Apicoectomy of an implant?
Malhi G, Brook IM.
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Apicoectomy of a root form implant. Case report.
Linkow LI, Giauque F.

Apicoectomy of an endosseous implant to relieve paresthesia: a case report.
Levitt DS.

Abstract
Various radiographic and surgical techniques have been recommended to avoid paresthesia following mandibular implant placement. However, nerve impingement is sometimes inevitable, and when lingering numbness is reported, clinicians have a limited number of corrective options. This report describes a technique for cutting-back the apex of the implant, a technique that may be useful when lingering numbness persists after osseointegration has occurred.

Management of apical bone loss around a mandibular implant: a case report.
Bousdras V, Aghabeigi B, Hopper C, Sindet-Pedersen S.

Abstract
Various terms, etiologies, and treatment strategies have been suggested in conjunction with bone loss limited only to the apical portion of an implant that remains otherwise well osseointegrated. Proposed etiologic factors include bone overheating, microbial involvement
of adjacent teeth, pre-existing bone infection, and overload. However, the mandible and maxilla seem to have different predispositions in response to these causative agents. Treatment protocols for peri-implant infection have included minimally invasive approaches such as granulation tissue removal and detoxification of the implant surface, as well as more aggressive measures. This case report demonstrates the achievement of osseous healing and reosseointegration in a patient who presented with presented apical bone loss and signs of infection around a mandibular implant. Reosseointegration was achieved following an intraoral apicoectomy-like approach, i.e., removal of the infected nonintegrated portion of the implant, and meticulous debridement of the granulation tissue. A literature review of 13 relevant published studies was conducted. The current understandings regarding the etiology and treatment strategies for management of apical bone loss around dental implants are summarized and presented.


Balshi SF, Wolfinger GJ, Balshi TJ.


Abstract

PURPOSE:

The goal of this study was to evaluate retrospectively the efficacy of a treatment modality for a lesion at the apical portion of a nonmobile dental implant.

MATERIALS AND METHODS:

All patients were treated with an intraoral treatment approach. A flap was elevated facial to the effected implant site, exposing the bone. A carbide bur was used to open a window in the bone. The bur was then used to cut the implant and completely remove the affected portion of the implant. The surgical site was then closed with interrupted vicryl sutures, and patients were prescribed.

RESULTS:

Thirty-nine implants in 35 patients with a mean age of 58.3 years were identified clinically and radiographically with the presence of a periapical lesion. These 39 implants, which constituted 9.9% of implants (39 of 395) placed in these 35 patients, were consecutively treated using the intraoral apicoectomy procedure. Thirty-eight of the 39 implants (97.4%) treated with this technique remained stable and continued in function with no further complication. Follow-up time averaged 4.54 years; the longest follow-up time exceeded 15 years.

CONCLUSION:

Based upon the results of this retrospective study, lesions in the apical region of implants can be treated successfully using an intraoral apicoectomy procedure.