

## Ligaplants: Pioneering the Future of Dental Implants

**Vinod V., Sonal Shah, Abhisheik Sachdeva, Sandeep Vaidya, Happy Moni Das.**  
Rama Dental College Hospital & Research Centre, Rama University, Mandhana,  
Kanpur, Uttar Pradesh- India 209217

---

### ABSTRACT

Replacement of the missing tooth with an implant has gained popularity among patients. The advent of periodontal tissue engineering has brought about a revolution not only in the field of periodontology but also in the field of implant dentistry at large. Currently, the development of a periodontal ligament (PDL) attachment around dental implants has now become an important new therapeutic tool to replace lost teeth. PDL houses various vital cells that are important in the dynamic relationship between the tooth and the bone. Thus, ligaplants are now an available option to improve the biological performance and to prolong the life of the prosthesis.

**Keywords:** Dental implants, periodontal ligament, tissue engineering

### INTRODUCTION

The surge in implant dentistry owes its momentum to a blend of factors. Firstly, there's the extended lifespan of individuals, which means more people are seeking solutions for tooth loss as they age. Additionally, the shortcomings of removable and fixed prostheses have led patients and practitioners alike to explore alternatives. Implants offer distinct advantages and more predictable outcomes, further fueling their popularity.

But before an implant can be placed, there's often a need for bone reconstruction due to local bone defects or overall poor bone quality. Addressing localized bone loss around the implant fixture poses a significant clinical challenge, especially when dealing with issues like gingival recession, often requiring additional surgical interventions.

The loss of natural teeth also means the loss of periodontal ligament (PDL) cells, which play a crucial role in wound healing around teeth. Unfortunately, these cells cannot contribute to the healing process around endosseous implants. Consequently, achieving optimal healing around implants is currently focused on fostering intimate bone-to-implant contact, a process known as osseointegration.

Osseointegrated implants are widely considered the gold standard due to their impressive long-term clinical survival rates. However, they lack the mobility that natural teeth endowed with a PDL possess. To bridge this gap, efforts have been ongoing to develop implants with PDL capabilities. The concept of LIGAPLANTS, which combines PDL cells with implant biomaterial, holds promise in this regard.

Moreover, recognizing the inherent difference between osseointegrated implants and natural teeth, attempts have been made to incorporate shock-absorbing systems into implants or their superstructures to mimic the functionality of the PDL and enhance their performance.

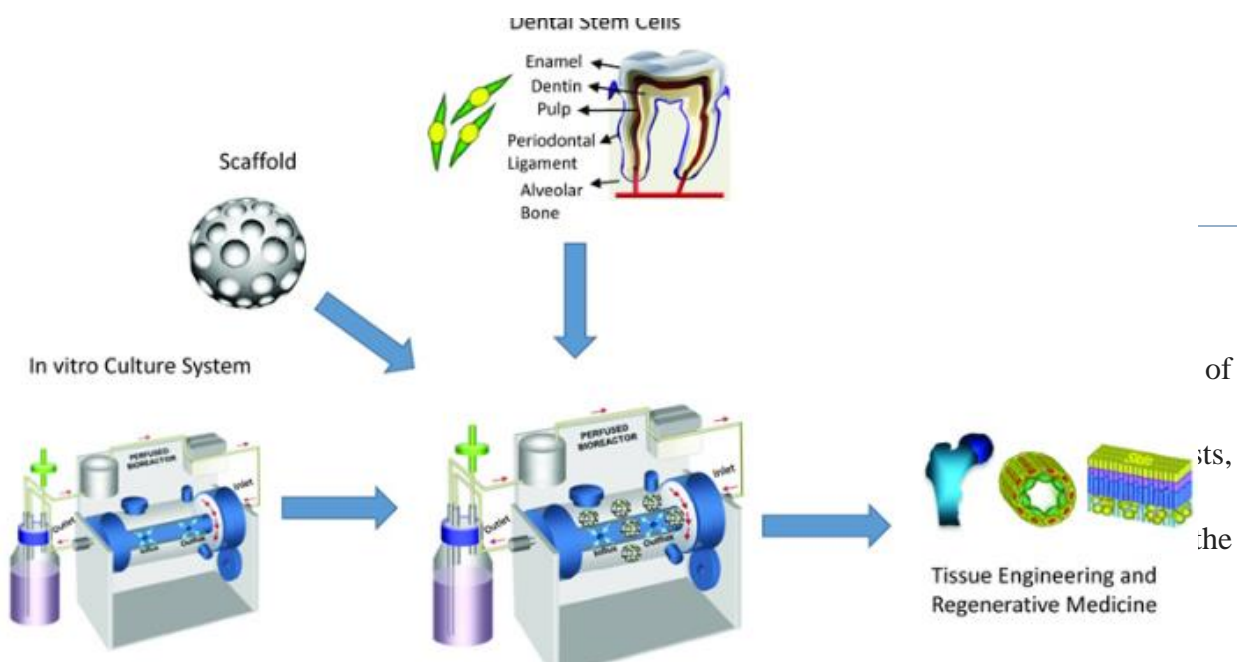
## ETHICAL APPLICATION

---

Ligaplants are like the superheroes of dental treatments, undergoing trials both in living organisms and in lab settings. Think of them as the new kid on the block, but with a lot of promise. Animal studies have given them a thumbs-up, showing promising results, although we're still waiting for human trials to confirm what we've seen in the lab.

One exciting aspect is how they mimic the natural tooth in both form and function, even tapping into proprioceptive responses, which is like giving them a sixth sense! Researchers have been busy conducting experiments to create implants that are supported by the periodontium, aiming for that perfect blend of stability and natural feel.

With all this evidence stacking up, it's looking like Ligaplants could be the next big thing in implant dentistry. Patients might just jump on board with this revolution, especially if it means getting closer to the real deal when it comes to tooth replacements.



## ADVANTAGES

---

1. It alleviates problems such as gingival recession and bone defects of the missing tooth
2. Mimics natural insertion of natural tooth roots in the alveolar process
3. Liga plants become firmly integrated without interlocking and without direct bone contact, despite the initial fitting being loose to spare PDL cell cushion.

## DISADVANTAGES

---

1. The culturing of ligaplots should be done with caution. i.e., the temperature, the cells that are used for culturing, the duration of the culturing, and others. If some problem evokes during the culturing, the ligaplots may fail as other nonperiodontal cells may develop
2. Besides, the cost of this implant is high due to limited facilities
3. The factors affecting the host to accept the implant or the growth of PDL in the socket is unpredictable, which may result in failure of implant
4. The prolonged cell culturing may favor the appearance of non-PDL cell types.

## Clinical importance of ligaplots

For reconstruction and regeneration, the important elements required are as follows:

- Matrix or a scaffold
- Signaling molecules
- Cells.

## DISCUSSION

Transplanting a tooth with double periodontal ligament (PDL) stimulation is a remarkable testament to the body's incredible healing capacity. It's fascinating how this process unfolds. After extracting the donor tooth and replanting it in its original socket, a deliberate trauma triggers a cascade of events within the PDL. This includes cell proliferation and differentiation, leading to the formation of new Sharpey's fibers and the attachment of millions of cells to the root over the course of 14 days. This critical period sees the peak of cellular activity, setting the stage for successful transplantation.

The pioneering work of Buser et al. sheds light on the role of the PDL in dental implant healing. Their findings demonstrate that when titanium dental implants come into contact with retained root tips, the PDL serves as a source of cells that populate the implant surface during the healing process. This insight paved the way for advancements in tissue engineering, offering new avenues for periodontal regeneration and improving dental implant treatments.

Studies like the one conducted by Gault et al. further underscore the potential of tissue engineering in dental care. By combining PDL cells with implant biomaterials, they achieved remarkable results in tooth replacement. Animal experiments and human clinical investigations revealed promising outcomes, including the formation of new PDL and repair cementum on ligaplots' surfaces.

In the realm of periodontal regeneration, ongoing debates persist regarding the origins of cells responsible for cementum production. While some researchers attribute this function to cells in the alveolar bone, others argue that only PDL cells possess this capability. This debate underscores the importance of understanding the role of PDL in dental implant success and underscores the significance of ligaplants in periodontal tissue regeneration.

Kiong and Arjunker emphasize the decisive advantages of ligaplants over traditional osseointegration devices. Not only does ligaplast surgery offer simplicity and reduced patient discomfort, but it also eliminates the need for bone grafting. These factors contribute to the growing recognition of ligaplants as a superior option for tooth replacement, thanks to their ability to regenerate periodontal tissues and provide patients with lasting oral health benefits.

## **Success of the Ligaplants??**

The development of a regenerative PDL depends on site-specific signaling, which in turn is mediated by an anatomic code, written in expression patterns of homeogene-coded transcription factors. Hence, the homeoproteins influence the synthesis of cell surface and signaling components, and signals from the cell surface feedback to modulate homeogene expression, whereby cell identities are established according to the anatomic site and tissue type.

## **Risk Factors of Ligaplants**

The development of PDL for the generation of PDL depends majorly on site signaling, which is largely mediated by anatomic code and homeogene-coded transcription factors. These homeoproteins are quintessential for the synthesis of cell surface and signaling components. The factors affecting the growth of PDL in the desired site are often unpredictable, and hence, it becomes a major risk factor for the treatment results to be obtained.

## **Conclusion**

In the journey of any emerging technology, like ligaplants, success hinges on thorough research, testing, and validation. Right now, researchers are delving into the potential of ligaplants, particularly their ability to enhance healing around dental implants with titanium surfaces. They're expanding on initial observations to fully understand and explore the implications of this healing process.

One crucial aspect of current research involves investigating whether this phenomenon extends to implants with surfaces other than titanium. This broader understanding is essential for determining the versatility and effectiveness of ligaplants across different implant types.

However, the ultimate validation of ligaplants' feasibility and success lies in human trials with long-term follow-ups. These studies are vital for providing real-world evidence of ligaplants' benefits and ensuring their safety and efficacy in diverse patient populations over time.

**REFERENCES**

1. Chen F, Terada K, Handa K. Anchorage effect of various shape palatal osseointegrated implants: A finite element study. *Angle Orthod.* 2005;75:378–85.
2. Sennerby L, Rocci A, Becker W, Jonsson L, Johansson LA, Albrektsson T. Short-term clinical results of Nobel Direct implants: A retrospective multicentre analysis. *Clin Oral Implants Res.* 2008;19:219–26.
3. Tissue reactions SA. Oral implantology. In: Schroeder A, Sutter F, Krekeler G, editors. *General principles and ITI hollow cylinders System.* Stuttgart: Gedorg Thieme Verlag; 1988. pp. 91–115.
4. Gault P, Black A, Romette JL, Fuente F, Schroeder K, Thillou F, et al. Tissue-engineered ligament: Implant constructs for tooth replacement. *J Clin Periodontol.* 2010;37:750–8.
5. Kirsch A. The two-phase implantation method using IMZ intramobile cylinder implants. *J Oral Implantol.* 1983;11:197–210.
6. Arunachalam LT, Uma S, Merugu S, Janarthanan AS. Tissue-engineered periodontal ligament on implants: Hype or a hope? *J Dent Implants.* 2012;2:115–6
7. Benjamin A, Mahajan R, Sura S, Suthar N. 'Ligaplants' The next generation implants. *IJIRS.* 2014;3:571–9.
8. Nakahara T. A review of new developments in tissue engineering therapy for periodontitis. *Dent Clin North Am.* 2006;50:265.
9. Buser D, Warrer K, Karring T. Formation of a periodontal ligament around titanium implants. *J Periodontol.* 1990;61:597–601.
10. Isidor F, Karring T, Nyman S, Lindhe J. The significance of coronal growth of periodontal ligament tissue for new attachment formation. *J Clin Periodontol.* 1986;13:145–50.
11. Kiong AL, Arjunkumar R. Tissue-engineered ligament: Implant constructs for tooth replacement (Ligaplants) *J Pharma Sci Res.* 2014;6:158–60.