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Over the last decades, dental implants have become a commonly used treatment alternative to removable dentures. Several longitudinal studies have reported survival rates around 90-95 % over periods of 5-10 years. However, biological complications do occur around implants and recently a few papers have presented data indicating that as many as 28->56 % of the patients with implants demonstrate peri-implantitis, at one ore more implants after 5-10 years.

If a patient develops peri-implantitis, several implants are often affected in the same patient and studies have highlighted the fact that periodontitis patients is at higher risk for developing peri-implantitis. Smoking and bad oral hygiene has also been associated with presence of peri-implant disease.

In the every day clinic, it is important to access risk factors before implant installation and to carefully monitor the patients after treatment in order to observe early signs of infections. If signs of disease occur, therapy should be done as soon as possible.

Therapies proposed for the management of peri-implant diseases appear to be based on the evidence available for treatment of periodontitis. Most publications on treatment of peri-implant lesions in humans report individual cases treated by combined procedures, aimed at reducing the bacterial load within the peri-implant pocket. Several reports have indicated a healing potential of peri-implant tissues following suppression of the peri-implant microbiota by mechanical and chemical means and by the use of laser therapy. Animal research have documented that it is possible to obtain re-osseointegration after surgical cleansing of the infected implant surface, and in human studies bone apposition have been demonstrated after surgical treatment modalities. In this presentation riskassesment for peri-implantitis and different treatment modalities of peri-implantitis will be discussed. Results from recent research from our group will be presented.