



Surgical Regenerative Treatment for Infrabony Peri-implantitis Defects: a 10-15 Year COHORT Prospective Study

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Aim

To evaluate the efficacy of regenerative surgical treatment of peri-implantitis in a long-term follow-up (10 to 15 years).



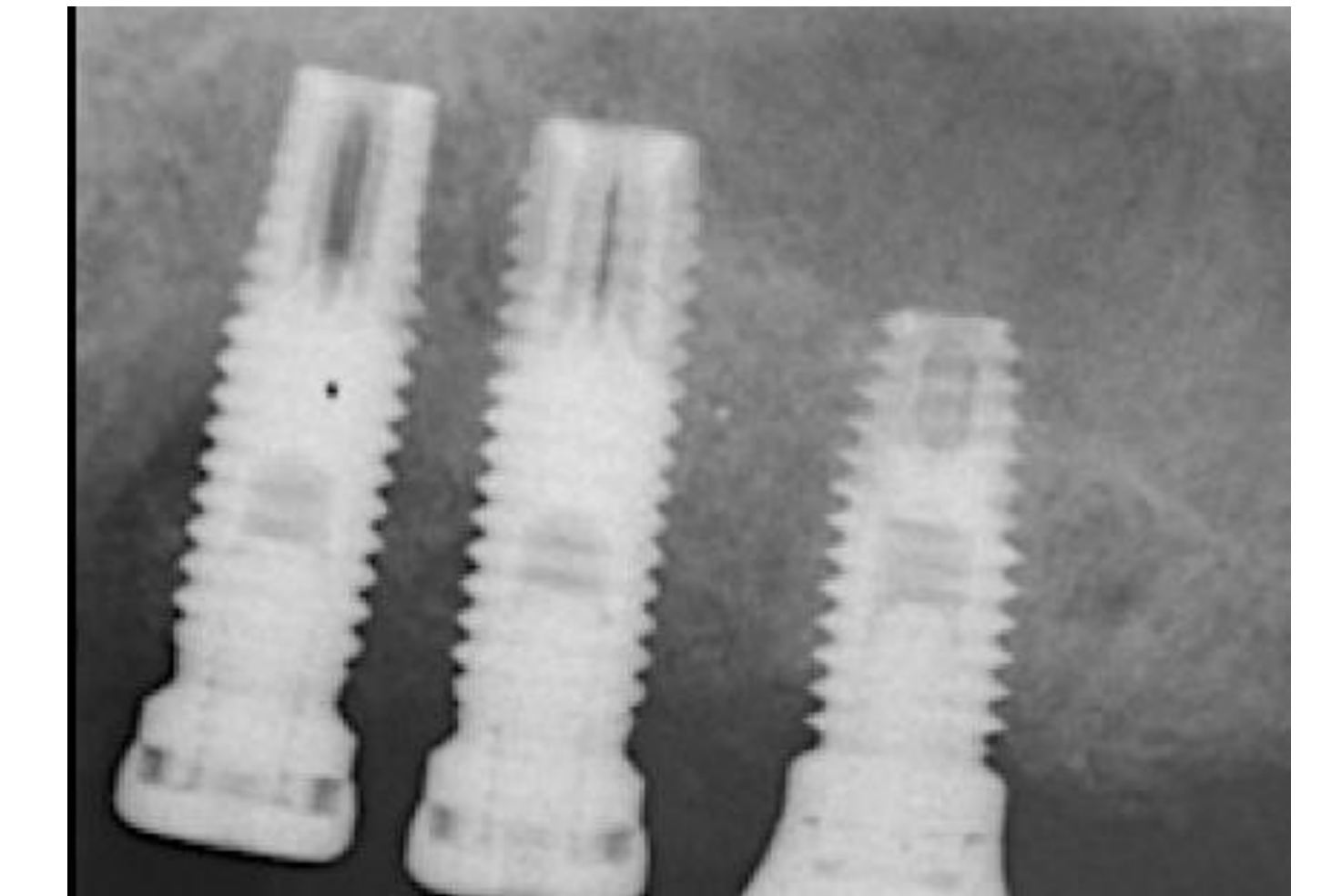
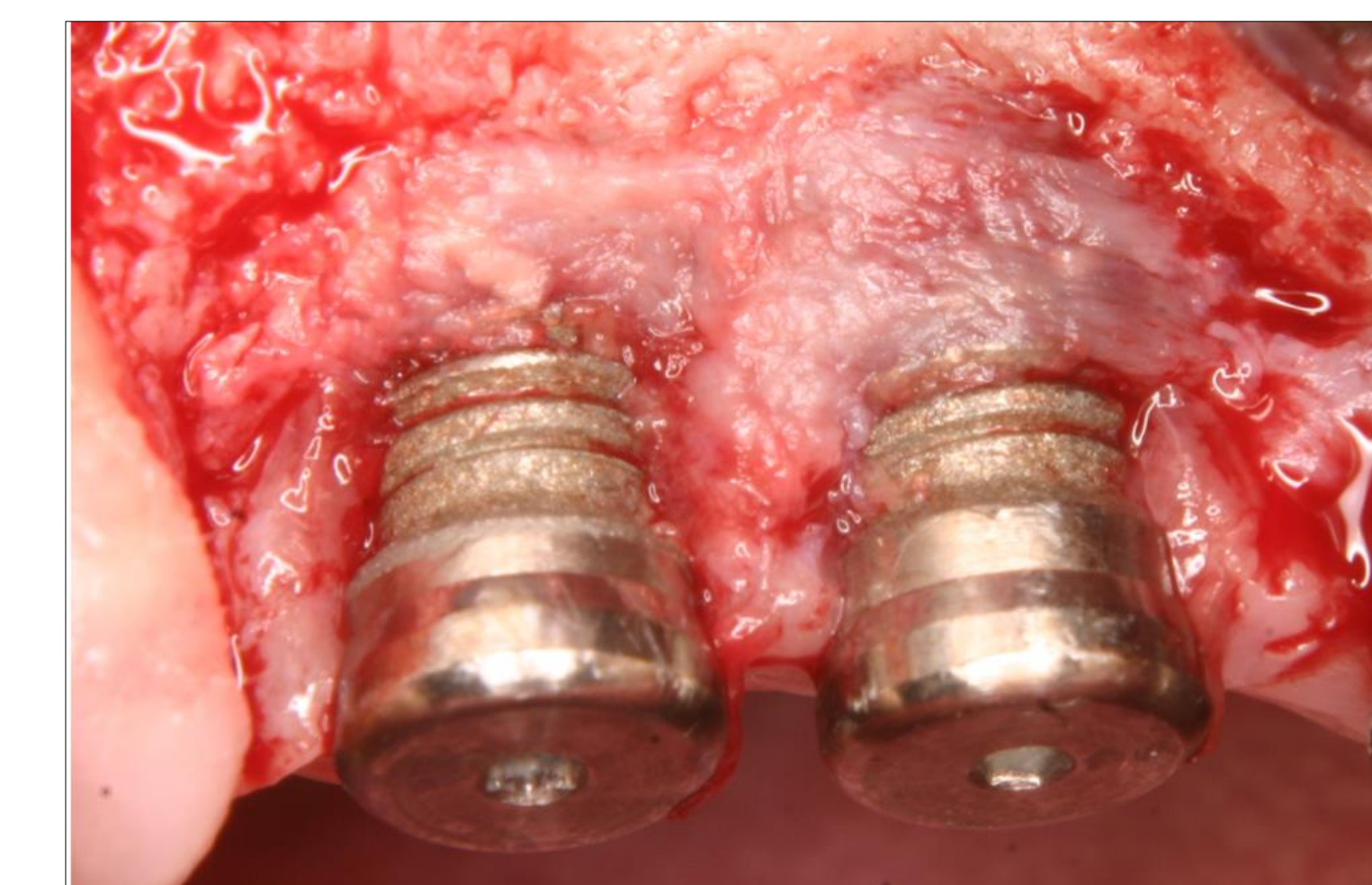
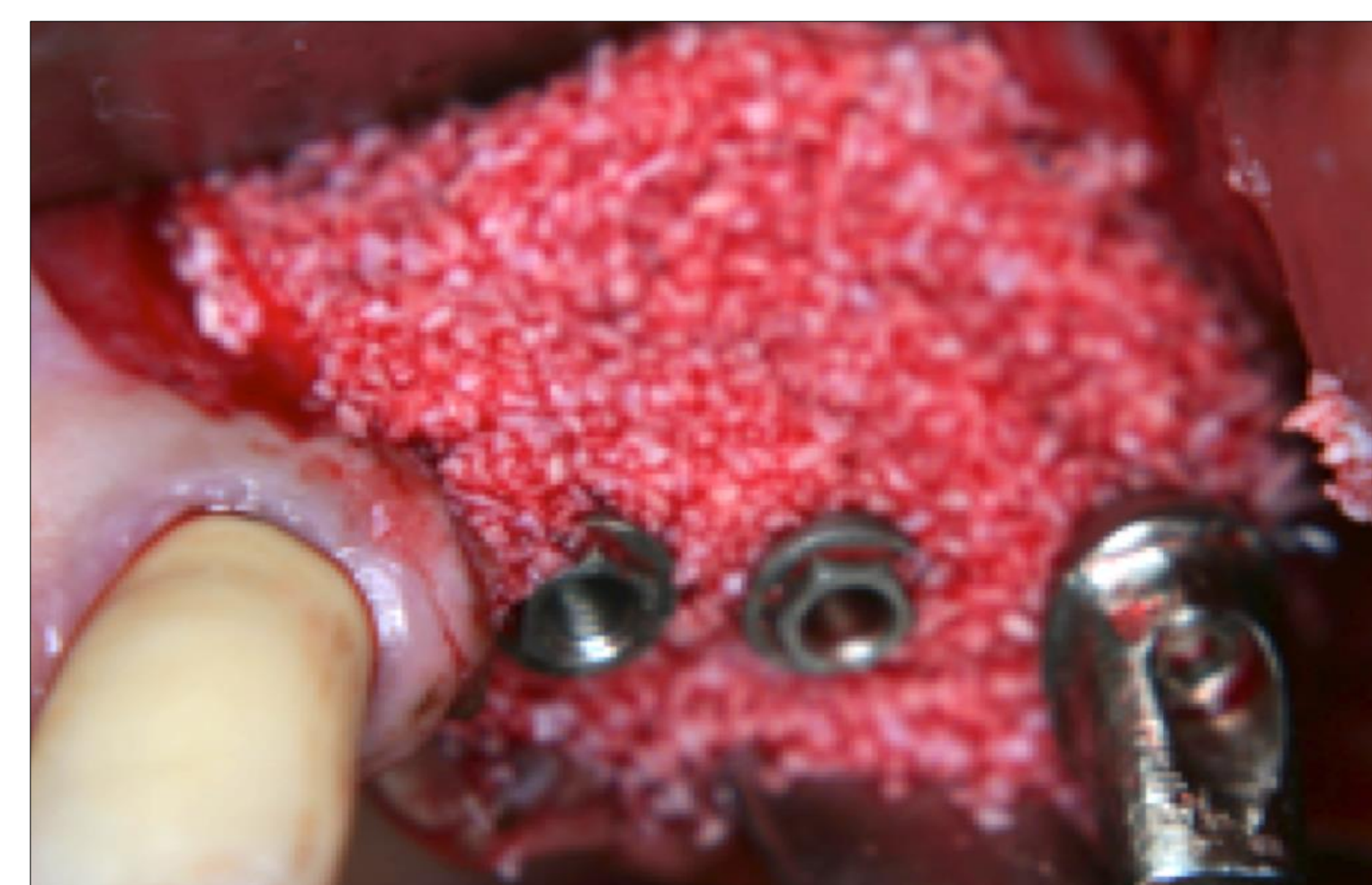
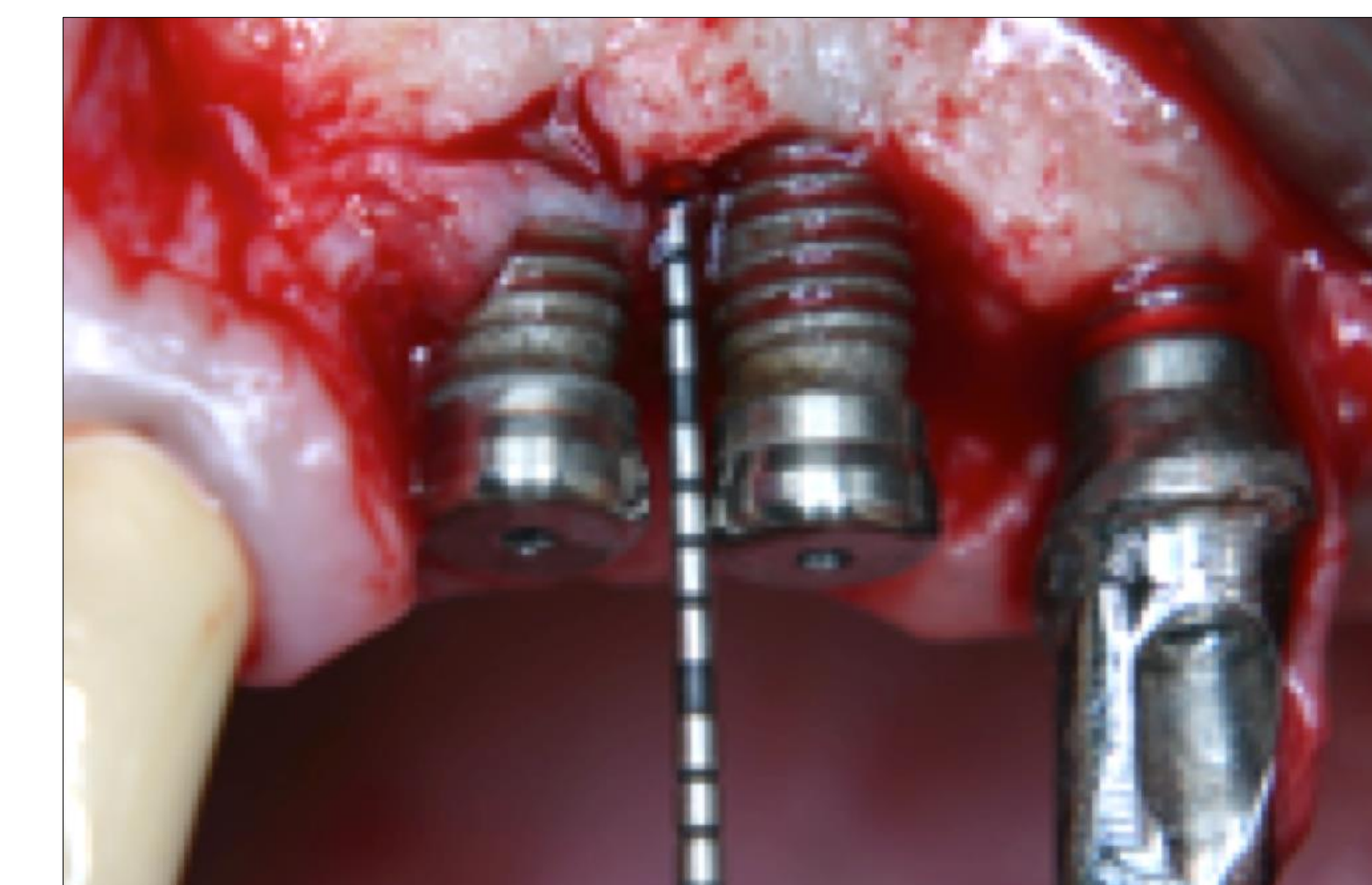
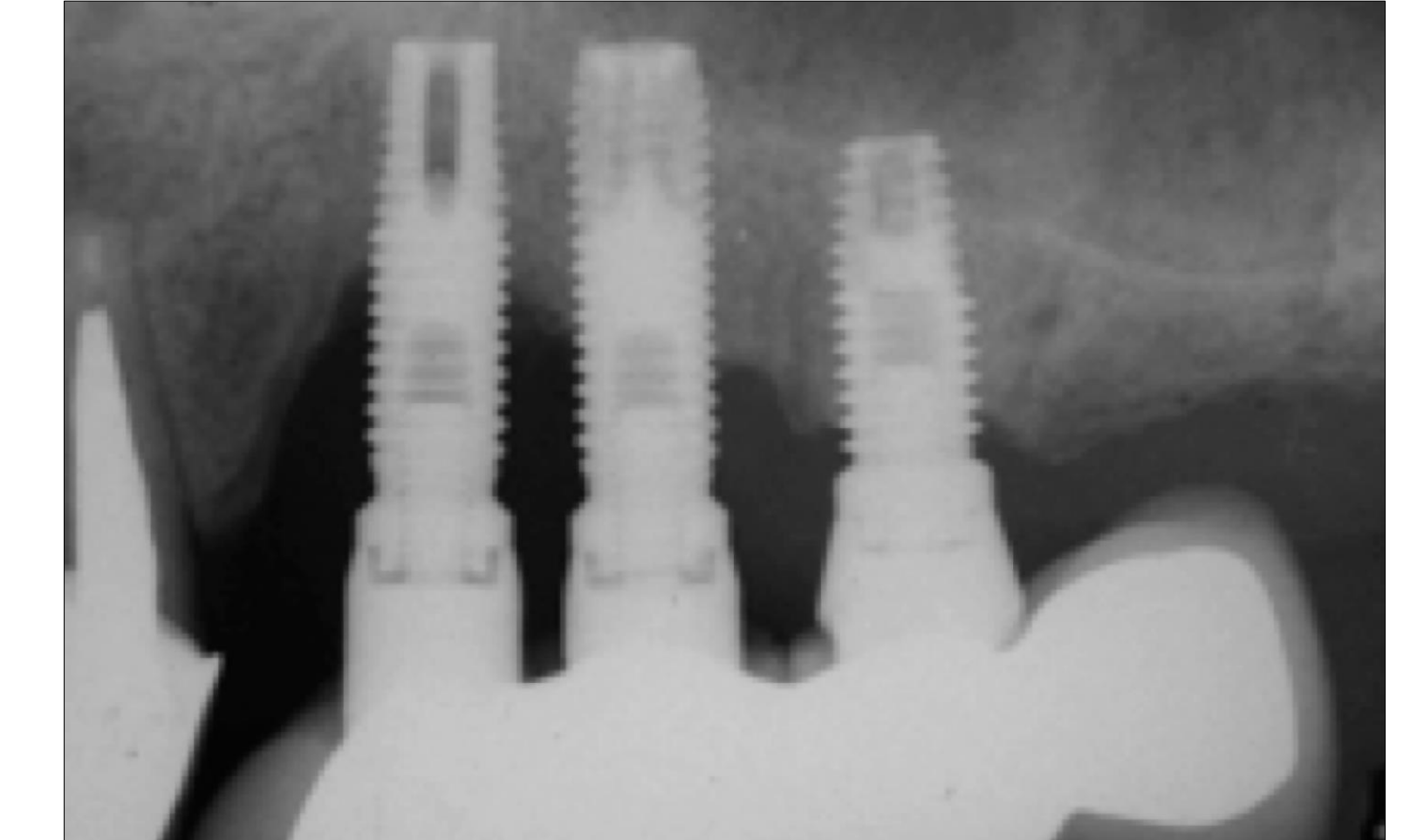
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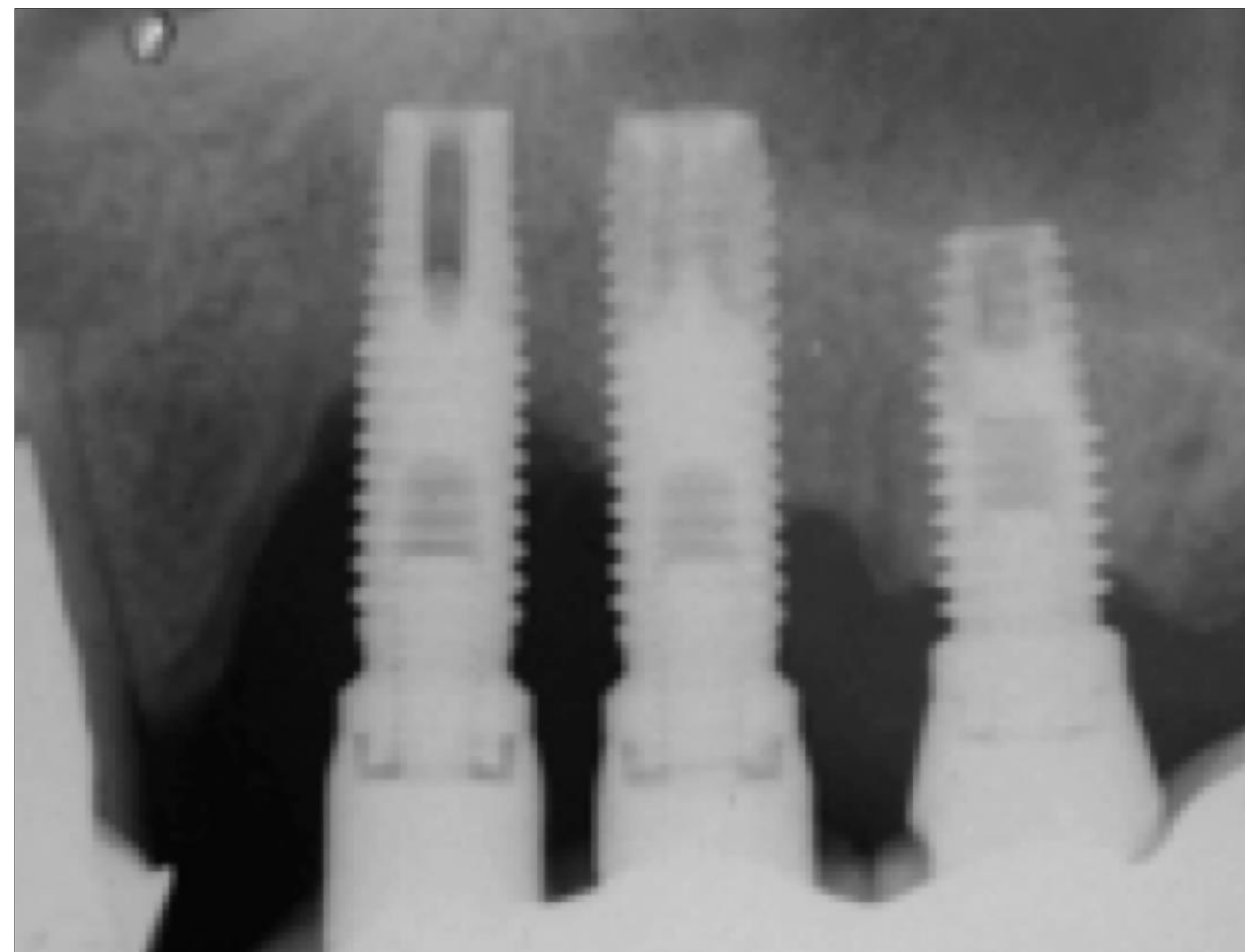
Method

Subjects with one or more dental implants with peri-implantitis were included and treated between 2004 to 2008. Peri-implantitis was defined as PD>4mm, bleeding on probing and/or suppuration, bone loss >4mm. Implant-supported restorations were removed before the surgical treatment, including implant surface and defect detoxification using a plastic curette and citric acid pH=1. Peri-implant defects were filled with deproteinized bovine bone mineral and covered with collagen membrane and submerged healing of 6 months. Patients received systemic antibiotics (metronidazole and amoxicillin) for 14 days. The vertical bone gain was the primary outcome and the periodontal parameters as the secondary outcome.



Results

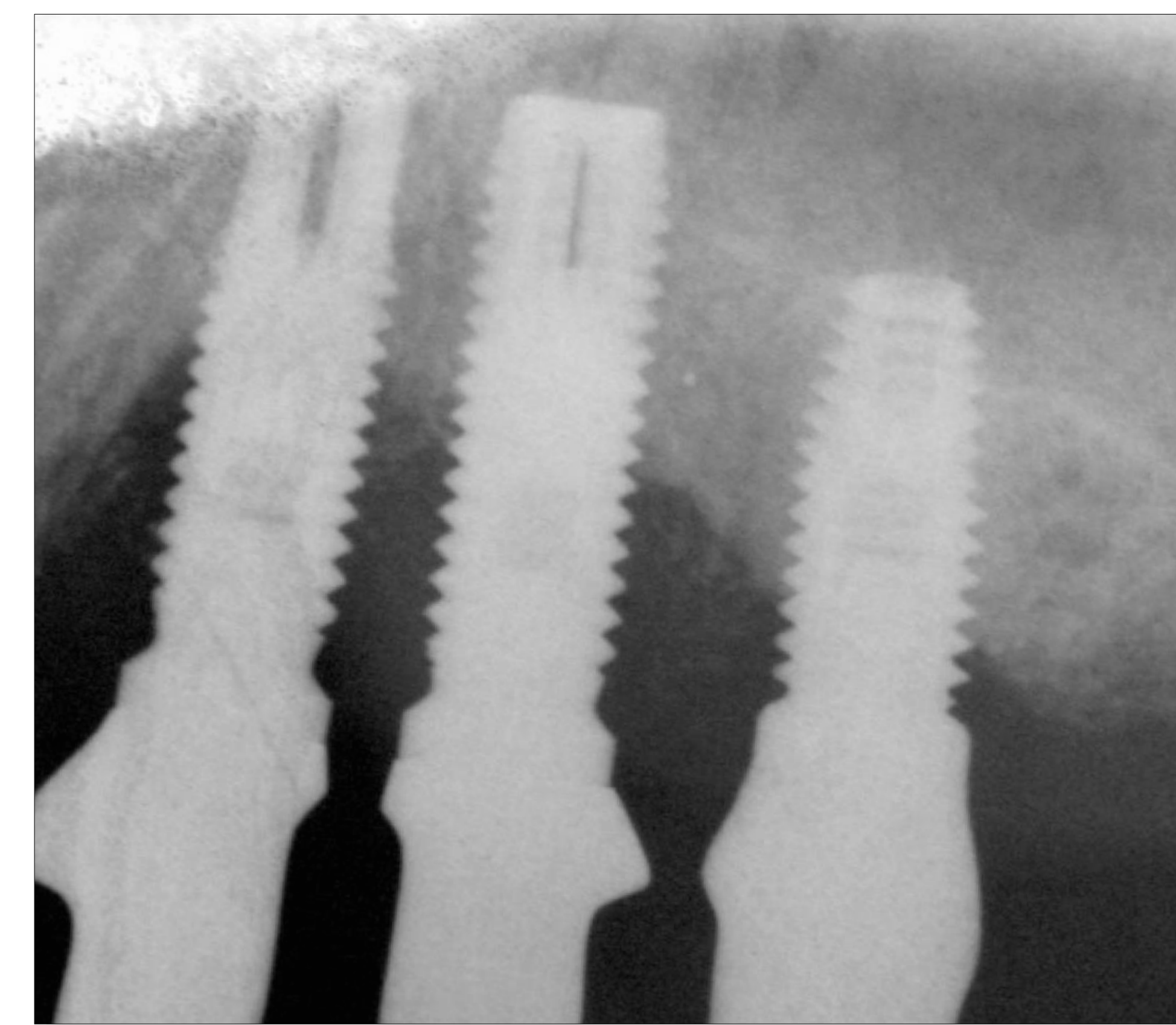
Eight-nine implants in 29 patients were treated. There was a significant clinical bone gain of 2.11mm; PD reduction was 3.4 ± 1.3 mm, and CAL was 2.1 ± 1.02 mm observed at 10 to 15 years. The survival rate of 80.89% (72 dental implants) and 68.53% (61 dental implants) reached the clinical endpoint (PD<5mm, no bleeding on probing and/or suppuration, and further bone loss).



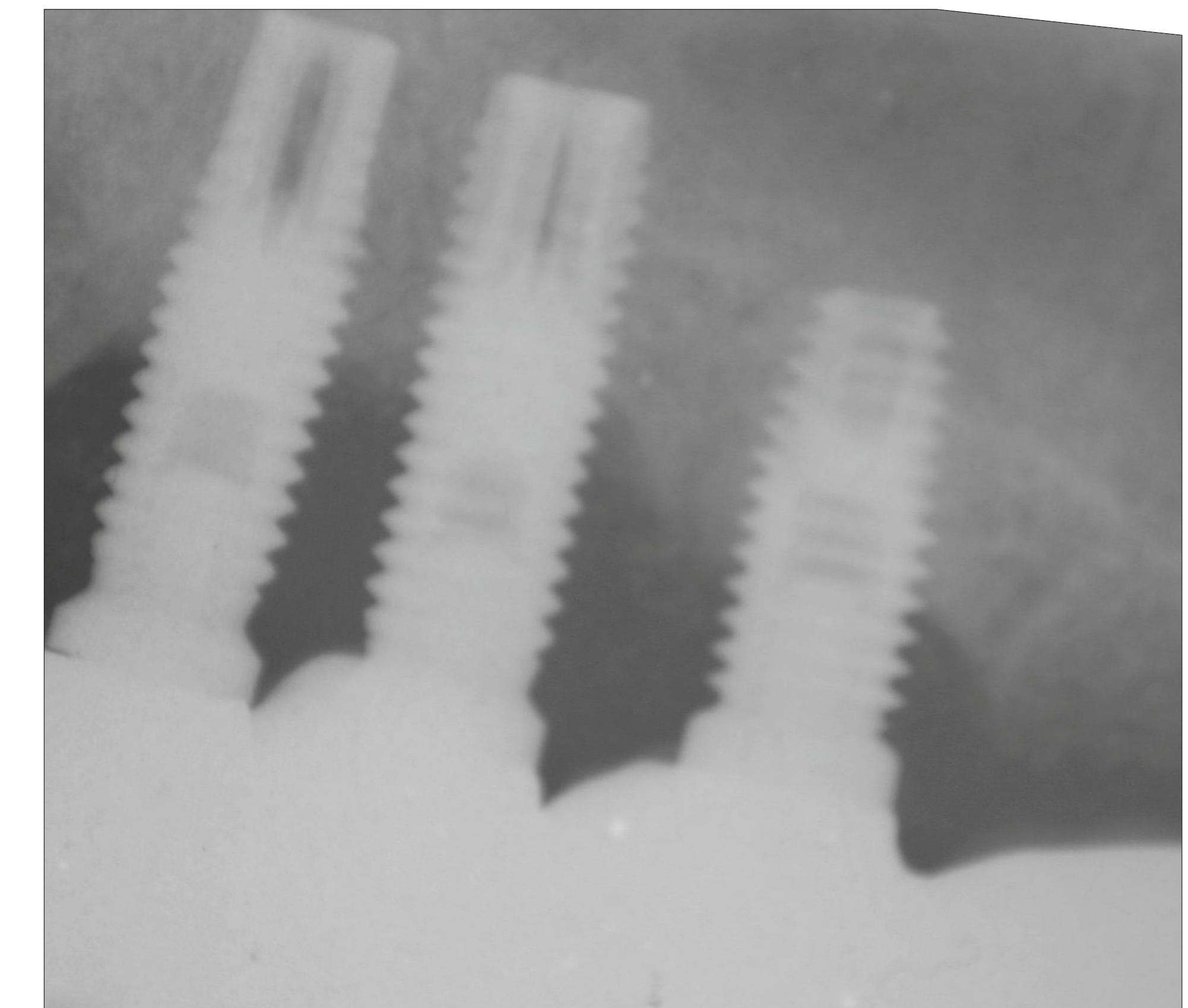
Baseline



6 M



3 Y



15 Y

Conclusion

Regenerative surgical treatment of peri-implantitis is feasible with thorough detoxification of implant sites and a submerged regenerative healing approach.