Huntington Village Implant & Oral Surgeons
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AT THE DOLAN CENTER
Don't Miss Out on our Next Seminar!!

Thursday
March 30, 2017
3 CE Credits

"Radiosurgery Achieving Optimal Cosmetic Surgery Results"

Presenter: Jeffery Sherman, DDS

Registration Dinner 5:30 pm

Lecture 6:00 - 9:00 pm

Dolan Family Health Center

284 Pulaski Road, Greenlawn, NY

This course is sponsored by the Suffolk County Dental Society, an ADA-CERP recognized provider of Cont. Ed. (CE) approved by the New York State Dental Association and a designated PACE Program Provider for the Academy of

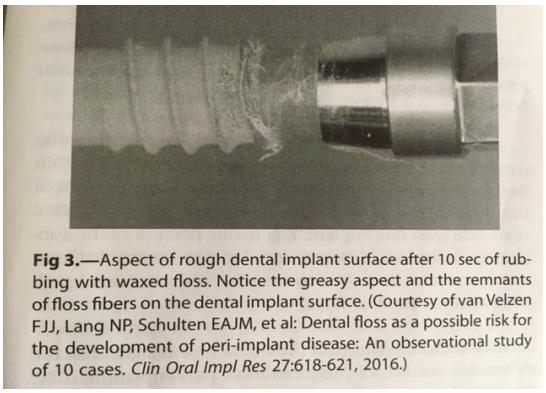

Fig 3.—Aspect of rough dental implant surface after 10 sec of rubbing with waxed floss. Notice the greasy aspect and the remnants of floss fibers on the dental implant surface. (Courtesy of van Velzen FJJ, Lang NP, Schulten EAJM, et al: Dental floss as a possible risk for the development of peri-implant disease: An observational study of 10 cases. *Clin Oral Impl Res* 27:618-621, 2016.)

"Interproximal Cleansing of Dental Implants"

van Velzen FJJ, Lang NP, Schulten EAJM, et al: Dental floss as a possible risk for the development of peri-implant disease: An observational study of 10 cases. *Clin Oral Imp Res* 27:618-621, 2016

Clinical Significance:

The long-term success of implant therapy requires the careful maintenance of the implant site, achieved by good home oral health care and regular visits to the dental hygienist. Dental floss is recommended for use along with interdental oral hygiene. Based on the findings of this study, any exposed rough surfaces can shred dental floss, with the trapped fibers promoting plaque retention and thus peri-implant disease. Other studies have indicated that rough surfaces once exposed to the disease process can collect biofilms more rapidly and extensively than exposed smooth surfaces, so that peri-implant disease may progress more quickly on a roughened surface. Using dental floss as a means of achieving daily interproximal implant cleansing should be discontinued in favor of interdental brushes or even wooden toothpicks when rough dental implant surfaces are exposed. This should remove floss remnants as a disease accelerant in implant situations.

" Progression of Peri-Implant Disease"

Derks J, Shaller D, Hakansson J, et al: Peri-implantitis-onset and pattern of progression. *J Clin Periodontol* 43:383-388, 2016

Clinical Significance:

Better understanding the progression from healthy mucosa to peri-implantitis will help clinicians plan for appropriate maintenance and interventional activities. Bone loss should be carefully tracked for all implant patients to allow early interventions as needed to prevent disease progression.

Background:

Peri-implant disease exists along a continuum from healthy peri-implant mucosa to peri-implant mucositis and then peri-implantitis. Preventing and treating peri-implant mucositis may prevent the conversion to more severe disease. Understanding the progression to conversion has been challenging because it requires the detection of the early signs of loss of supporting bone. In addition, radiographs are required to document the progression pattern of the disease. A large cohort of implant patients was randomly selected to provide the data needed to evaluate the onset and pattern of peri-implant bone loss during peri-implant disease progression.

Methods:

A sample of 596 persons was selected from patient files of 2,765 persons with implants to attend a 9-year clinical and radiographic evaluation, including assessing probing pocket depth and bleeding on probing. Peri-implant marginal bone loss was evaluated from a point 1 year after prosthesis connection up to the 9-year assessment. Radiographs were classified according to time of examination and year from prosthesis delivery. The final sample study consisted of 53 patients and 105 implants that had moderate to severe peri-implantitis and at least three radiographic examinations over the 9-year period (mean of 4.1 radiographic examinations per patient).

Results:

Mean bone loss after 9 years was 3.5mm, with losses over 3mm in 51% of the implants and losses exceeding 4mm in 29% of the implants. Estimated annual bone loss was 0.38mm.

Multilevel analysis revealed a nonlinear, accelerating pattern of bone loss. Peri-implantitis occurred early, within the first 3 years after implant placement. Seventy percent of the subjects had bone loss of more than 0.5 mm after 2 years in at least one implant. Eighty-one percent of the subjects had bone loss of more than .05 mm at 3 years in at least one implant. Few patients (4%) experienced peri-implantitis onset after 5 years.

Discussion:

The data provide a new insight into the onset and pattern of progression of peri-implantitis. The pattern of progression is not linear but rather accelerating. Generally the process begins in the first 3 years of implant function and accelerates thereafter.

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