Purpose: The aim of this review was to evaluate a history of treated periodontitis and smoking, both alone and combined, as risk factors for adverse dental implant outcomes.

Materials and Methods: A literature search of MEDLINE (Ovid) and EMBASE from January 1, 1966, to June 30, 2008, was performed, and the outcome variables implant survival, implant success, occurrence of peri-implantitis and marginal bone loss were evaluated.

Results: Considerable heterogeneity in study design was found, and few studies accounted for confounding variables. For patients with a history of treated periodontitis, the majority of studies reported implant survival rates > 90%. Three cohort studies showed a higher risk of peri-implantitis in patients with a history of treated periodontitis compared with those without a history of periodontitis (reported odds ratios from 3.1 to 4.7). In three of four systematic reviews, smoking was found to be a significant risk for adverse implant outcome. While the majority of studies reported implant survival rates ranging from 80% to 96% in smokers, most studies found statistically significantly lower survival rates than for nonsmokers.

Conclusions: There is an increased risk of periimplantitis in smokers compared with nonsmokers (reported odds ratios from 3.6 to 4.6). The combination of a history of treated periodontitis and smoking increases the risk of implant failure and peri-implant bone loss.

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> (www.iti.org -> Publications -> Proceedings of the fourth ITI Consensus Conference)

> Dort kann Artikel gespeichert werden

**Long-term implant prognosis in patients with and without a history of chronic periodontitis: a 10-year prospective cohort study of the ITI Dental Implant System.**

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Abstract
AIM: The aim of this 10-year study was to compare the failure, success and complication rates between patients having lost their teeth due to periodontitis or other reasons.

MATERIAL AND METHODS: Fifty-three patients who received 112 hollow screw implants (HS) of the ITI Dental Implant System were divided into two groups: group A - eight patients with 21 implants having lost their teeth due to chronic periodontitis; group B - forty five patients with 91 implants without a history of periodontitis. One and 10 years after surgical placement, clinical and radiographic parameters were assessed. The incidences of peri-implantitis were noticed over the 10 years of regular supportive periodontal therapy.

RESULTS: Success criteria at 10 years were set at: pocket probing depth (PPD) ≤5 mm, bleeding on probing (BoP-), bone loss <0.2 mm annually. The survival rate for the group with a past history of chronic periodontitis (group A) was 90.5%, while for the group with no past history of periodontitis (group B) it was 96.5%. Group A had a significantly higher incidence of peri-implantitis than group B (28.6% vs. 5.8%). With the success criteria set, 52.4% in group A and 79.1% of the implants in group B were successful. With a threshold set at PPD ≤6 mm, BoP- and bone loss <0.2 mm annually, the success rates were elevated to 62% and 81.3% for groups A and B, respectively. Relying purely on clinical parameters of PPD ≤5 mm and BoP-, the success rates were at 71.4% and 94.5%, and with a threshold set at PPD <6 mm and BoP-, these proportions were elevated to 81% and 96.7% for groups A and B, respectively.

CONCLUSIONS: Patients with implants replacing teeth lost due to chronic periodontitis demonstrated lower survival rates and more biological complications than patients with implants replacing teeth lost due to reasons other than periodontitis during a 10-year maintenance period. Furthermore, setting of thresholds for success criteria is crucial to the reporting of success rates.


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Abstract

OBJECTIVES: The aim of this study was to compare the long-term outcomes of implants placed in patients treated for periodontitis periodontally compromised patients (PCP) and in periodontally healthy patients (PHP) in relation to adhesion to supportive periodontal therapy (SPT).

MATERIAL AND METHODS: One hundred and twelve partially edentulous patients were consecutively enrolled in private specialist practice and divided into three groups according to their initial periodontal condition: PHP, moderate PCP and severe PCP. Perio and implant treatment was carried out as needed. Solid screws (S), hollow screws (HS) and hollow cylinders (HC) were installed to support fixed
prostheses, after successful completion of initial periodontal therapy (full-mouth plaque score <25% and full-mouth bleeding score <25%). At the end of treatment, patients were asked to follow an individualized SPT program. At 10 years, clinical measures and radiographic bone changes were recorded by two calibrated operators, blinded to the initial patient classification.

RESULTS: Eleven patients were lost to follow-up. During the period of observation, 18 implants were removed because of biological complications. The implant survival rate was 96.6%, 92.8% and 90% for all implants and 98%, 94.2% and 90% for S-implants only, respectively, for PHP, moderate PCP and severe PCP. The mean bone loss was 0.75 (+/- 0.88) mm in PHP, 1.14 (+/- 1.11) mm in moderate PCP and 0.98 (+/- 1.22) mm in severe PCP, without any statistically significant difference. The percentage of sites, with bone loss > or =3 mm, was, respectively, 4.7% for PHP, 11.2% for moderate PCP and 15.1% for severe PCP, with a statistically significant difference between PHP and severe PCP (P<0.05). Lack of adhesion to SPT was correlated with a higher incidence of bone loss and implant loss.

CONCLUSION: Patients with a history of periodontitis presented a lower survival rate and a statistically significantly higher number of sites with peri-implant bone loss. Furthermore, PCP, who did not completely adhere to the SPT, were found to present a higher implant failure rate. This underlines the value of the SPT in enhancing the long-term outcomes of implant therapy, particularly in subjects affected by periodontitis, in order to control reinfection and limit biological complications.

How does the timing of implant placement to extraction affect outcome?

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Erratum in:


Abstract

PURPOSE: To systematically review the current literature on the clinical outcomes and incidence of complications associated with immediate implants (implants placed into extraction sockets at the same surgery that the tooth is removed) and early implants (implants placed following soft tissue healing).

MATERIALS AND METHODS: A MEDLINE search was conducted for English papers on immediate/early placement of implants based on a series of search terms. Prospective as well as retrospective studies (randomized/nonrandomized clinical trials, cohort studies, case control studies, and case reports) were considered, as long as the follow-up period was at
least 1 year of loading and at least 8 patients and/or at least 10 implants had been examined. Screening and data abstraction were performed independently by 3 reviewers. The types of complications assessed were implant loss; marginal bone loss; soft tissue complications, including peri-implantitis; and esthetics.

RESULTS: The initial search provided 351 abstracts, of which 146 were selected for full-text analysis. Finally, 17 prospective and 17 retrospective studies were identified, with observation times generally between 1 and 2 years for the prospective studies and around 5 years for the retrospective studies. The heterogeneity of the studies (including postextraction defect characteristics, surgical technique with or without membrane and/or bone substitute, implant location in socket, inclusion and exclusion criteria, and prosthetic rehabilitation), however, rendered a meta-analysis impossible. Most papers contained only data on implant loss and did not provide useful information on failing implants or on hard and soft tissue changes. In general, the implant loss remained below 5% for both immediate and early placed implants (range, 0% to 40% for immediate implants and 0% to 9% for early placed implants), with a tendency toward higher losses when implants were also immediately loaded.

CONCLUSION: Because of the lack of long-term data, questions regarding whether peri-implant health, prosthesis stability, degree of bone loss, and esthetic outcome of immediate or early placed implants are comparable with implants placed in healed sites remain unanswered.

Should we extract teeth to avoid tooth-implant combinations?

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Abstract

The controversy over combining teeth and implants for support of fixed partial dentures still remains after almost three decades of debate. The aim of this review was to evaluate what support that could be found in the literature for extracting teeth in favour of implants, and to elucidate whether tooth-implant prostheses were inferior to solely implant supported constructions in terms of survival and complications. The methods for gathering relevant information entailed electronic searches on PubMed using relevant key words, as well as complementary manual searches in the retrieved publications. The results showed that there was no support for extracting teeth in favour of placing implants. On the contrary, the healthy tooth had a survival that was life-long, which is yet to be shown for the dental implant. Also the use of teeth as abutments in combination with dental implants for support of fixed dental prostheses could be endorsed in certain situations with solid albeit limited scientific support. In a wider sense, such prostheses could be used as a reliable therapy in all regions of the jaws. However the status of the abutment teeth in terms of periodontal support, pulpal status and risk for carious lesions and biomechanical complications should always be considered in relation to the long-term prognosis of the prosthesis. The conclusion was that teeth should
not be extracted in favour of placing dental implants without a specific indication, and that tooth-implant supported prostheses should be considered as a viable prosthetic option.

Prosthetic treatment planning on the basis of scientific evidence.

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Abstract

The objective of this report is to summarize the results on survival and complication rates of different designs of fixed dental prostheses (FDP) published in a series of systematic reviews. Moreover, the various parameters for survival and risk assessment are to be used in attempt to perform treatment planning on the basis of scientific evidence. Three electronic searches complemented by manual searching were conducted to identify prospective and retrospective cohort studies on FDP and implant-supported single crowns (SC) with a mean follow-up time of at least 5 years. Patients had to have been examined clinically at the follow-up visit. Failure and complication rates were analyzed using random-effects Poisson regression models to obtain summary estimates of 5- and 10-year survival proportions. Meta-analysis of the studies included indicated an estimated 5-year survival of conventional tooth-supported FDP of 93.8%, cantilever FDP of 91.4%, solely implant-supported FDP of 95.2%, combined tooth-implant-supported FDP of 95.5% and implant-supported SC of 94.5% as well as resin-bonded bridges 87.7%. Moreover, after 10 years of function the estimated survival decreased to 89.2% for conventional FDP, to 80.3% for cantilever FDP, to 86.7% for implant-supported FDP, to 77.8% for combined tooth-implant-supported FDP, to 89.4% for implant-supported SC and to 65% for resin-bonded bridges. When planning prosthetic rehabilitations, conventional end-abutment tooth-supported FDP, solely implant-supported FDP or implant-supported SC should be the first treatment option. Only as a second option, because of reasons such as financial aspects patient-centered preferences or anatomical structures cantilever tooth-supported FDP, combined tooth-implant-supported FDP or resin-bonded bridges should be chosen.
Long-term survival and success of oral implants in the treatment of full and partial arches: a 7-year prospective study with the ITI dental implant system.

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Abstract

PURPOSE: This study evaluated the long-term survival and success of different implant-supported prostheses supported by ITI implants.

MATERIALS AND METHODS: Two hundred fifty consecutive patients were rehabilitated using implant-supported prostheses. Seven hundred fifty-nine implants were loaded. Single-tooth prostheses (n = 106), cantilever fixed partial prostheses (n = 42), fixed partial prostheses (n = 137), fixed complete prostheses (n = 5), implant/tooth-supported prostheses (n = 13), and overdentures (n = 37) were used. The mean follow-up period was 3.85 years. Life table analyses were performed. Implant survival rates were calculated by means of standard life table principles. Statistical analysis was performed to compare the implant survival and success by implant placement site for each type of prosthesis.

RESULTS: The cumulative implant survival rates were calculated for implants supporting single-tooth prostheses (95.6%), cantilever fixed partial prostheses (94.4%), fixed partial prostheses (96.1%), fixed complete prostheses (100%), implant/tooth-connected prostheses (90.6%), and overdentures (95.7%). Similar survival and success rates were documented for implants placed in maxillae and mandibles. Implant size did not influence survival.

DISCUSSION: Seven-year survival rates were similar for implants supporting single-tooth prostheses, cantilever fixed partial prostheses, fixed partial prostheses, and implant/tooth-supported prostheses. Medium-long term implant survival and success were not influenced by the site (maxilla or mandible). Implant and prosthetic survival rates for overdentures supported by 2 implants were comparable to those for overdentures supported by 3 or more implants.

CONCLUSION: Prostheses supported by ITI implants represent a reliable medium-term treatment. (More than 50 references.)

Systemic conditions and treatments as risks for implant therapy.

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Abstract
PURPOSE: To evaluate whether systemic diseases with/without systemic medication increase the risk of implant failure and therefore diminish success and survival rates of dental implants.

MATERIALS AND METHODS: A MEDLINE search was undertaken to find human studies reporting implant survival in subjects treated with osseointegrated dental implants who were diagnosed with at least one of 12 systemic diseases.

RESULTS: For most conditions, no studies comparing patients with and without the condition in a controlled setting were found. For most systemic diseases there are only case reports or case series demonstrating that implant placement, integration, and function are possible in affected patients. For diabetes, heterogeneity of the material and the method of reporting data precluded a formal meta-analysis. No unequivocal tendency for subjects with diabetes to have higher failure rates emerged. The data from papers reporting on osteoporotic patients were also heterogeneous. The evidence for an association between osteoporosis and implant failure was low. Nevertheless, some reports now tend to focus on the medication used in osteoporotic patients, with oral bisphosphonates considered a potential risk factor for osteonecrosis of the jaws, rather than osteoporosis as a risk factor for implant success and survival on its own.

CONCLUSIONS: The level of evidence indicative of absolute and relative contraindications for implant therapy due to systemic diseases is low. Studies comparing patients with and without the condition in a controlled setting are sparse. Especially for patients with manifest osteoporosis under an oral regime of bisphosphonates, prospective controlled studies are urgently needed.

Occlusal principles and clinical applications for endosseous implants.

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Erratum in:


Abstract

Endosseous implant dentistry has become a predictable clinical modality. The role of the restorative dentist is to minimize overload to the crestal bone by utilizing implant occlusal principles. The prosthetic stages of treatment should follow a disciplined sequence. This
Patient selection for endosseous dental implants: oral and systemic considerations.

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Abstract

This paper reviews the literature and discusses patient selection for endosseous dental implants and the effect of systemic and local pathology on the success rate of dental implants. Endosseous dental implants may be preferable to conventional dentures in patients with compromised supporting bone or mucosa, xerostomia, allergy to denture materials, severe gag reflex, susceptibility to candidiasis, diseases affecting orofacial motor function or in patients who demand optimal bite force, esthetics, and phonetics. Conventional dentures or fixed partial prostheses may be preferable to endosseous dental implants in growing and epileptic patients and patients at risk of oral carcinoma, anaphylaxis, severe hemorrhage, steroid crisis, endocarditis, osteoradionecrosis, myocardial infarction, or peri-implantitis. A systematic approach to dental implant patient selection is outlined and centralized reporting of dental implant outcomes is recommended.

Impact of local and systemic factors on the incidence of oral implant failures, up to abutment connection.

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Abstract

AIM: The aim of this retrospective study was to assess the influence of systemic and local bone and intra-oral factors on the occurrence of early implant failures, i.e. up to the abutment connection.

MATERIAL AND METHODS: The surgical records of 2004 consecutive patients from the total patient population who had been treated in the period 1982-2003 (with a total of 6946 Brånemark system implants) at the Department of Periodontology of the Catholic University Leuven were evaluated. For each patient the medical history was carefully checked. Data collection and analysis mainly focused on endogenous factors such as hypertension, coagulation problems, osteoporosis, hypo-hyperthyroidy, chemotherapy, diabetes type I or II,
Crohn's disease, some local factors [e.g. bone quality and quantity, implant (length, diameter, location), type of edentulism, Periotest value at implant insertion, radiotherapy], smoking habits and breach of sterility during surgery.

RESULTS: A global failure rate of 3.6% was recorded. Osteoporosis, Crohn's disease, smoking habits, implant (length, diameter and location) and vicinity with the natural dentition were all significantly associated with early implant failures (p<0.05).

CONCLUSION: The indication for the use of oral implants should sometimes be reconsidered when alternative prosthetic treatments are available in the presence of possibly interfering systemic or local factors.

Patient evaluation and prosthodontic treatment planning for osseointegrated implants.

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Abstract

This article describes the pertinent medical and dental indications and contraindications for implant-supported prostheses. The importance of a thorough clinical investigation as well as the evaluation of appropriate radiographs and diagnostic casts prior to surgical intervention is emphasized. The cooperation of the surgeon and prosthodontist is essential for implant success; their appropriate roles are discussed. The various prosthetic options are evaluated with emphasis on the advantages and disadvantages of each. Those factors that create the ideal implant candidate are reviewed along with corrective measures that would be required to improve the condition of those patients who are not ideal candidates for implants.

[Indications for oral implantology in a referral clinic. A three-year retrospective analysis of 737 patients with 1176 implants].

[Article in German]

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Abstract

The following study reviews patients from the Department of Oral Surgery and Stomatology at the University of Berne undergoing implant therapy. Between 2000 and 2002, 737 patients received 1176 ITI screw-type implants. At least 70% of these patients were 50 years or older. The main reason for tooth loss in this group was often periodontitis, followed by carious,
periapical infection and root fractures. Only 15% of the patients were younger than 30 years. They had lost their teeth mainly due to trauma or agenesis of teeth. This study reports a trend towards treatment of partially edentulous patients (>90%), with single tooth gaps (>50%) being the most frequent indication for implant therapy. The analysis also demonstrated the importance of augmentation procedures prior to implant placement. Almost 40% of the implant cases required either ridge augmentation or sinus lift procedures. The GBR technique was frequently utilized in the anterior maxilla, especially with bone defects resulting from dental trauma. Data also showed that with these augmentation procedures more implants were inserted in the maxilla (53%) than in the mandible. During the healing or early loading phase only six implants out of 1176 were lost, resulting in an early failure rate of 0.51%. Our study has demonstrated that a high level of implant success can be achieved with the ITI system when using a strict selection criteria and stringent operating protocols.

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http://www.sso.ch/doc/doc_download.cfm?uuid=882CA0CDD9D9424C4AB6666A99A81804

Clinical experience with one-stage, non-submerged dental implants.

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Abstract

This review article describes the scientific documentation of one-stage, non-submerged dental implants. In the past 25 years, numerous in vivo studies have demonstrated that non-submerged titanium implants achieve osseointegration as predictable as that of submerged titanium implants. This observation was confirmed in prospective clinical studies, mostly done with the ITI Dental Implant System. ITI implants have been widely documented for up to 10 years of prospective follow-up at various centers. All studies showed success rates well above 90%. In summary, the non-submerged approach is a true alternative to the original healing modality with submerged titanium implants. The non-submerged approach offers several clinical advantages: (i) the avoidance of a second surgical procedure and less chair time per patient, resulting in overall reduced treatment cost; (ii) the lack of microgap at the bone crest level, leading to less crestal bone during healing and resulting in a more favorable crown-to-implant length ratio; and (iii) a simplified prosthetic procedure, presenting an ideal basis for cemented implant restorations. Due to these significant clinical advantages, the non-submerged approach will become more important in implant dentistry in the near future, particularly in implant sites without esthetic priority.

Artikel frei einsehbar
http://adr.sagepub.com/content/13/1/153.long
Surgical procedures in partially edentulous patients with ITI implants.
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Abstract

Today, partially edentulous patients represent the majority of patients seeking treatment with implant-supported prostheses. This chapter presents the specific aspects of the surgical handling of partially edentulous patients with either single-tooth gaps, extended edentulous spaces or distal extension situations. Due to differences in treatment objectives, a distinction is made between sites without esthetic priority (non-esthetic sites) and with esthetic priority (esthetic sites). In non-esthetic sites, the primary goal of the surgical therapy is to achieve a predictable hard and soft tissue integration of the implant to re-establish function with the implant-supported prosthesis. In esthetic sites, the goal of surgical therapy is to achieve successful tissue integration and to obtain esthetic soft tissue contours to re-establish both function and esthetics. Therefore, the surgeon must have a clear understanding of the specific needs in a given situation, and must master the necessary surgical techniques concerning a correct implant placement and a correct soft tissue handling to achieve the treatment objectives. In non-esthetic sites, a non-submerged approach is clearly preferred, thus avoiding a second-stage procedure for abutment connection. If a soft tissue correction is necessary to re-establish keratinized peri-implant mucosa, this is done at the time of implant placement with mucogingival surgery. In esthetic sites, a submerged implant placement is preferred to achieve esthetically pleasing soft tissue contours. If a soft tissue augmentation is necessary, this is done at the time of implant placement with connective tissue grafts. Thus, the second surgical procedure after 8-10 weeks of healing is reduced to a mucosaplasty like a punch biopsy, avoiding an open flap procedure. Based on favorable properties of the TPS surface, short implants (6 or 8 mm) and short healing periods of 3-4 months have been successfully utilized in partially edentulous patients in the last 14 years. The introduction of the SLA surface allows a further reduction of the healing period to 6 weeks of healing in all sites with normal bone density (class I-III). In summary, the ITI philosophy offers straightforward surgical concepts to predictably achieve the treatment objectives with the least demanding surgical protocol, reducing the related chairtime and costs for the patient and the clinician.

Basic surgical principles with ITI implants.
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Abstract

The basic surgical principles governing the placement of ITI implants are based on research-oriented developments in harmony with evidence-based and outcome-oriented clinical
procedures. In the past 15 years, the range of implant indications has been significantly widened, and partially edentulous patients clearly represent the majority of patients seeking treatment with dental implants today. An important aspect of the successful rehabilitation of patients with ITI implants is the careful selection of implant candidates with respect to systemic and local risk factors. These factors are presented based on current knowledge. Today, solid-screw implants in various screw dimensions and neck configurations comprise the ITI Dental Implant System. These different implant types are necessary to handle the full range of implant indications, in particular in partially edentulous patients. The main clinical factors are presented for the selection of the appropriate implant type, length and diameter. These implants are utilized both in a non-submerged and in a submerged approach. The main goal of surgical therapy is low trauma and the least demanding surgical procedure for patient and clinician to optimize the cost-effectiveness of implant therapy. Hence, a non-submerged approach is preferred in all sites without esthetic priority, such as in fully edentulous patients or in posterior sites of partially edentulous patients. These indications clearly represent the majority of implant patients. In esthetic sites, a submerged approach is utilized to satisfy the specific esthetic demands. The possibility to successfully utilize short implants (6 and 8 mm) and a reduced healing period of 3 months are further advantages of ITI implants due to favorable properties of the rough TPS surface. With the introduction of the microrough SLA surface, a reduction of the healing period to 6 weeks facilitates further progress towards simplification of implant therapy. In summary, the ITI Dental Implant System represents a scientifically well-documented, complete implant system for the treatment of fully and partially edentulous patients, offering straightforward surgical concepts based on predictable treatment outcome and excellent cost-effectiveness.

Zahnimplantate im parodontal vorgeschädigten Gebiss

O. Laugisch, G.E. Salvi, A. Sculean
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Die aktuelle Mundgesundheitsstudie (DMS IV) zeigt, dass die Zahl der behandlungsbedürftigen Parodontitiden und der inserierten Implantate zunimmt. Aus diesem Grund spielt die Implantologie im parodontal vorgeschädigten Gebiss eine sehr wichtige Rolle. Die Ursache der Destruktion periimplantärer Gewebe erklärt sich durch eine Besiedelung der Implantatoberflächen mit Bakterien, welche auch bei einer chronischen Parodontitis gefunden werden. Die Ätiopathogenese und die modifizierenden Faktoren hierbei können analog denen der Parodontalerkrankungen gesehen werden. Im parodontal vorgeschädigten Gebiss ist ein später Implantatverlust oder eine Periimplantitis häufiger als im nicht vorgeschädigten Gebiss. Dies wird durch die parodontale Nachsorge sowie die Oberflächenrauigkeit der Implantate beeinflusst. Im Vergleich hierzu zeigen auch parodontal entzündungsfreie Zähne eine sehr gute Langzeitprognose von bis zu 99% über 50 Jahre, was man beachten sollte.