eisenmann E, Rubeling G. Die monometallische, spannungsfreie Versorgung auf Implantaten. Quintessenz Zahntech 1997;23:1440–1452.

- Geis-Gerstorfer J, Sauer K-H, Weber H. In vitro substance loss due to galvanic corrosion in Ti-implant/Ni-Cr supraconstruction systems. Int J Oral Maxillofac Implants 1989;4: 119–123.
- Simonis A, Weber H. In-vivo-Korrosionsuntersuchungen an Gusslegierungen f
 ür Implantatsuprakonstruktionen. Z Zahnärztl Implantol 1989;5:95–100.
- Weber H, Frank G, Diehl J, Geis-Gerstorfer J. Kombiniert festsitzend/herausnehmbarer Zahnersatz aus Nichtedelmetall. Zahnärztl Mitt 1988;78:1879–1884.
- Windhagen H, Thorey F. Die funktionelle Reaktion des Knochens auf mechanische Reize. Z Zahnärztl Implantol 2000;16:139–145.