

CONSENSUS CONFERENCE

Peri-Implant Mucositis
& Peri-Implantitis
Risk Factors

Active Periodontitis Smoking Habit (light vs heavy)

Oral Hygiene + Plaque Accumulation

# Classify as:

- Untreated periodontitis
- Nonresponsive to therapy

## Identify type:

- Heavy smoker >10 cigarettes/day
- Light smoker <10 cigarettes/day
- Former smoker >11 years nonsmoker
- Identify presence of biofilm on implant surfaces
- Clinical examination for plaque and biofilm around implants
- May use disclosing agents to visualize biofilm

History of Periodontitis

- Identify history of periodontal disease
- Assess history of treatment and current periodontal status

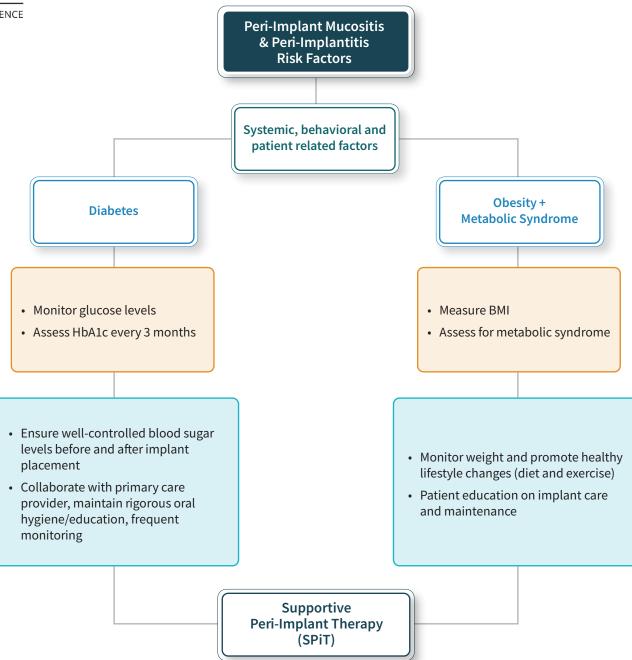
- Initial Phase: Non-surgical therapy, improved oral hygiene
- Re-Evaluation: Assess response, monitor, POI
- Surgical Phase (if needed): reconstructive or regenerative
- Maintenance Phase: 3–4 month recalls, monitor condition, reinforce OHi
- Advise smoking cessation and provide support for quitting (counseling, medications)
- Regular follow-ups + patient education and home care

- Mechanical Debridement (gold standard): Implant-safe ultrasonics, and air abrasion devices to disrupt biofilm
- Adjunctive Agents and Therapies: Apply solutions like chlorhexidine, hydrogen peroxide, saline, antimicrobial photodynamic therapy (aPDI), OTC aids
- Consider lasers like Nd:YAG, CO2, diode, Erbium-based
- · Patient education + home care

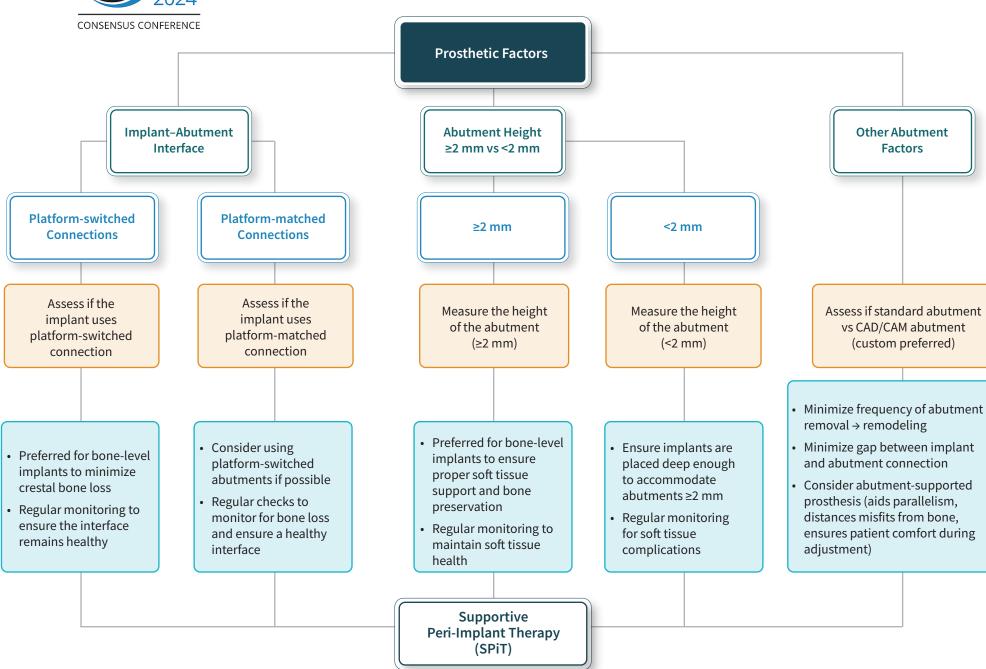
- Thorough periodontal treatment to achieve disease stability before implant placement
- Long-term maintenance programs and frequent monitoring + patient education

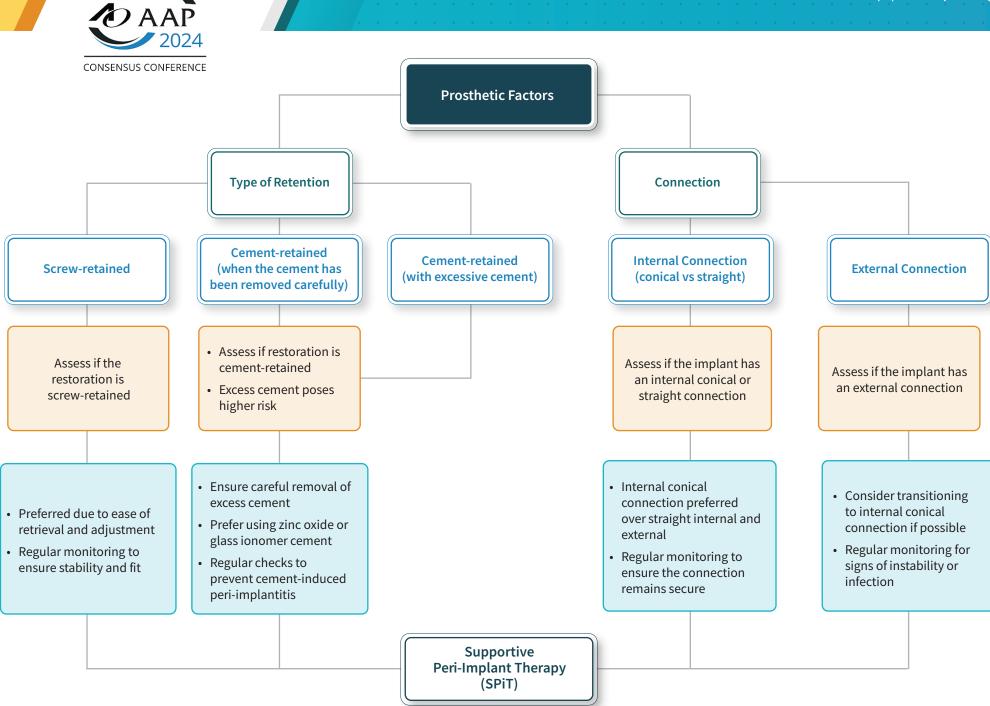
Supportive Peri-Implant Therapy (SPiT)

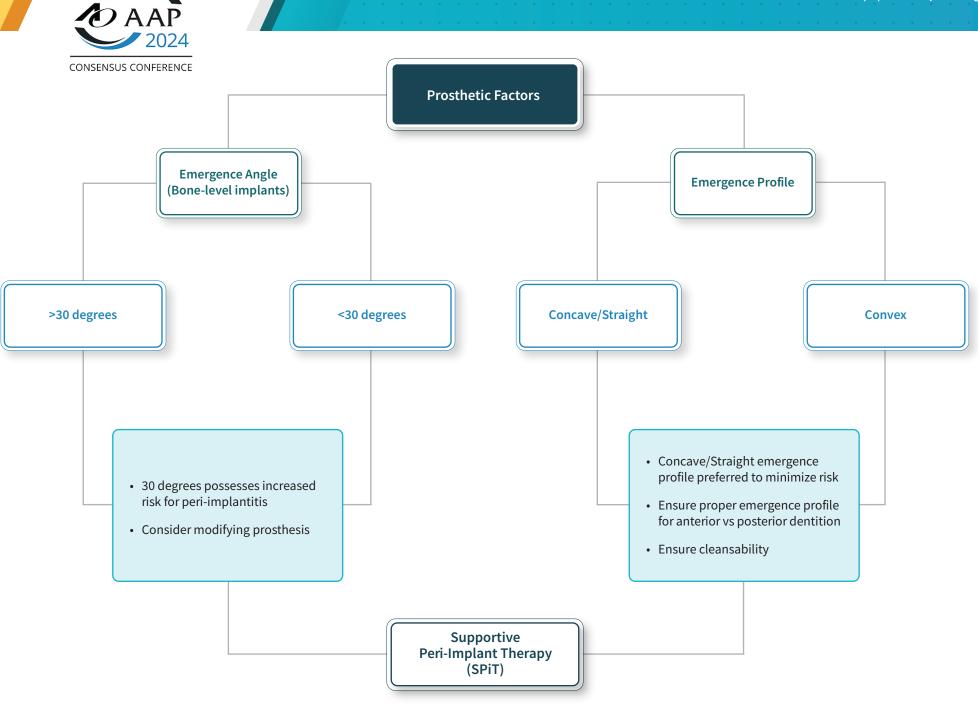




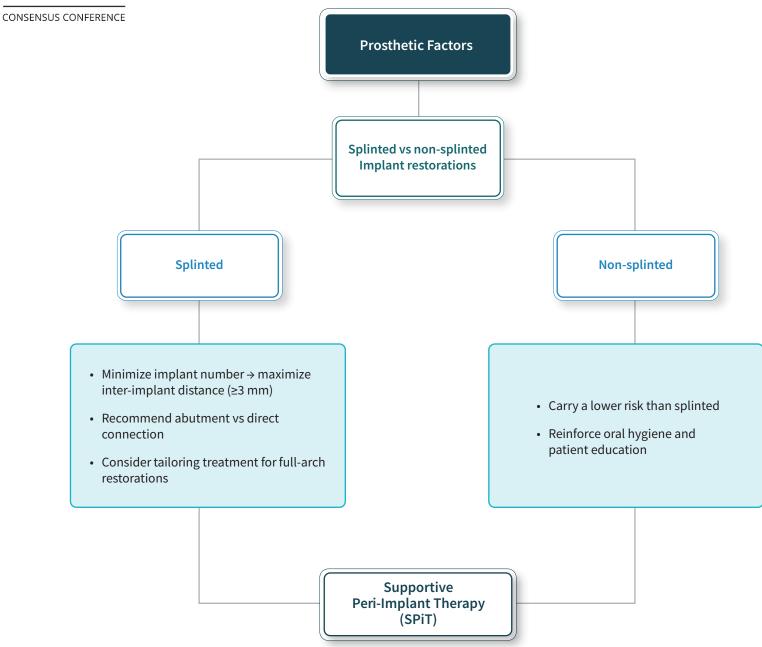




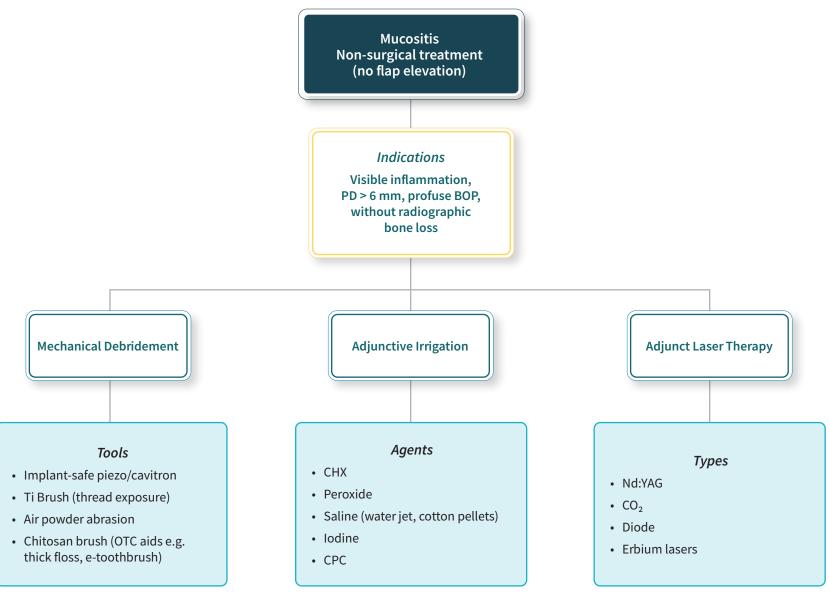




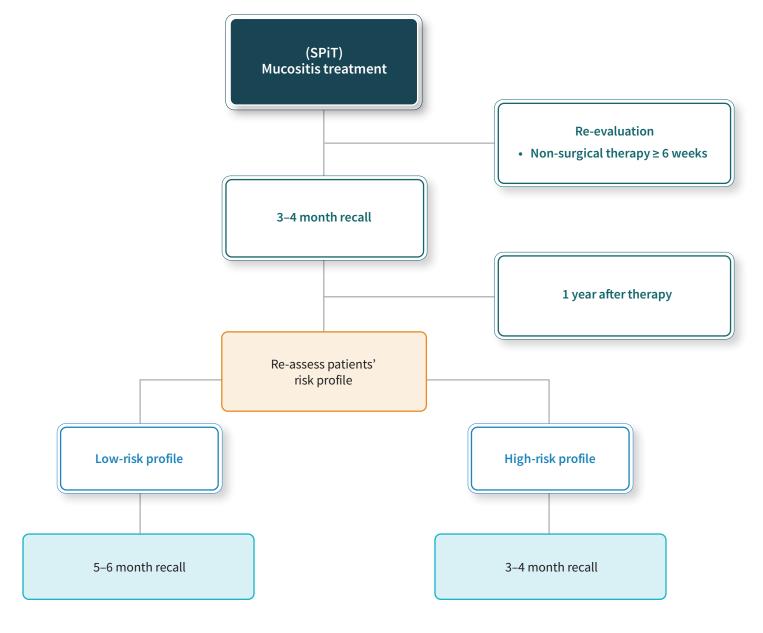




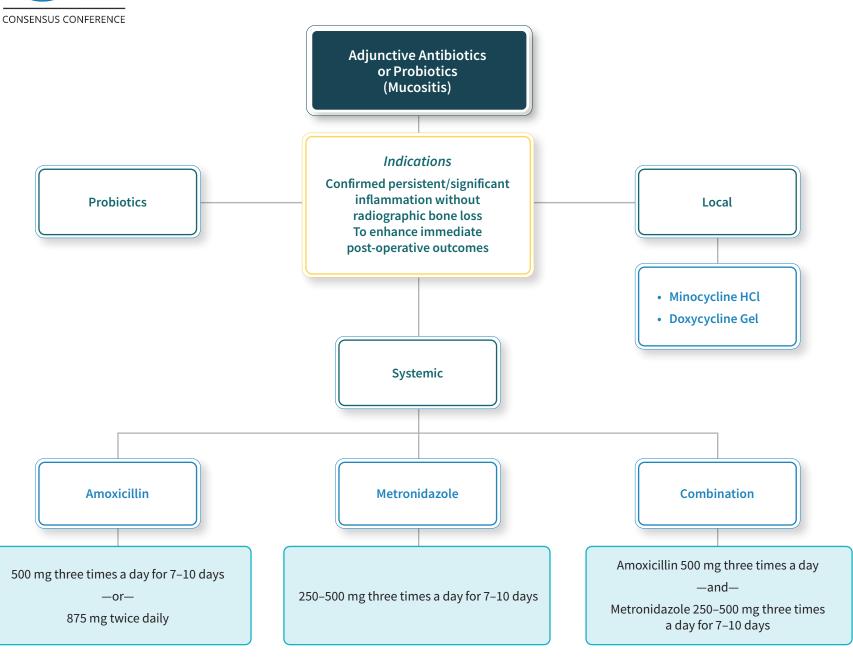




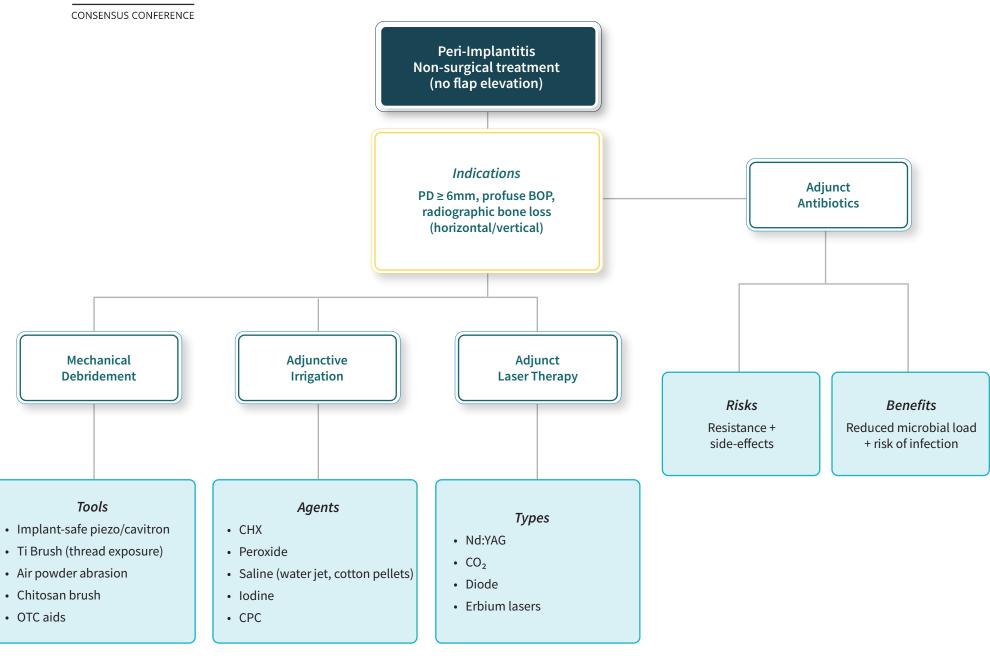




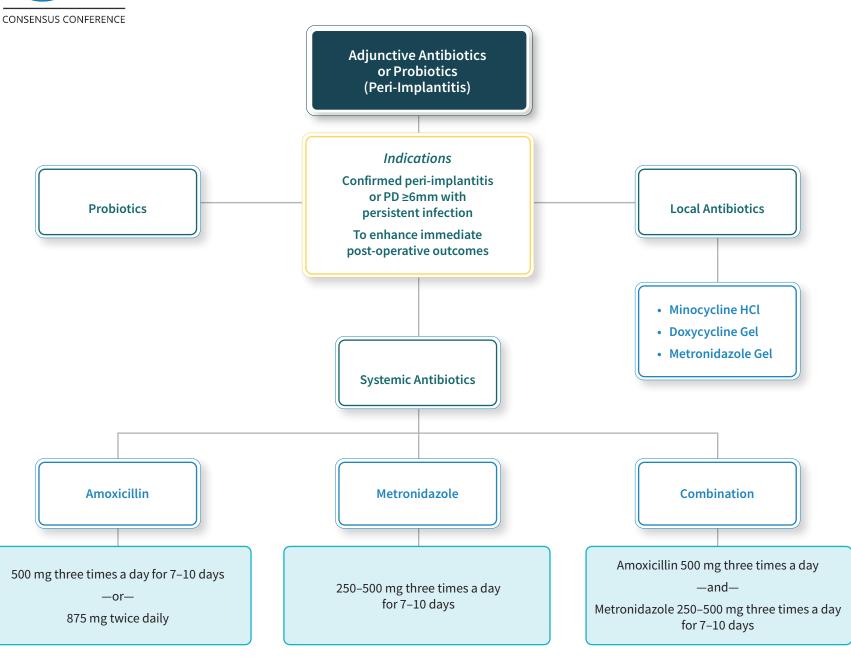














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# **Implant Removal**

#### **Indications**

- Persistent Bone Loss (>50% of implant length or dependent on defect configuration)
- Implant Mobility
- Non-Responsiveness to previous therapy
- Contraindications for further treatment

#### **Methods**

Trephine Drill (controlled), Counter-Torque Ratchet, Piezosurgery, Specialized Explanting Kits

# Peri-Implantitis Surgical treatment

**Non-Reconstructive Surgery** 

### **Indications**

PD ≥ 6mm, supracrestal and noncontained radiographic bone loss/shallow defects

# Osseous Recontouring

#### **Materials**

Implant-safe Cavitron/Piezo, Diamond/Carbide Burs, surgical hand instruments

#### **Procedures**

Osteoplasty, Ostectomy, implantoplasty, surface-decontamination, Apically-positioned flap

## Open Flap Debridement

#### Materials

Implant-safe Cavitron/Piezo, non-surgical instrumentation

## Procedures

OFD (SRP), Repositioned flap

# **Reconstructive Surgery**

## **Indications**

PD ≥ 6mm, radiographic vertical/combined contained bone defects ≥ 3mm

#### **Materials**

Allografts, Autogenous, Xenografts, Synthetics, Biologics, Membranes

#### Procedures

Repositioned flap



# Peri-Implantitis Soft-Tissue Procedures

## *Indications + Factors*

Limited keratinized tissue, implant malposition, thin peri-implant phenotype, implant age/type, correction of mucogingival deformities

## **Measurement Methods**

Transmucosal probing, CAL, CBCT analysis

Soft Tissue Modification (proactive or reactive)

# Materials

Allografts, autogenous soft tissue, xenografts

## **Procedures**

Free-gingival graft (FGG) (or soft tissue alternative), Pedicle flap, vestibuloplasty, frenectomy



