

# Advancing the clinical use of zirconia dental implants: a comprehensive review of outcomes, innovations and challenges

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## Abstract

Zirconia dental implants have gained attention as an alternative to titanium implants. They offer superior aesthetics, biocompatibility, and appeal for metal-free restorations. This review examines zirconia implants' clinical performance, mechanical properties, and design and surface treatment innovations. The analysis includes studies from 2008 to 2020, evaluating survival rates, bone loss, and challenges with osseointegration and mechanical fragility.

Clinical evidence suggests that zirconia implants exhibit survival rates similar to titanium implants, with minimal marginal bone loss and favorable soft tissue outcomes. One-piece designs show better performance due to reduced mechanical failure risk. However, zirconia's brittleness remains limited, especially in high-stress areas like the posterior mandible. Advances in zirconia formulations and surface treatments, such as sandblasting and acid etching, have improved osseointegration and clinical success.

Although short- and medium-term studies are promising, the absence of long-term data raises concerns regarding the durability and performance of zirconia implants. Further research is needed to address osseointegration variability, refine surface modification techniques, and explore hybrid implant designs combining zirconia and titanium for enhanced mechanical strength. In conclusion, while zirconia implants offer significant potential as a titanium alternative, ongoing research, and long-term clinical trials are essential for their widespread acceptance in modern implantology.

**Keywords:** Zirconia implants, Biocompatibility, Osseointegration, Mechanical fragility

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## Introduction

Dental implants have significantly transformed the landscape of restorative dentistry, offering patients a reliable solution for replacing lost teeth and restoring functionality and aesthetics (1–5). Titanium implants have become the gold standard for dental implantology, owing to their remarkable ability to osseointegrate, superior mechanical properties, and long-term clinical success (6–10). However, while titanium implants are widely used, they have limitations that may impact their effectiveness in specific clinical situations (11–15). Aesthetic concerns, particularly in the anterior region of the mouth, and concerns related to the biocompatibility of titanium have driven research into alternative materials (16–20). Zirconia has gained increasing attention among these alternatives due to its promising characteristics (21–25). Zirconia is a bio-ceramic material that has garnered attention due to its excellent aesthetic properties, exceptional biocompatibility, and resistance to bacterial adhesion (26–30). Unlike titanium, which can create a visible metallic appearance, especially in patients with thin gingival biotypes, zirconia's tooth-like color makes it an ideal option for anterior restorations (31–35). Furthermore, zirconia's resistance to corrosion and reduced potential for peri-implantitis make it an appealing choice for patients with metal sensitivities or allergies (36–42). Despite these benefits, zirconia implants have not yet entirely displaced titanium implants as the material of choice in clinical practice due to several limitations, including mechanical fragility, challenges in osseointegration, and the lack of long-term clinical data (43–49).

This narrative review aims to comprehensively analyze zirconia implants, focusing on their clinical performance, including survival rates, marginal bone loss, and mechanical performance. Additionally, we explore the latest innovations in zirconia implant design and surface treatments and discuss the challenges in maximizing their clinical potential. By synthesizing recent findings from the literature, this review seeks to provide an in-depth understanding of the advantages and disadvantages of zirconia implants and highlight the areas that require further research and development to optimize their clinical use.

## Methods

The present narrative review is based on clinical studies and research articles published between 2008 and 2020. The data was primarily gathered from two major scientific databases, Scopus and Web of Science, to ensure comprehensive coverage of high-quality, peer-reviewed research on zirconia implants. The inclusion criteria for studies focused on human clinical trials that provided data on outcomes such as implant survival rates, marginal bone loss, complications, and osseointegration in patients receiving zirconia implants. Non-human studies, *in vitro* experiments, and articles not written in English were excluded from this review to ensure the relevance of the findings to clinical practice.

Data extracted from the selected studies included key information such as the publication year, geographical region of study, study design (e.g., randomized controlled trials, cohort studies), patient demographics (e.g., age, gender), implant design, and surface treatments. This allowed for an analysis of trends in the clinical use

of zirconia implants and identified gaps in the current body of knowledge. Additionally, bibliometric analyses were conducted to identify research trends, including contributions from leading institutions and countries that have significantly advanced the field of zirconia implantology.

## Trends in Zirconia Implant Research

The research on zirconia dental implants has expanded rapidly over the past decade, reflecting the growing interest in ceramic implants as an alternative to titanium (50–59). Notable contributions have come from European countries such as Germany, Switzerland, and Austria, which have been at the forefront of developing new materials and technologies for zirconia implants. Institutions like the University of Freiburg, University of Zurich, and Charité Berlin have played key roles in researching the clinical outcomes of zirconia implants (60–64, 313).

The research landscape has evolved from initial case reports and observational studies to more robust clinical trials, including randomized controlled trials (RCTs) and prospective cohort studies (65–74). This transition underscores the shift toward producing more reliable and high-quality evidence to support the clinical application of zirconia implants (75–79). Although zirconia implants are primarily used in single-tooth restorations in the anterior region, more recent studies have expanded their application to include full-arch rehabilitations, particularly in patients who prefer metal-free alternatives (80–84).

The growing body of evidence highlights the advantages of zirconia implants regarding aesthetics and biocompatibility (85–91). However, despite promising short- and medium-term outcomes, the field continues to grapple with challenges related to zirconia's mechanical properties and the lack of long-term data (92–101). Future studies will be essential in answering important questions regarding the durability of zirconia implants in high-stress applications such as posterior implants and full-arch restorations (102–106, 317).

## Clinical Performance

### 1) Survival Rates

Implant survival is one of the most critical measures of success in implantology, and various studies have shown survival rates ranging from 87% to 100% for zirconia implants. In the short to medium term, zirconia implants have performed comparably to titanium implants, particularly in single-tooth replacements and anterior restorations (107–111). The high aesthetic value of zirconia, combined with its biocompatibility, makes it a favorable choice for patients seeking a more natural-looking dental restoration (112–116).

The design of zirconia implants can have a significant impact on survival rates (117–123). One-piece zirconia implants, which feature a monolithic design without an abutment connection, have demonstrated superior survival rates due to their resistance to mechanical stresses at the interface (124–132). This design eliminates the potential for micromovements and bacterial infiltration, which can contribute to implant failure in two-piece designs (133–141). However, while offering more flexibility in prosthetic restorations, two-piece zirconia implants have been associated with slightly lower survival rates due to their increased vulnerability to mechanical failure at the abutment connection (142–146, 314, 315).

While the clinical performance of zirconia implants in the anterior region is well-documented, the performance of zirconia implants in the posterior region remains a topic of ongoing research (147–157). The posterior region is subject to higher masticatory forces, which can challenge zirconia implants due to the material's inherent brittleness. Research continues to investigate using zirconia implants in posterior regions and complex full-arch restorations, where mechanical stress is more significant (158–162).

## **2) Marginal Bone Loss**

Marginal bone loss is a critical factor in determining the long-term success of dental implants. Studies on zirconia implants have consistently demonstrated minimal marginal bone loss, typically averaging less than 1 mm during the first year of functional loading (163–173). This compares favorably to titanium implants, which also exhibit low levels of bone loss. The excellent biocompatibility of zirconia contributes to this positive outcome, as the material's ability to resist bacterial colonization and its compatibility with the surrounding bone and soft tissues reduce the risk of peri-implant inflammation and subsequent bone loss (174–178).

Surface modifications have been shown to enhance the osseointegration of zirconia implants, further reducing the risk of bone loss (179–189). Techniques such as sandblasting and acid etching are commonly employed to increase the surface roughness of zirconia implants, creating micro- and nano-scale textures that promote better bone-to-implant contact (190–194). Roughened zirconia surfaces have been shown to enhance osseointegration, especially in immediate loading protocols, where achieving and maintaining primary stability is critical (195–203).

Although zirconia implants demonstrate favorable bone loss rates, the variability in outcomes related to different surface treatments indicates that further research is required to identify the most effective surface modification techniques (204–212). Additionally, exploring the role of soft tissue management around zirconia implants and its impact on marginal bone stability will be essential in improving long-term outcomes (213–223).

## **Challenges and Complications**

### **a) Mechanical Fragility**

The most significant challenge facing zirconia implants is their mechanical fragility. Zirconia is a ceramic material, which makes it inherently more brittle than titanium (224–234). This brittleness becomes a concern when zirconia implants are placed in high-stress areas such as the molars or full-arch rehabilitations, where the implants are subjected to significant occlusal forces (235–239). Zirconia implants are more likely to fracture under such stress, leading to potential complications and failures. Despite improvements in material formulations and manufacturing techniques, zirconia implants are still more vulnerable to mechanical failure than titanium (240–250). Recent advancements in zirconia technology, including the development of yttria-stabilized zirconia, have improved its fracture toughness. However, zirconia implants remain less mechanically resilient than titanium, which remains the material of choice for high-stress applications. This limitation has prompted researchers to explore hybrid implant designs that combine zirconia with titanium components. These hybrid designs aim to capitalize on

the aesthetic and biological advantages of zirconia while retaining the mechanical strength of titanium.

### **b) Osseointegration Challenges**

Although zirconia is highly biocompatible and promotes favorable soft tissue responses, its osseointegration capabilities can be more variable than titanium implants (251–261). Surface properties such as roughness, texture, and energy significantly affect the rate and quality of osseointegration (262–266). Roughened zirconia surfaces, achieved through techniques such as sandblasting, acid etching, and laser texturing, have been shown to enhance osseointegration by increasing the surface area available for bone attachment. However, the variability in osseointegration results suggests that developing more standardized surface treatments and manufacturing processes is necessary to optimize zirconia implants for widespread use (267–277, 312).

A critical challenge for zirconia implants is the lack of consistency in osseointegration across different clinical situations. Factors such as bone quality, loading protocols, and implant design can all influence the success of osseointegration. Further research is needed to explore these variables and develop more consistent methods for enhancing the integration of zirconia implants with the surrounding bone (278–284).

### **c) Limited Long-Term Data**

Despite promising short- and medium-term results, the long-term performance of zirconia implants remains uncertain (285–289). Most studies on zirconia implants focus on the first 3 to 5 years of function, with a few extending up to 10 years. The lack of long-term data raises concerns about their durability, particularly in high-stress areas. Gathering long-term clinical data on zirconia implants is essential to fully understanding their performance and establishing guidelines for their use in different clinical scenarios.

Long-term studies are necessary to assess the long-term survival rates, mechanical performance, and overall reliability of zirconia implants. These studies will provide evidence to compare the long-term success of zirconia implants with titanium implants and help guide clinical decision-making (290–300, 316).

## **Innovations in Implant Design and Surface Modifications**

Recent innovations in zirconia implant design and surface treatments have aimed to address some of the material's limitations, notably its mechanical fragility and osseointegration challenges (301–305). Advances in zirconia formulations, such as the development of high-strength zirconia and improved surface treatments, have contributed to enhanced implant performance. Furthermore, the use of hybrid designs, combining the aesthetic benefits of zirconia with the mechanical strength of titanium, has shown promise in improving the overall success rate of zirconia implants.

Surface modification techniques, including sandblasting, acid etching, and laser texturing, have also been used to enhance the osseointegration of zirconia implants. These treatments increase zirconia's surface roughness and energy, promoting better bone attachment and integration (306–311). As research continues to explore new surface treatment options, the development of standardized

protocols for zirconia implant manufacturing is expected to improve the consistency and predictability of outcomes.

### Conclusion and Future Perspectives

Zirconia implants represent a significant advancement in dental implantology, offering superior aesthetic properties and biocompatibility compared to titanium implants. However, challenges related to mechanical fragility, osseointegration, and the lack of long-term data must be addressed before zirconia implants become widely accepted alternatives to titanium implants. Future research should focus on developing hybrid implant designs, optimizing surface modification techniques, and conducting long-term clinical studies to evaluate the durability and performance of zirconia implants over time. With continued innovation and rigorous research, zirconia implants have the potential to play an increasingly significant role in dental implantology, offering patients a more natural-looking and biocompatible option for tooth replacement.

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### Conflicts of Interest

The authors declare no conflict of interest.

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