

2 Nasal prosthesis after rebonding of polyurethane liner.

semble, clamp, and return it to the LO at 170°F for 15 minutes. Remove the prosthesis from the LO and allow it to bench polymerize overnight (Fig. 2).

REFERENCES

- 1. Udagama A. Urethane-lined silicone facial prostheses. J Prosthet Dent 1987;58:351-4.
- Singer MT, Mitchell DL, Pellen GB Jr. Effect of primers on the bond strength of silicone elastomers and polyurethane. J Prosthet Dent 1988;60:602-5.
- Wang R, Collard SM, Lemon J. Adhesion of silicone to polyurethane in maxillofacial prostheses. Int J Prosthodont 1994;7:43-9.

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NOTEWORTHY ABSTRACTS OF THE CURRENT LITERATURE

Influence of abutment material on stability of peri-implant tissues: A systematic review

Linkevicius T, Apse P. Int J Oral Maxillofac Implants 2008;23:449-56.

Purpose: The aim of this systematic review was to evaluate available evidence for a difference in the stability of periimplant tissues between titanium abutments versus gold alloy, zirconium oxide, or aluminum oxide abutments.

Materials and Methods: Studies were identified by examining several electronic databases and major dental implant, prosthetic, and periodontal journals. To be selected for the preliminary article pool, the article must have been written in the English language and published from 1980 to March 2007. Articles were sorted based on the nature of the study. In vitro studies and literature reviews were excluded. The included articles were clinical, human histology, and animal studies. Case reports, case series, uncontrolled clinical trials, and clinical studies with teeth treated as a control were excluded from the final review.

Results: The initial article pool included 40 articles of which 9 met the inclusion criteria: 3 animal studies, 2 human histological studies, and 4 randomized clinical trials. Soft tissue recession was not accurately measured in the included clinical studies. Assessment of peri-implant tissues around zirconium oxide and titanium abutments was described only in animal and human histologic studies. Due to differences in study types, timing of follow-ups, and outcome variables, meta-analysis could not be performed.

Conclusion: Included studies revealed that titanium abutments did not maintain a higher bone level in comparison to gold alloy, aluminum oxide, or zirconium oxide abutments. However, there is a lack of information about the clinical performance of zirconium oxide and gold alloy abutments as compared to titanium abutments.

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