

## **Prevenzione della peri-implantite: fattori predisponenti e causali**

### ***Prevention of peri-implantitis: Predisposing and causal factors***

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Many factors, like lack of attached tissues, early crestal bone loss, smoking, history of periodontitis and other are thought to be causes for peri-implantitis.

Recently cement remnants have been officially acknowledged to be a risk factor in peri-implant disease development; therefore proper cement excess control has become even more important issue. Cement-retained implant-supported restorations are proved to be most popular way to restore dental implants. Besides many well-known advantages, this approach has drawbacks with poor cement remnant control being the most important. Laboratory and clinical research has shown that deep subgingival cementation margins, which routinely have been used in the past may lead to cement excess on restorations and in peri-implant soft tissues, despite meticulous cleaning of the clinician. Other factors, like undercut, poor cement radiolucency or inability of radiographic examination to evaluate buccal and lingual implant sites were shown to form additional hazards for cement removal. It has been proved that standard abutments should not be used to support implant restorations, if permanent luting agent is selected for retention. Instead, individual abutments from various materials with cementation margins equal or slightly below gingival level following the contour of conditioned peri-implant mucosa should be employed. Special attention should be paid to zirconium oxide individual abutments on titanium bases, as they combine sufficient strength, biocompatibility and aesthetics.