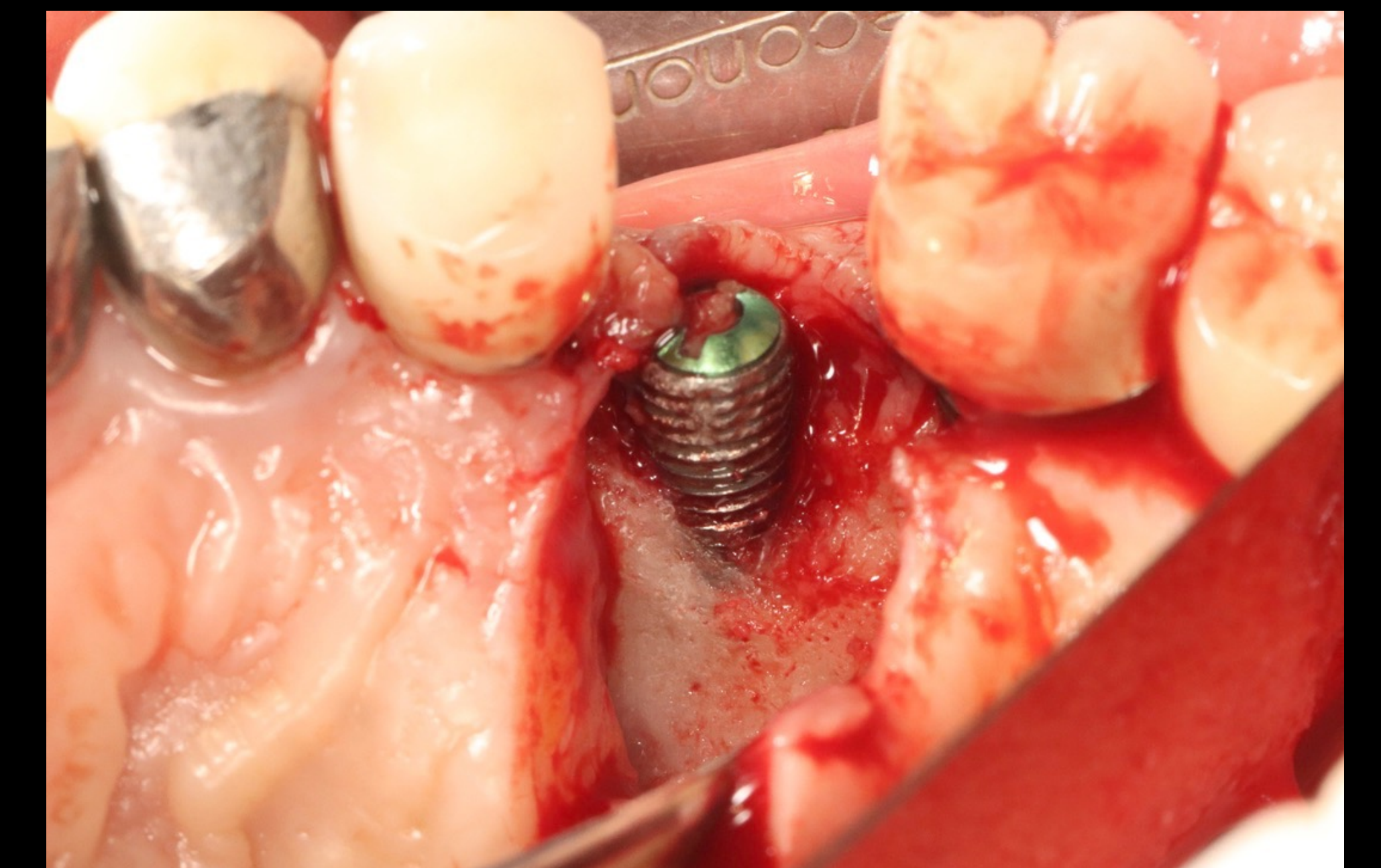




Persistent Gingival Overgrowth Around an Implant Several Years after Loading : an old answer to a new question

Mohseni Salehimonfared; Seyedhossein, Khorsand; Afshin, Moravej; Asal

Department of Periodontology, Tehran University of Medical Sciences, Tehran, Iran Email:salehimo@tums.ac.ir



INTRODUCTION

Reactive lesions are important complications around dental implants which attracted notice of many clinicians recently. (1)
Lesions around dental implants may be symptomatic or asymptomatic. (2)
reactive lesion formation is a biologic complication and could result in implant failure.(1)
the most common traumatic lesions of oral cavity are pyogenic granuloma , fibroma, peripheral giant cell lesions and peripheral ossifying fibroma. (2)
peripheral giant cell granuloma is not a true neoplasm. it is a reactive lesion and benign growth of giant cells in the gingival or alveolar mucosa and the etiology is any irritation such as tooth extraction , periodontitis , ill fitting dentures or inadequate restorations .(3)
our goal is to present treatment approach for such lesions to keep implant health and survival.

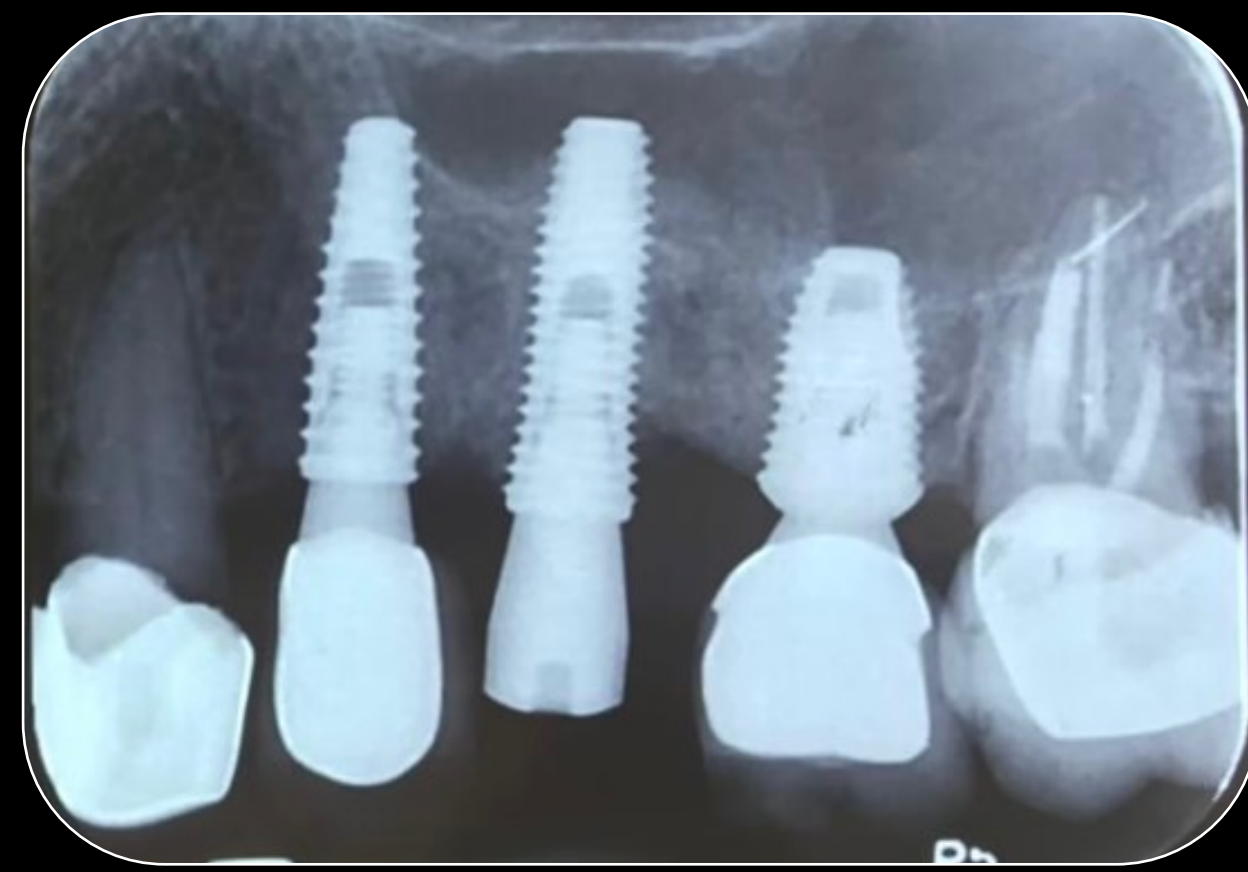
METHODS

A 70-year-old woman in good general health without any important medicine consumption with chief complaint of a lesion in palatal mucosa around an osseointegrated and restored implant in left side of maxilla referred to periodontics department of Tehran University Of medical Sciences in December 2021. There was no pain or tenderness.

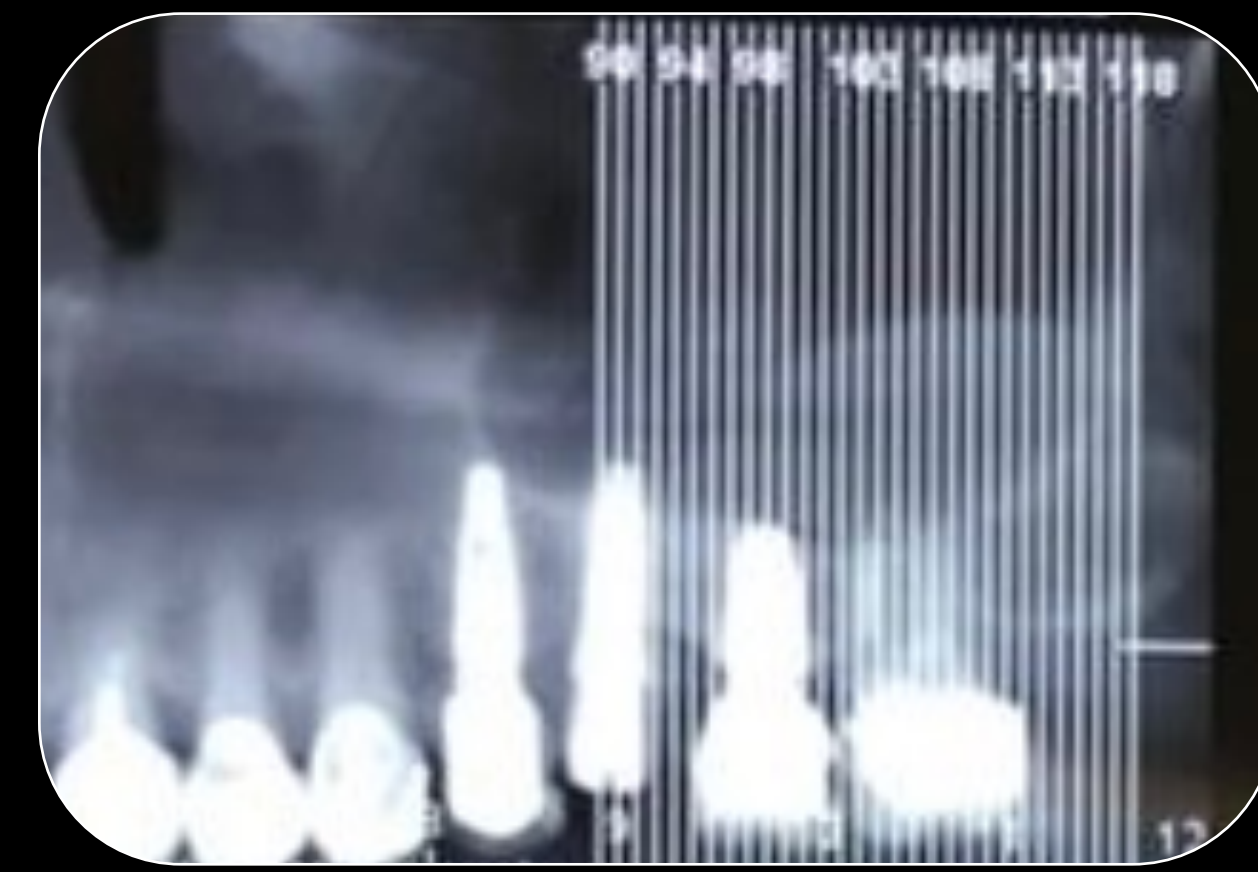
Excisional biopsy with 1 mm safe margin with slight curettage of bone and implantoplasty was done and the report was peripheral ossifying fibroma.

After 2 months , the lesion was developed again . for second time , the lesion was excised with 3 mm safe margin and the pathology report was peripheral giant cell granuloma.

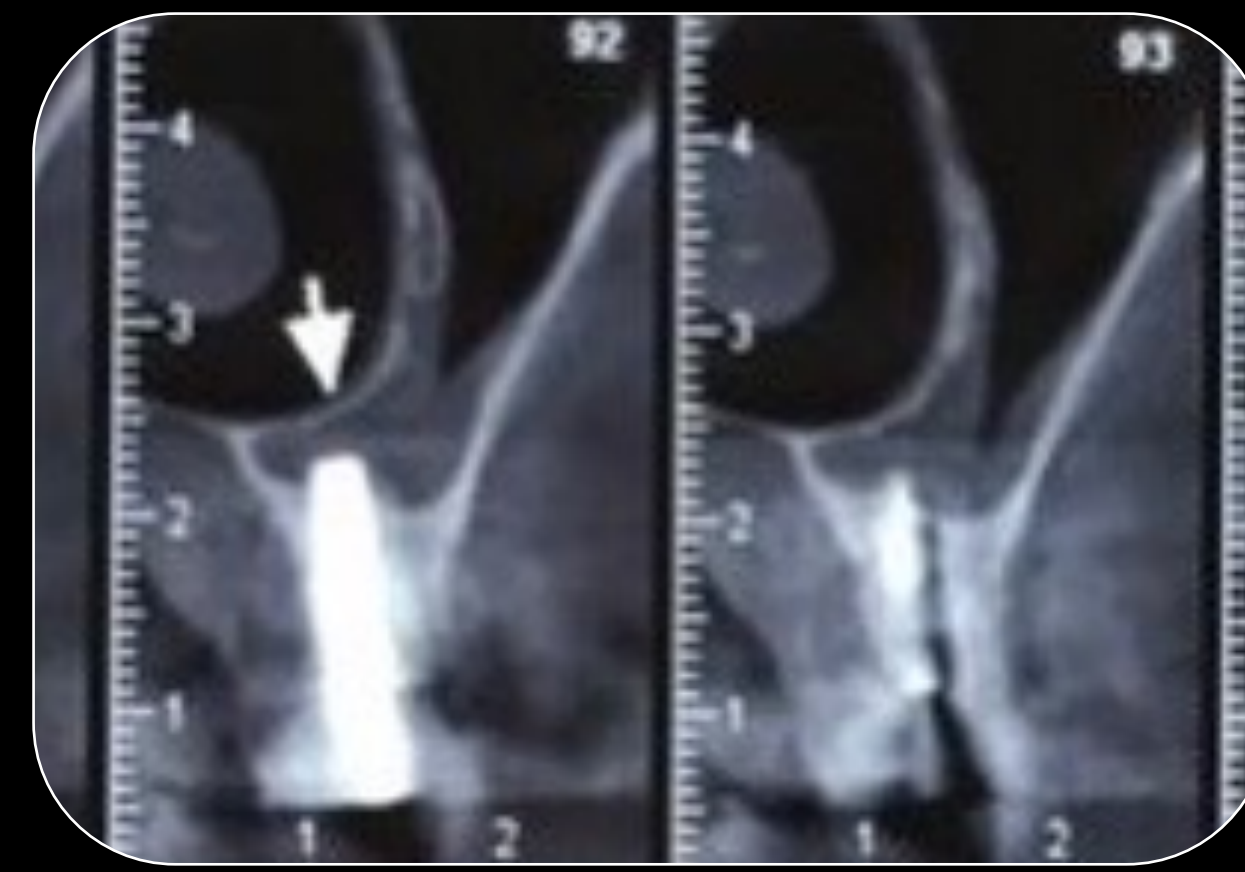
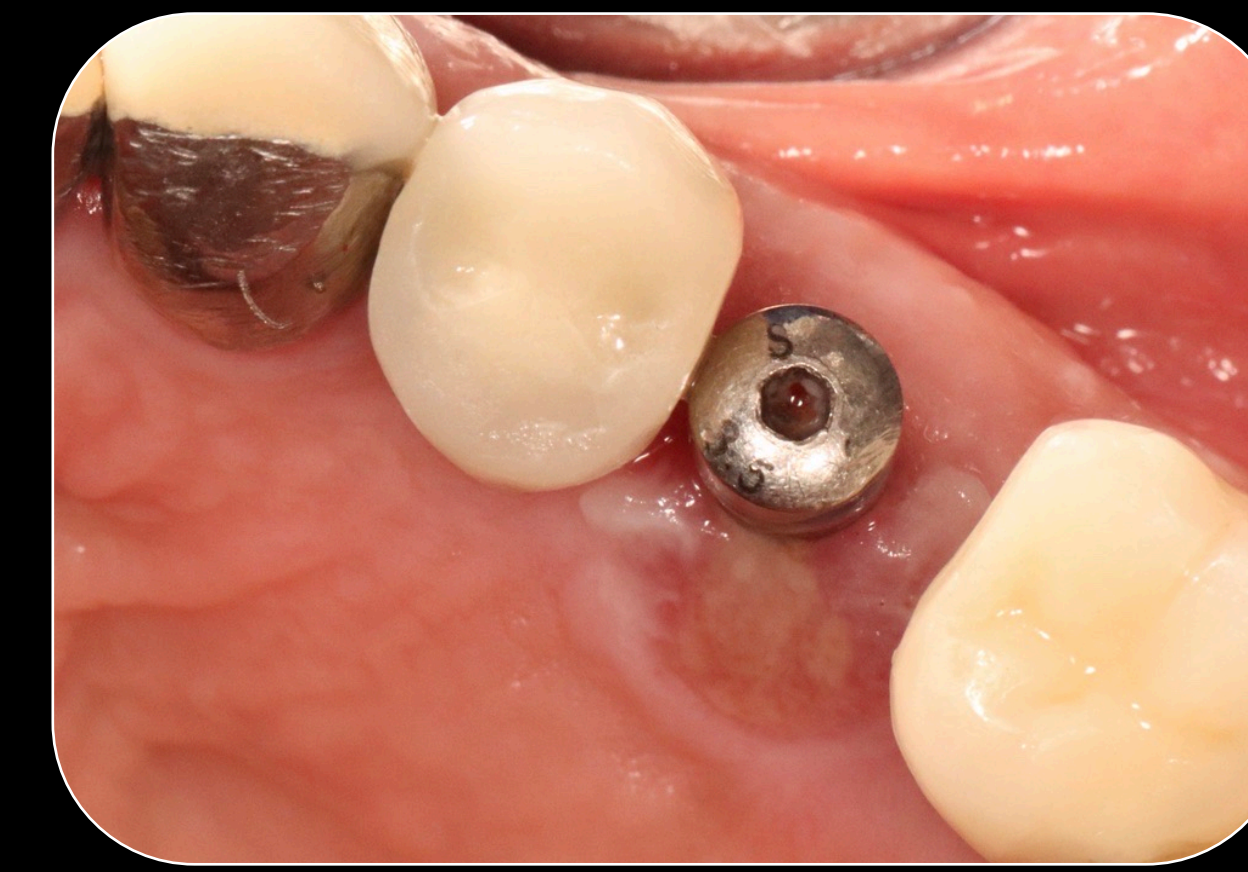
After 2 months , the lesion was developed for third time and we decide to remove dental implant associated with the lesion. Explanation was performed and after healing of soft tissue , the lesion was completely disappeared and the soft tissue was normal in color and texture.



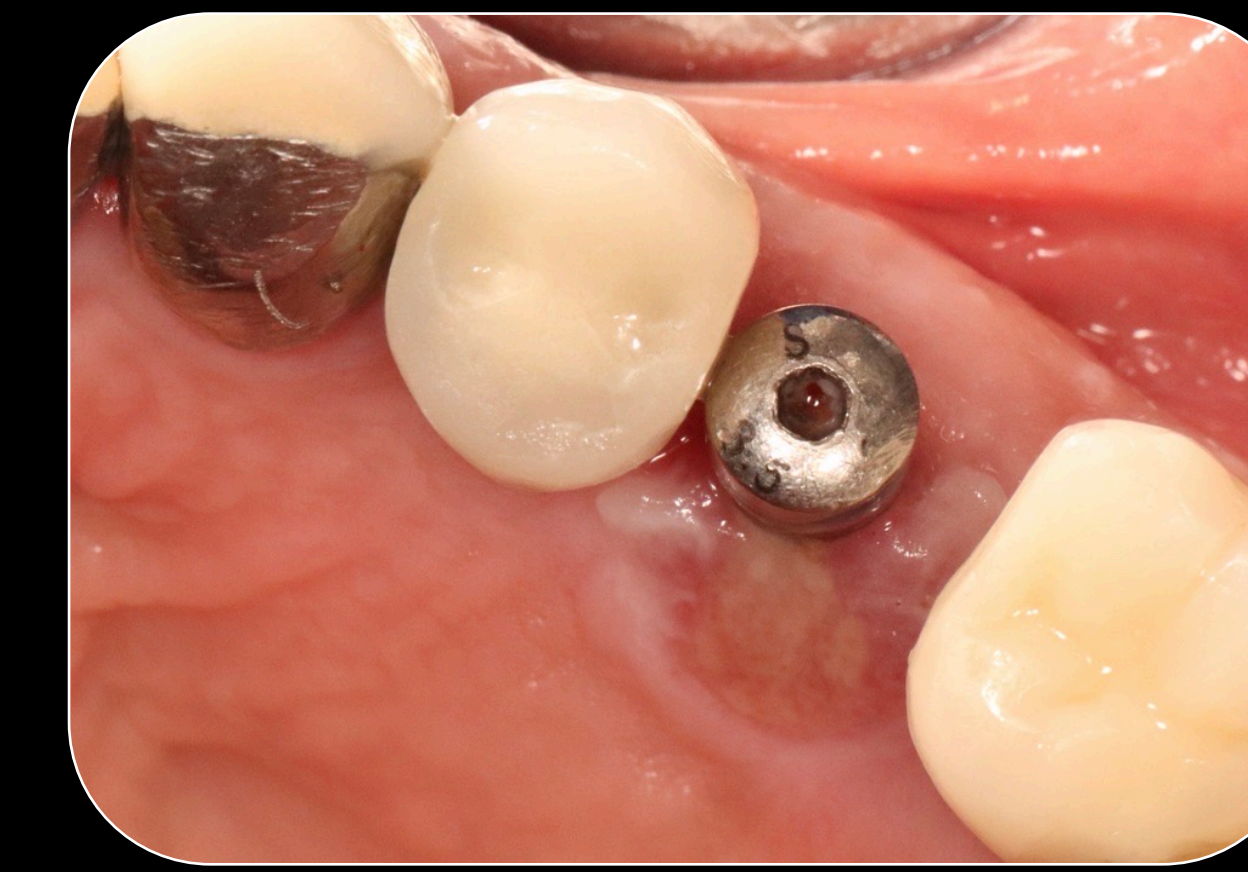
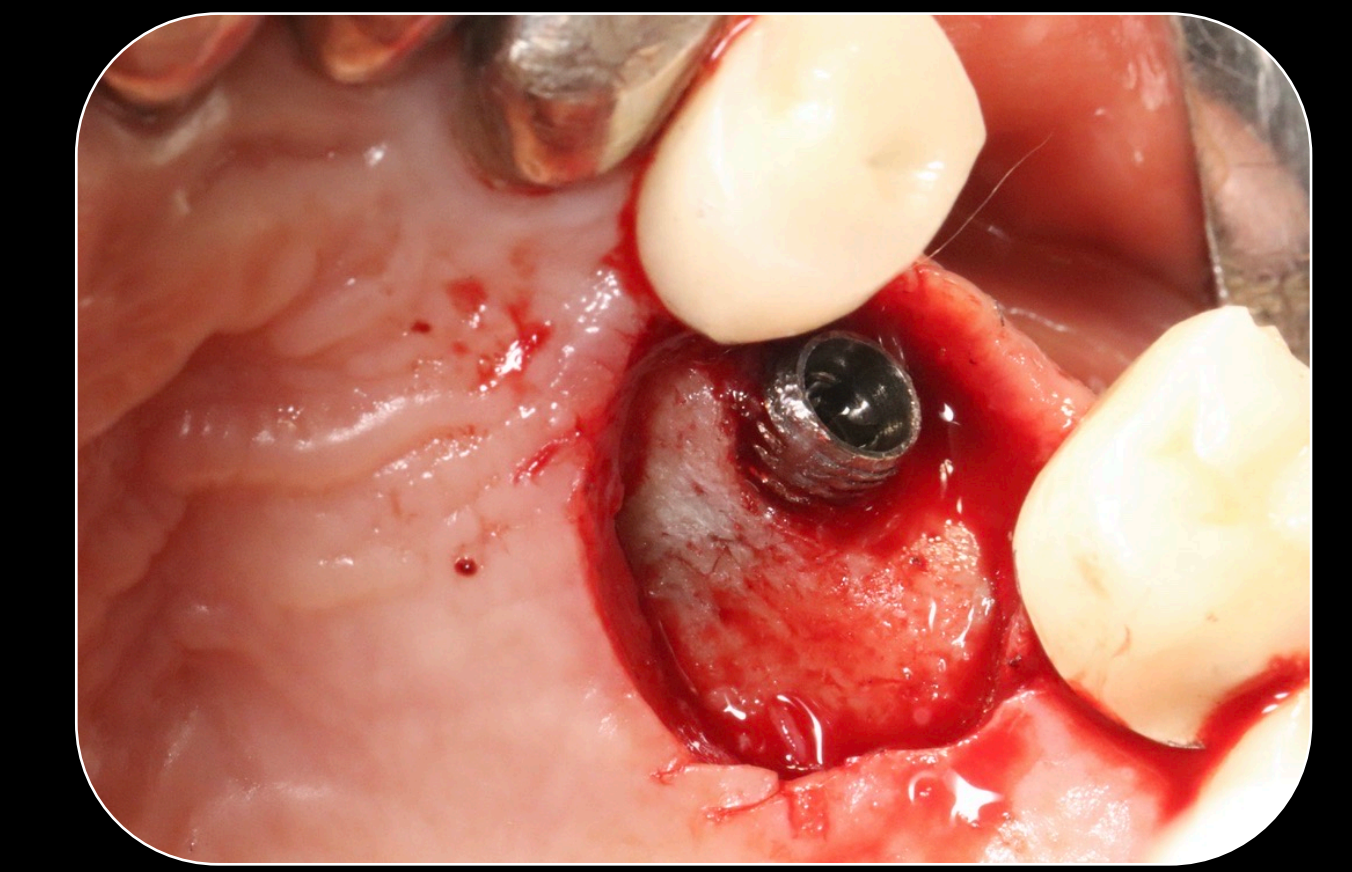
PA view



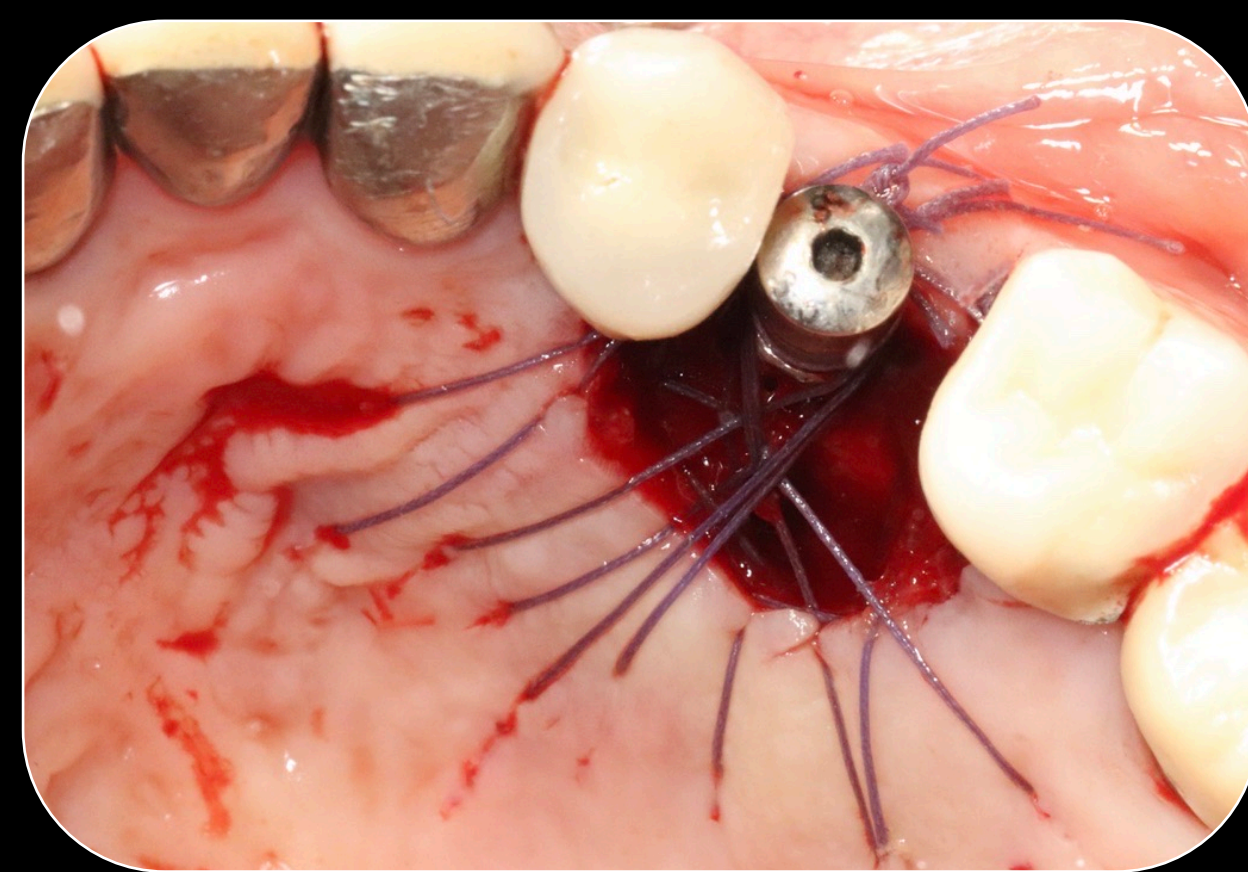
Cross sectional view



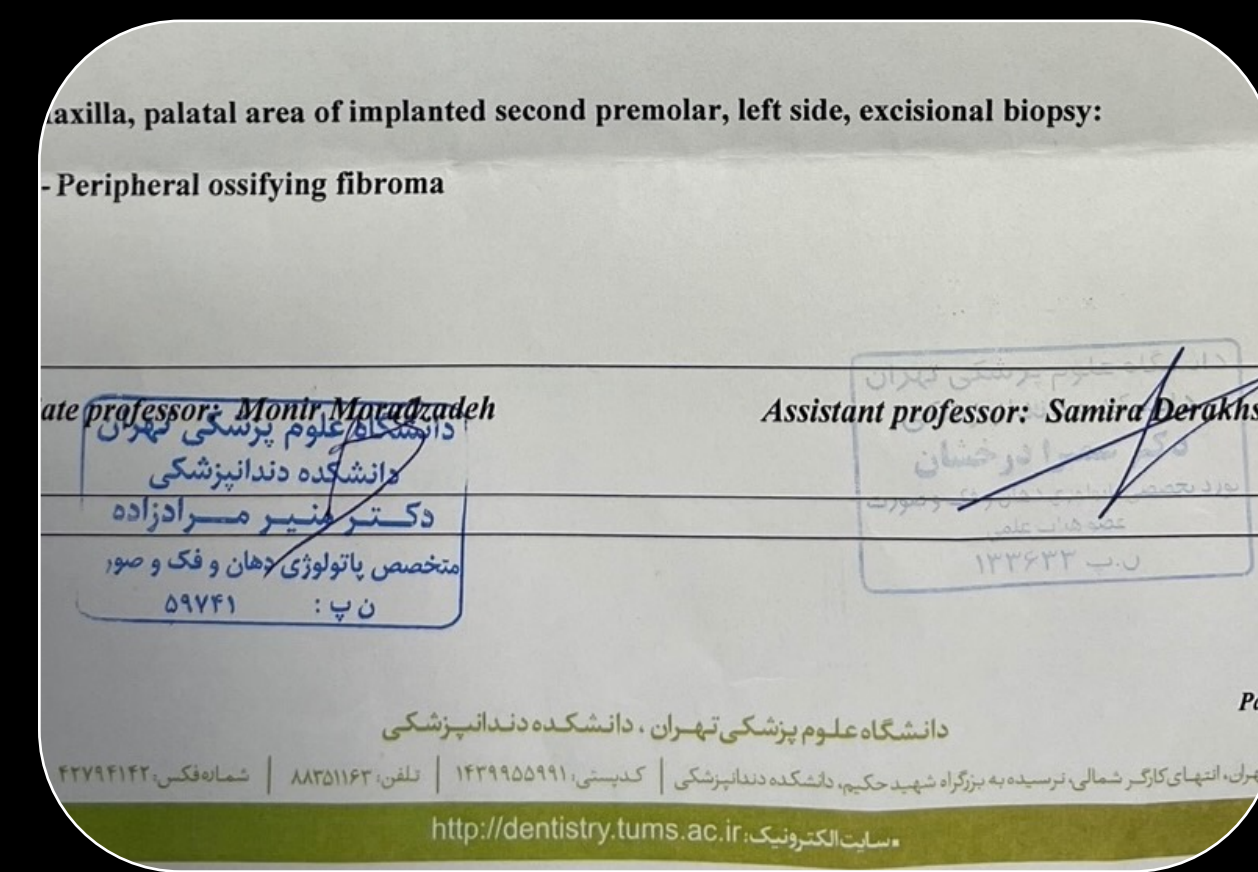
An exophytic lesion around middle dental implant



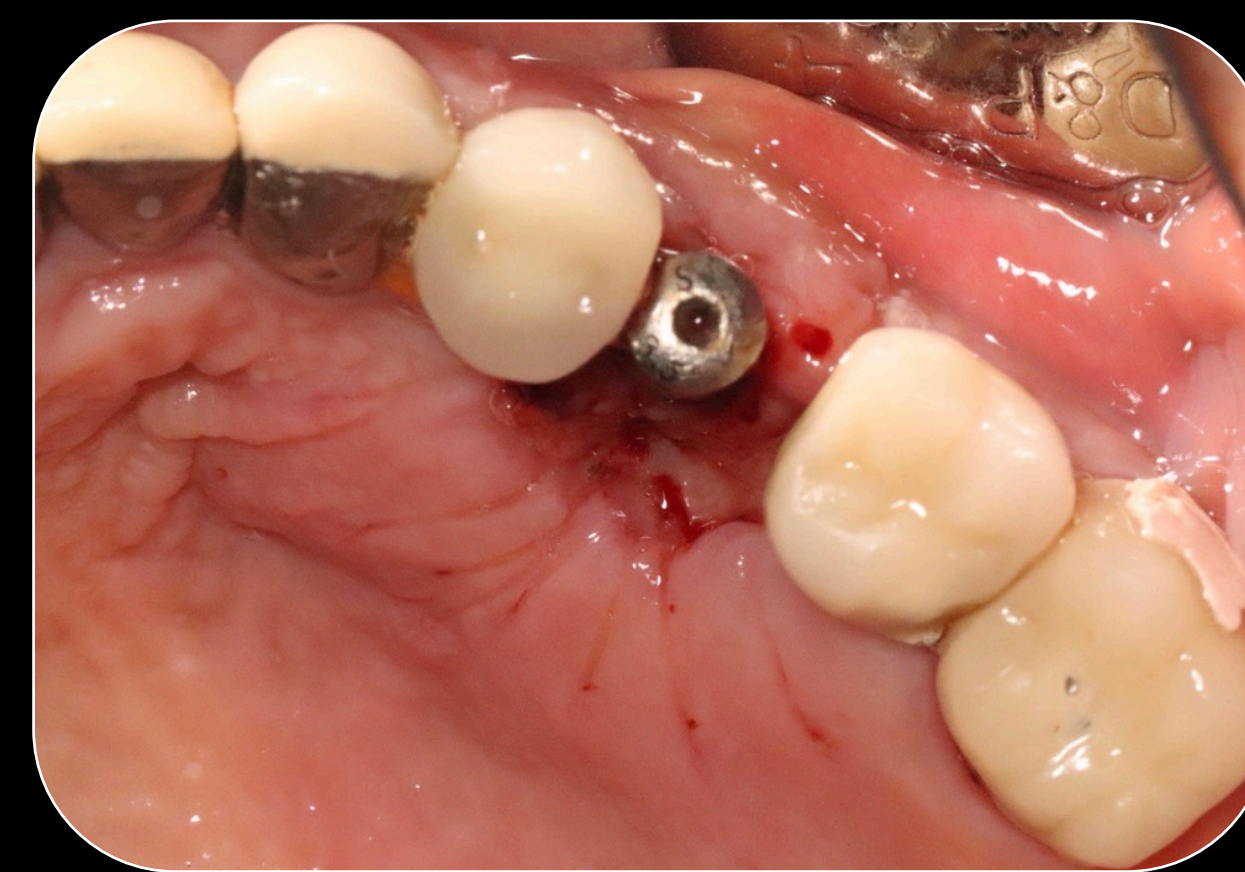
Excision with 2 mm safe margin



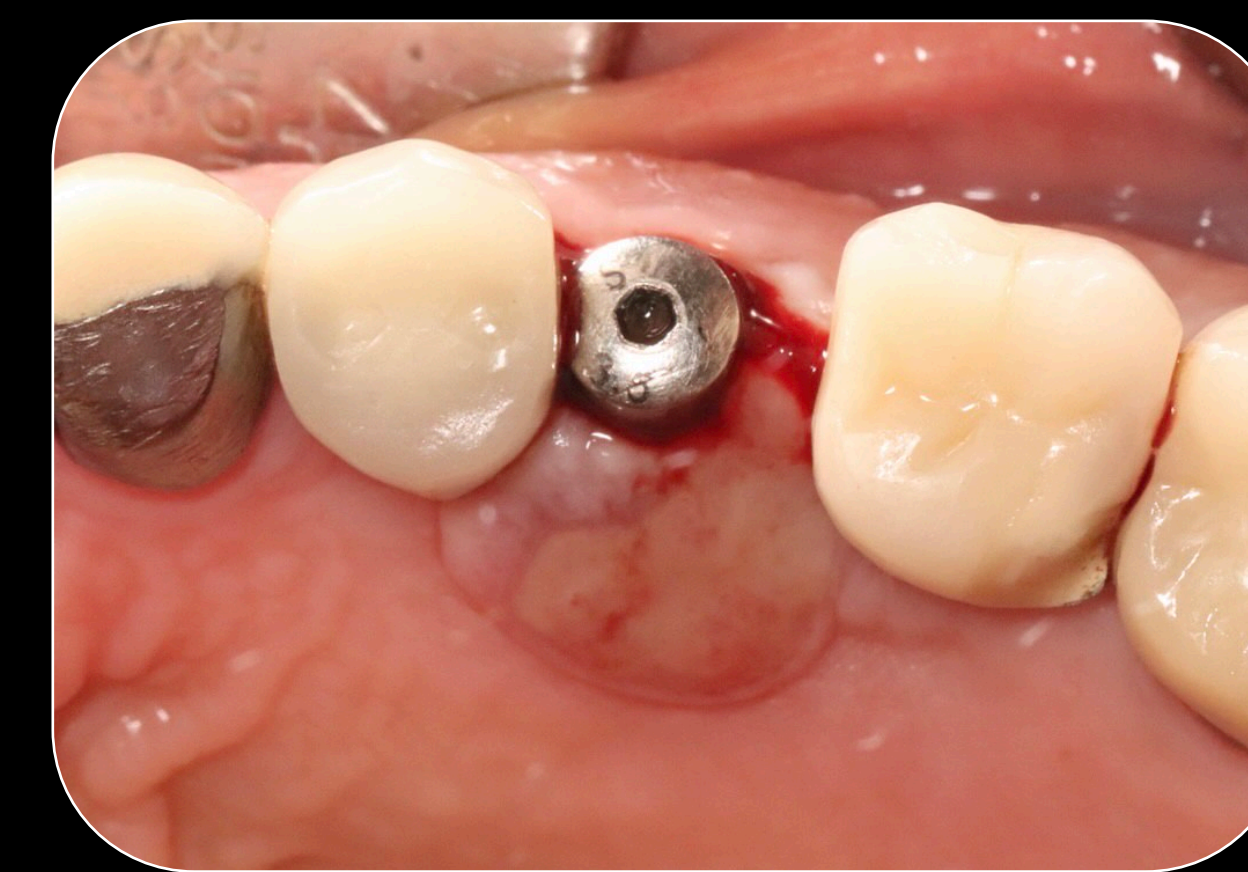
suturing



Peripheral Ossifying fibroma



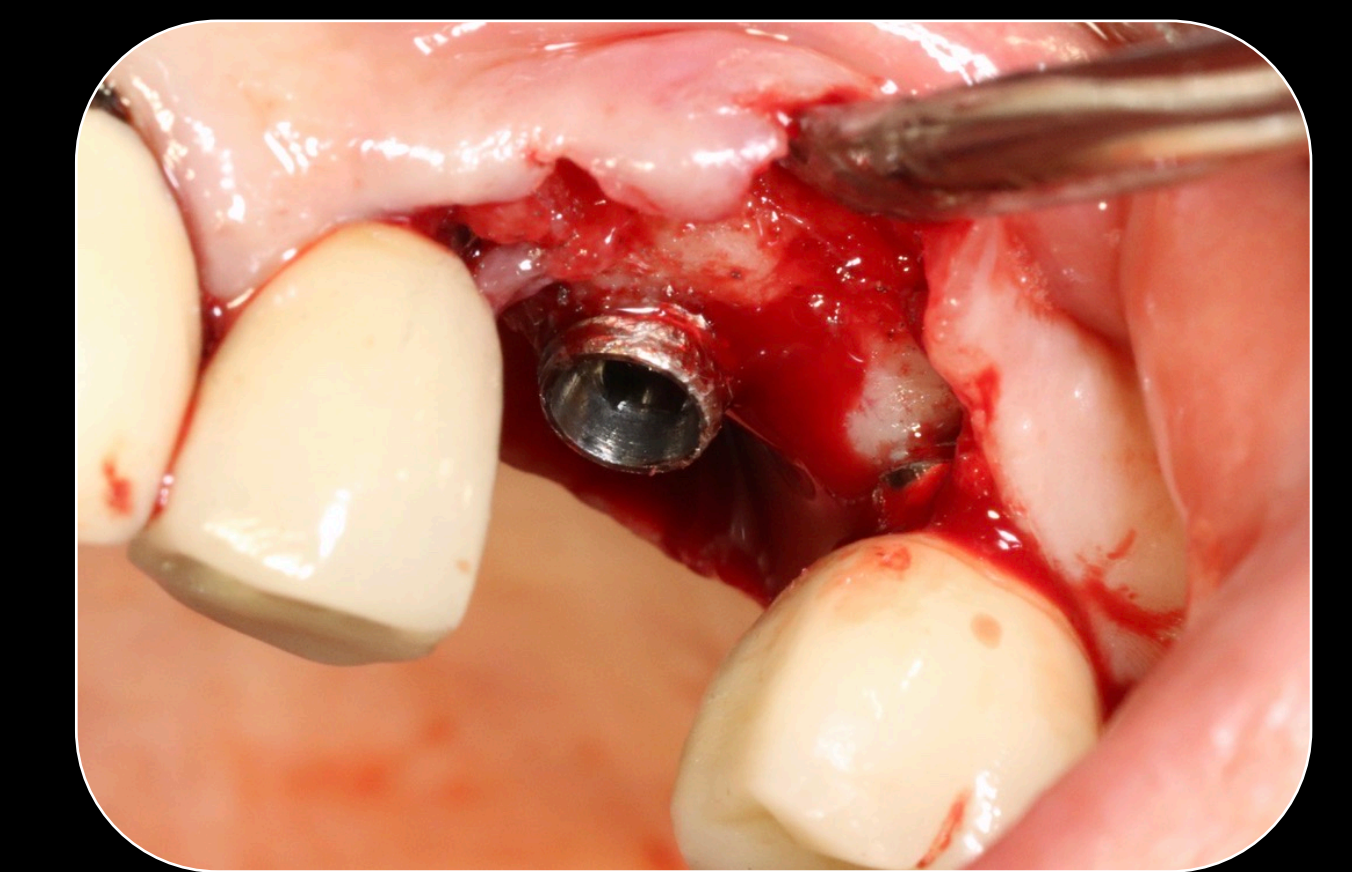
Healing after 2 weeks

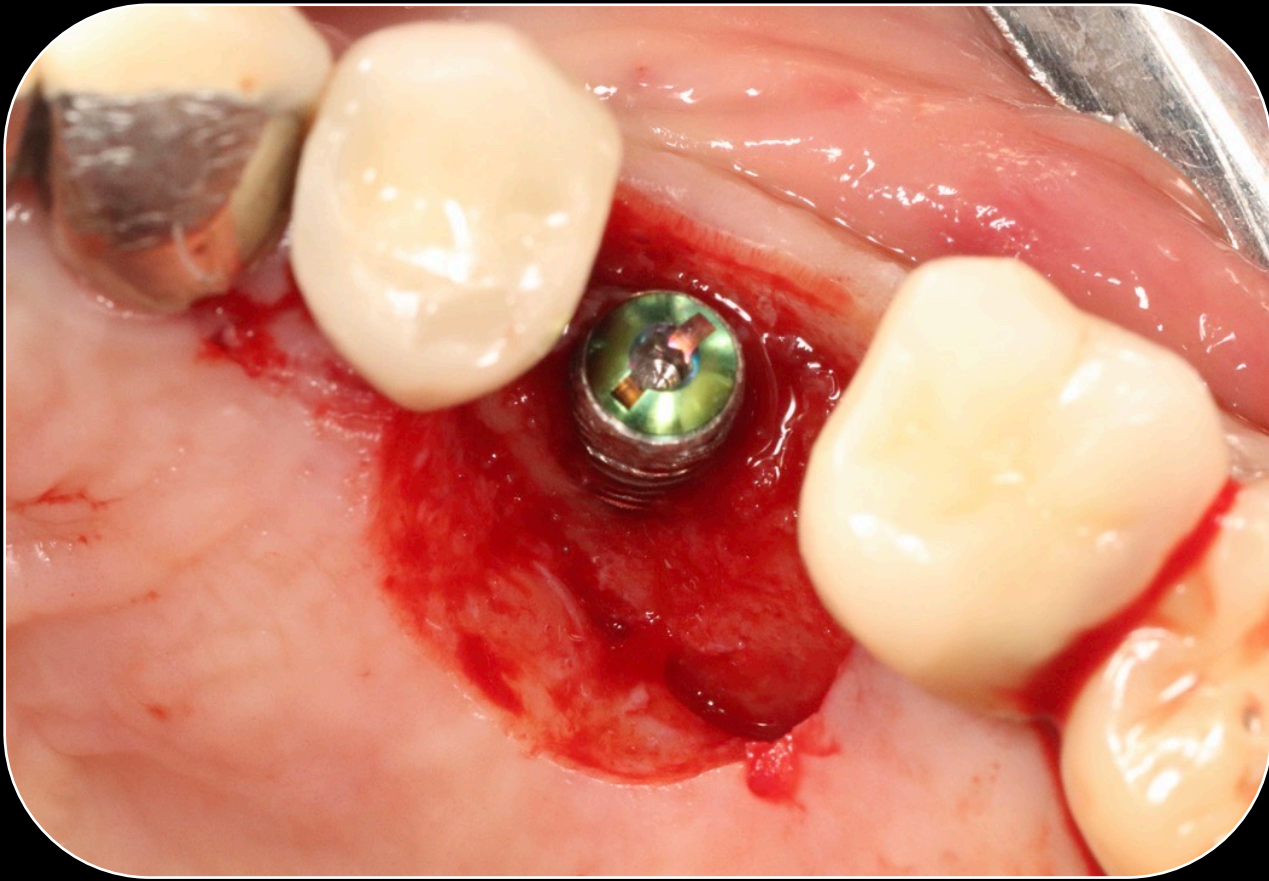


Recurrence of lesion after 2 months

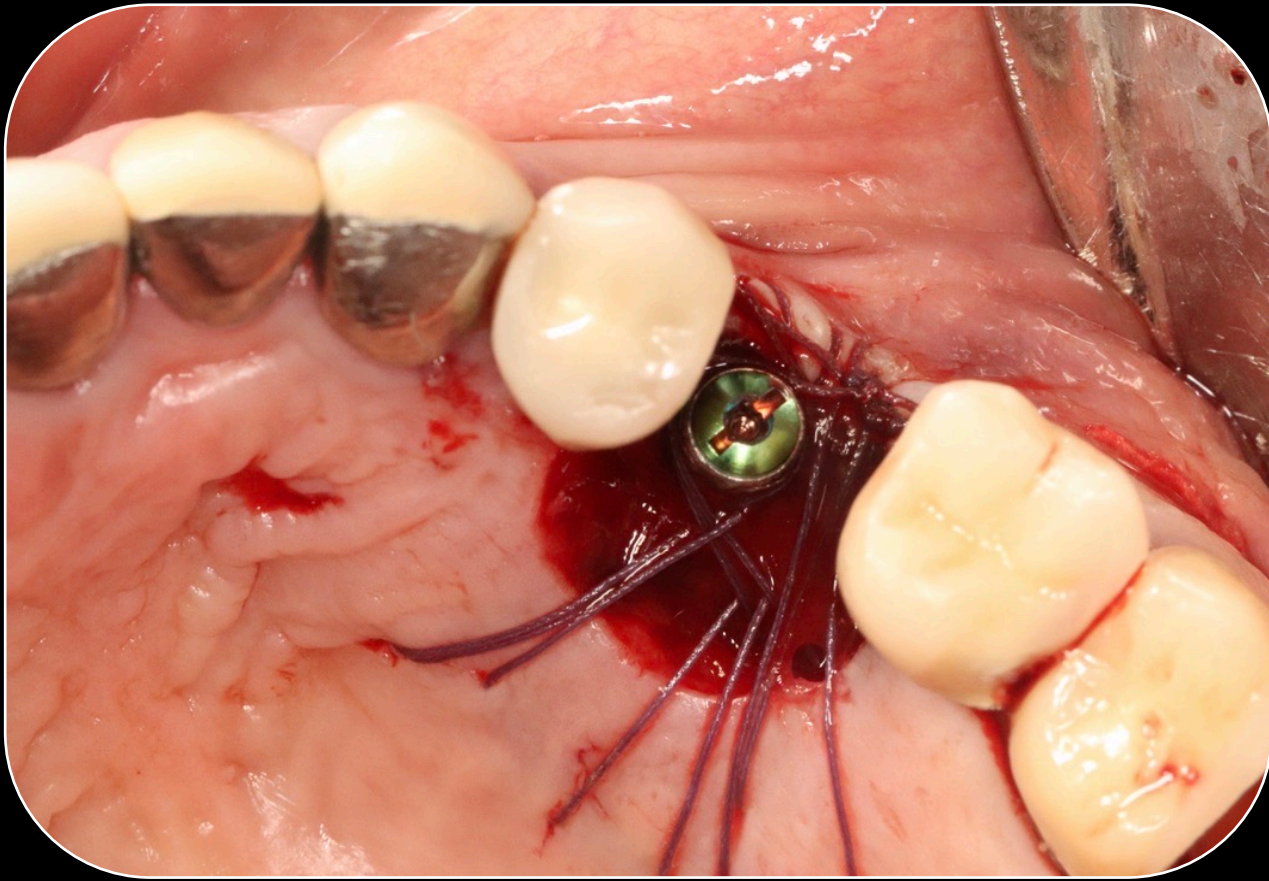


Excision of lesion with 4 mm safe margin

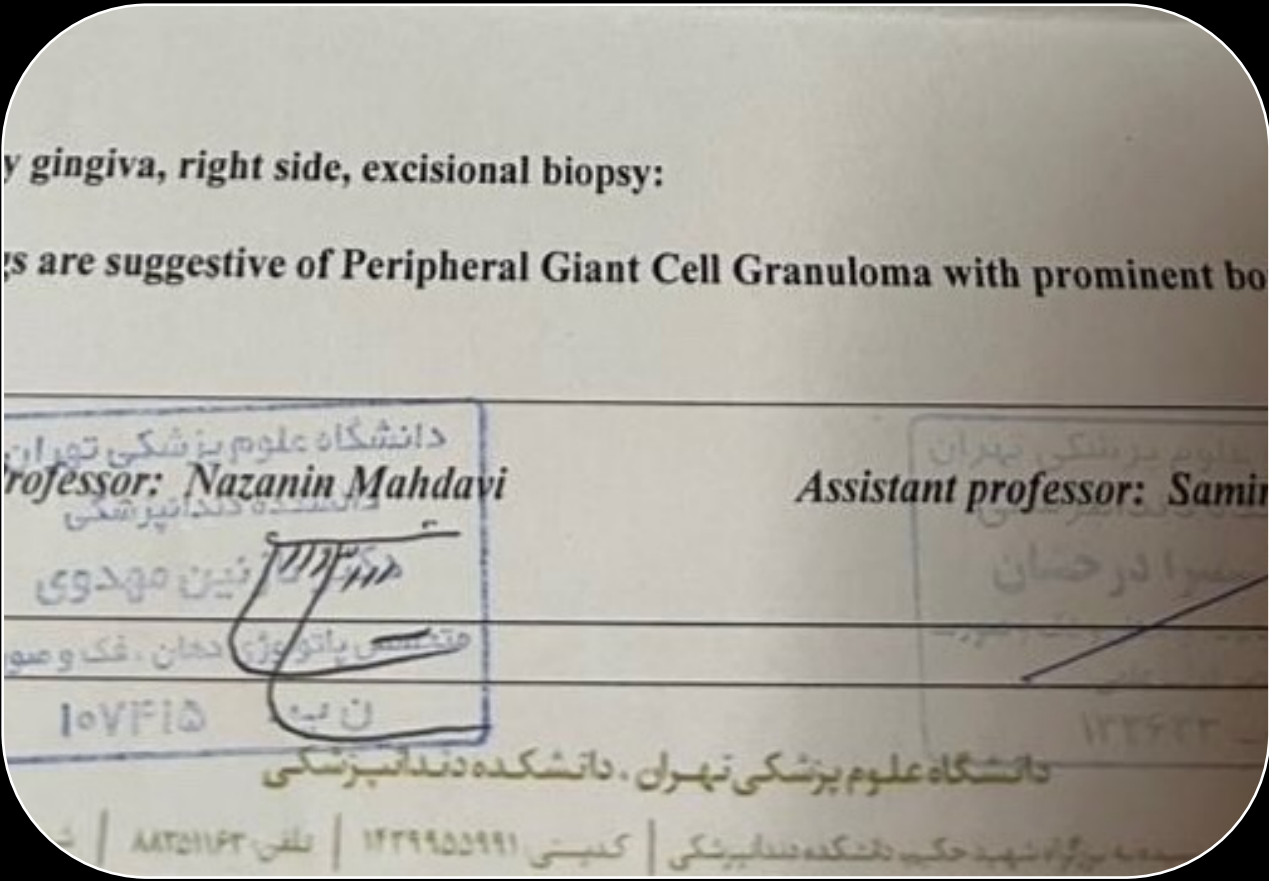




Cover screw
placement



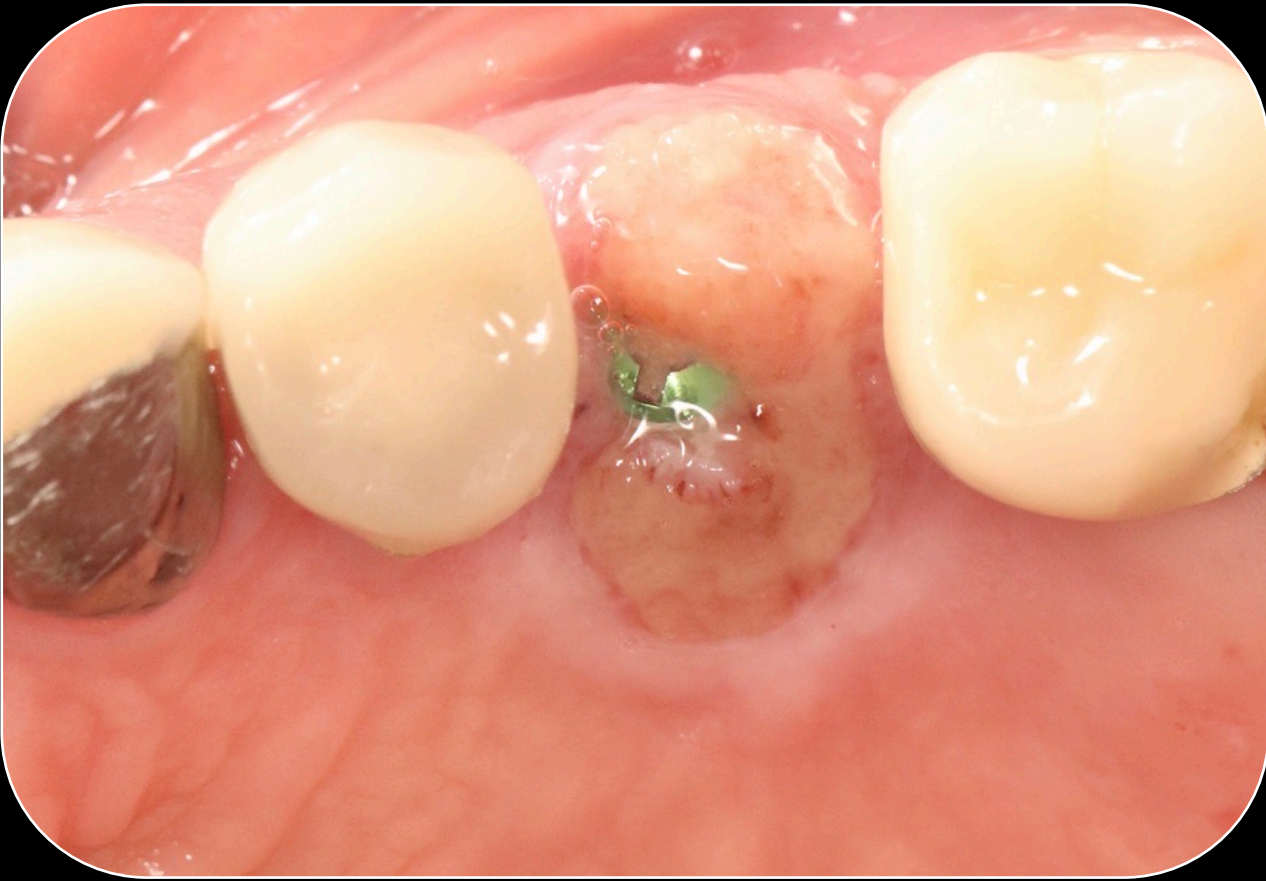
suturing



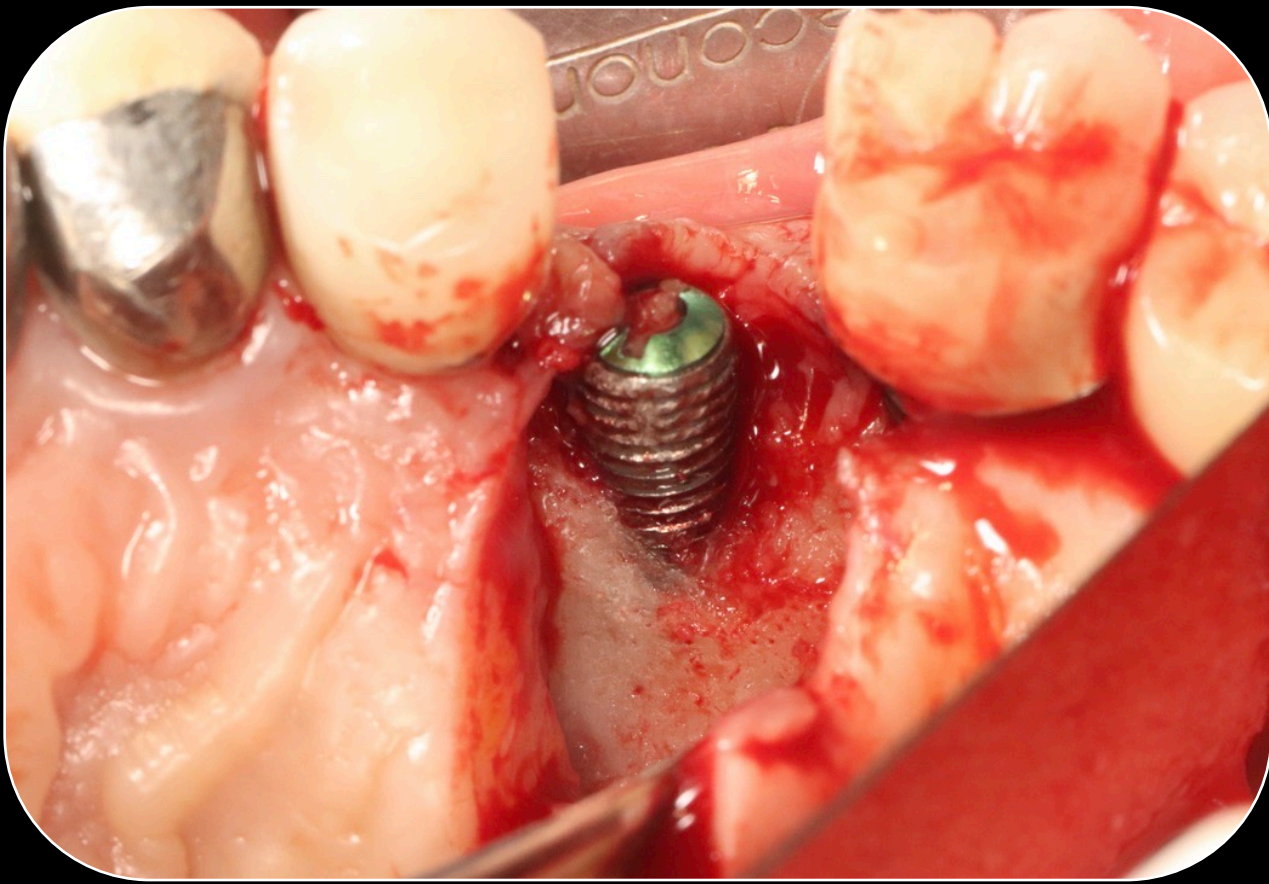
Peripheral giant
cell granuloma



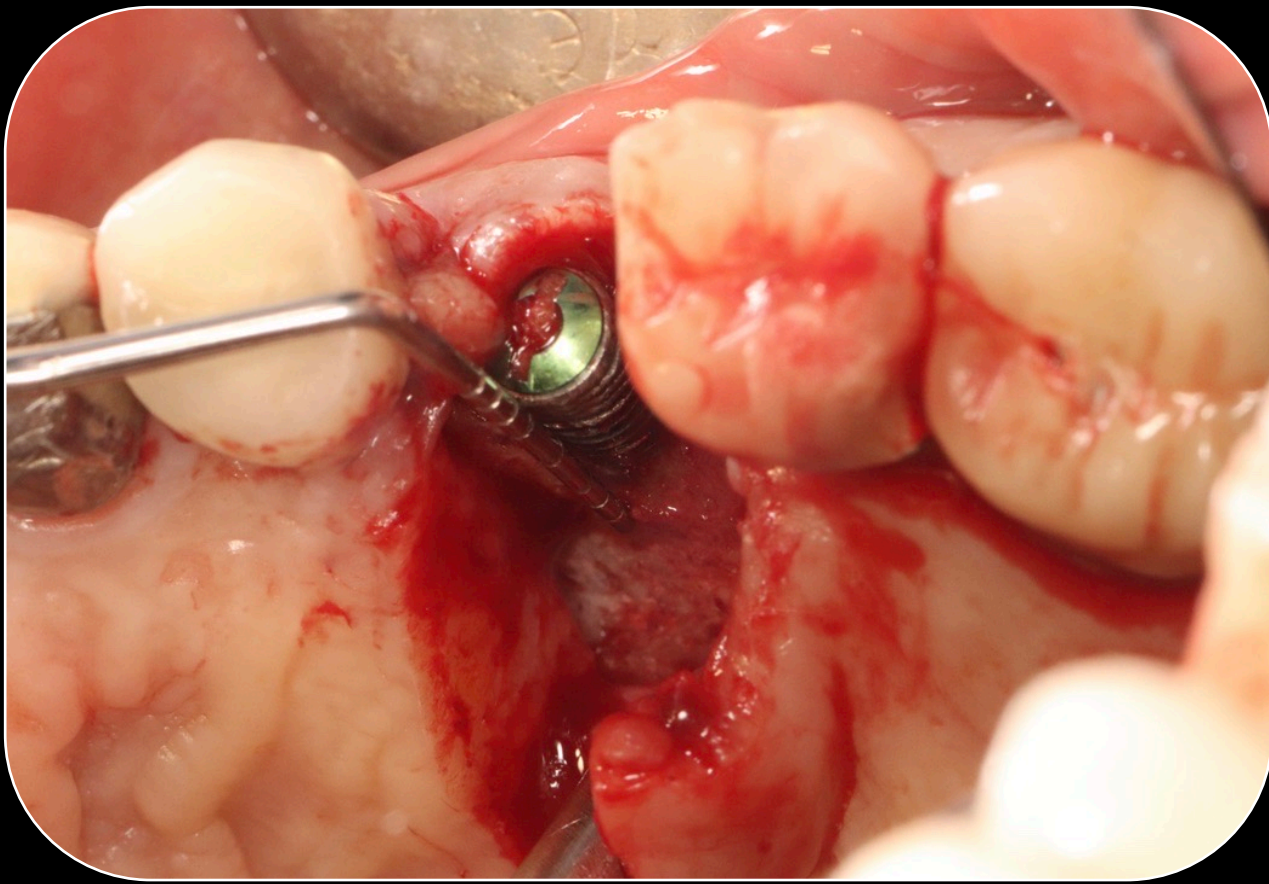
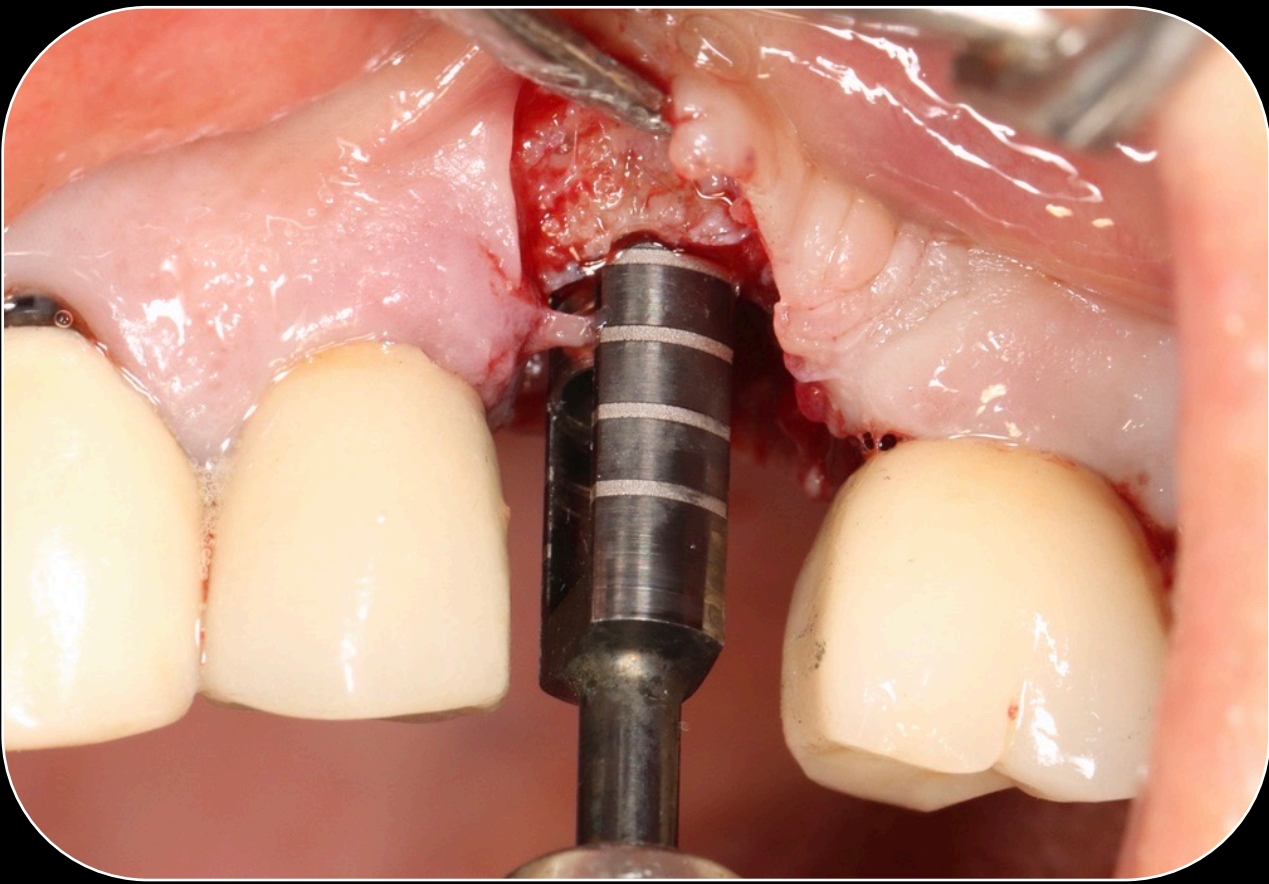
An exophytic lesion around middle dental
implant



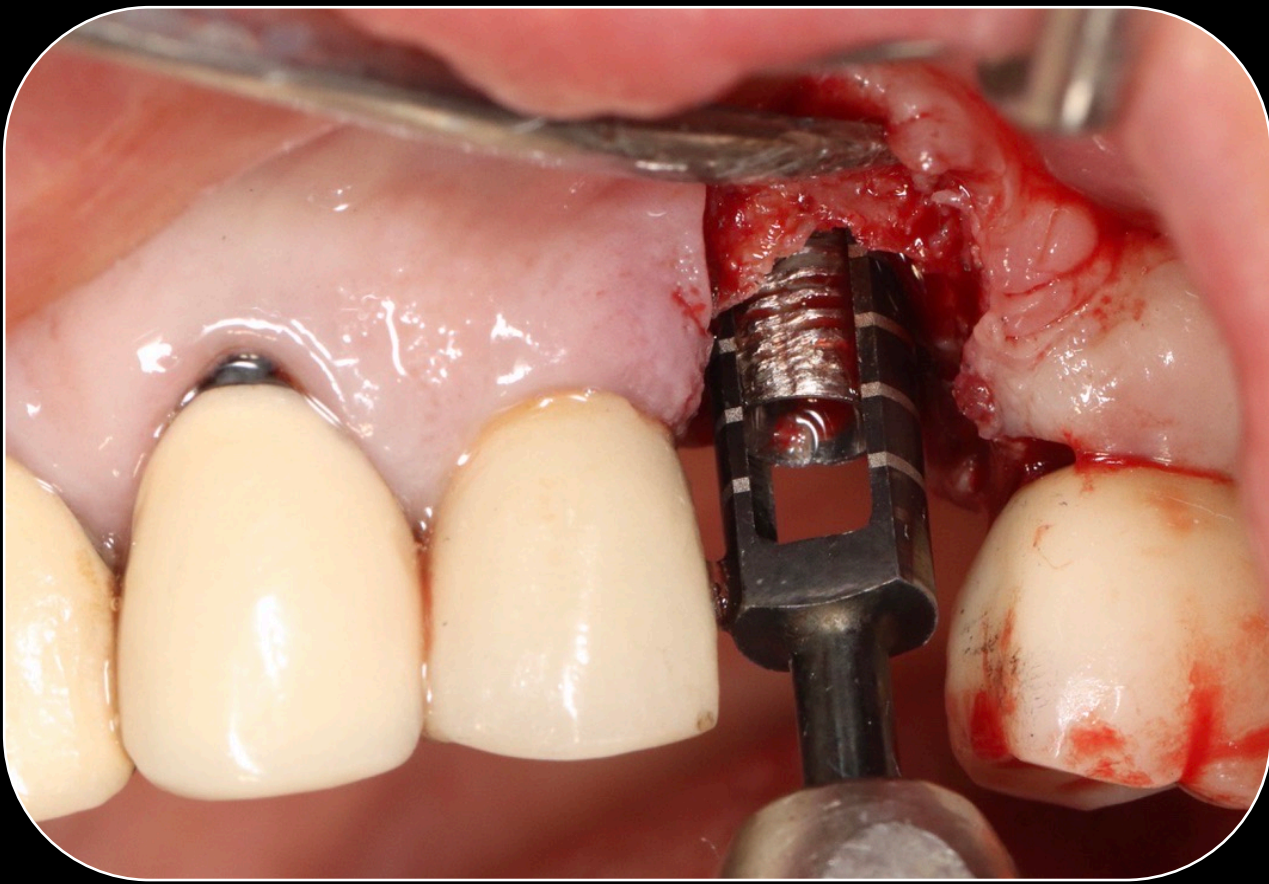
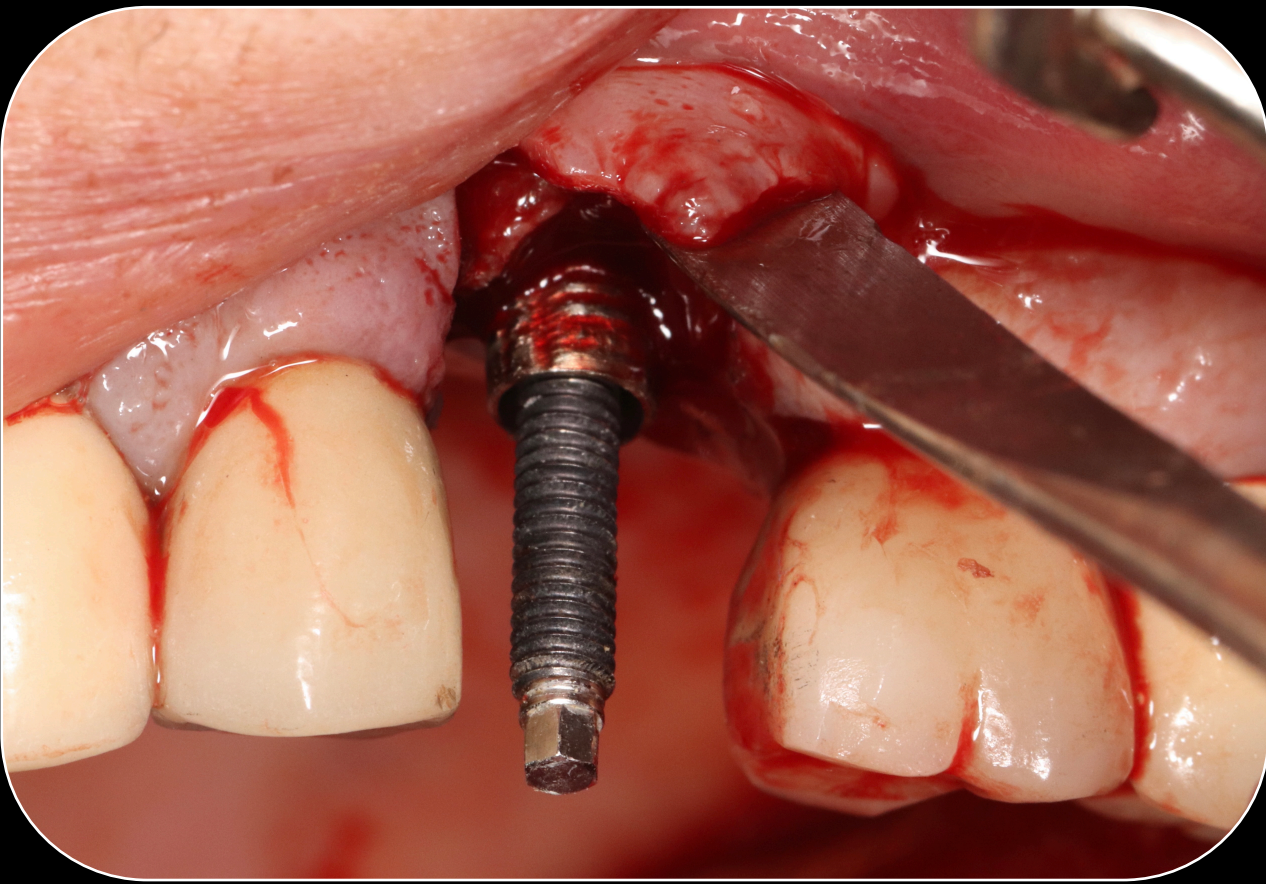
Excision of the
lesion



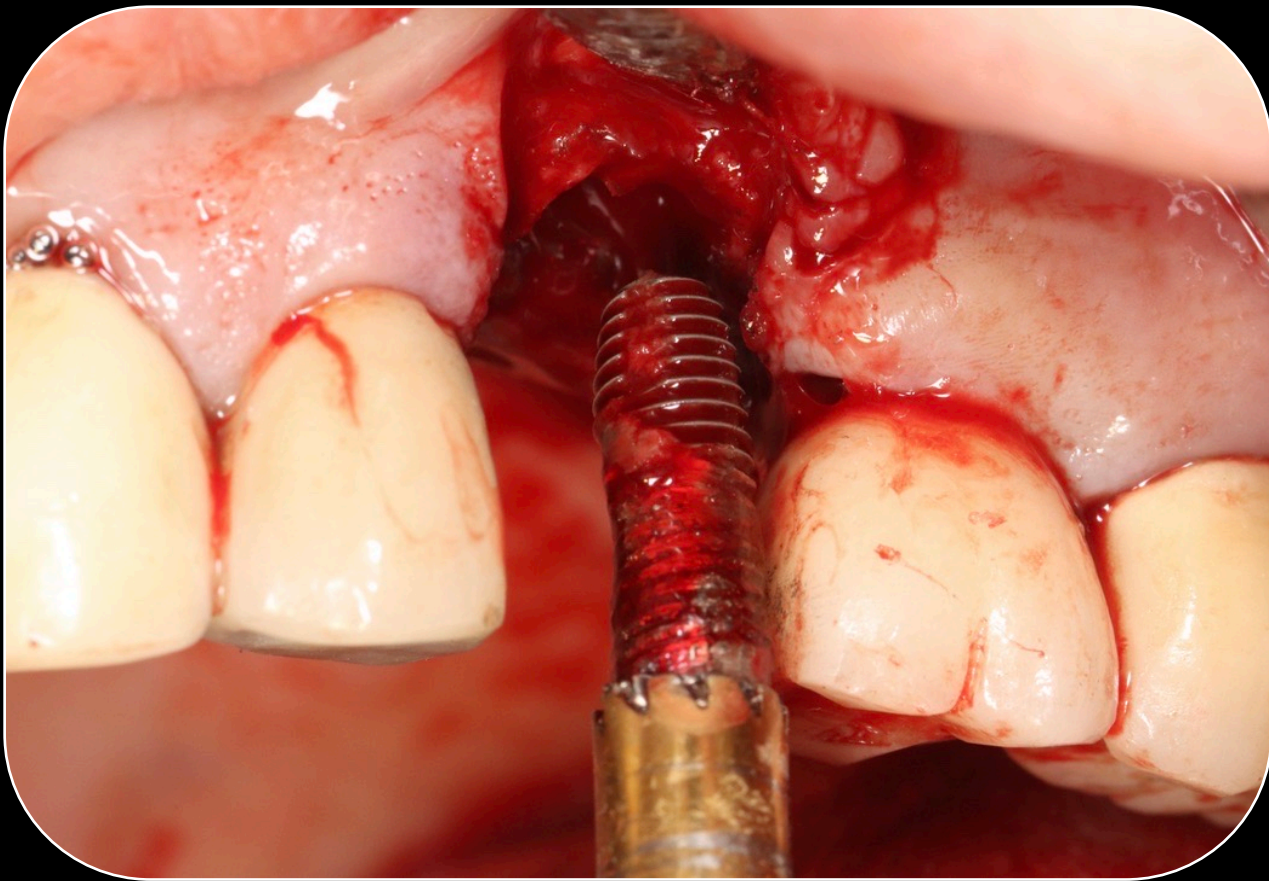
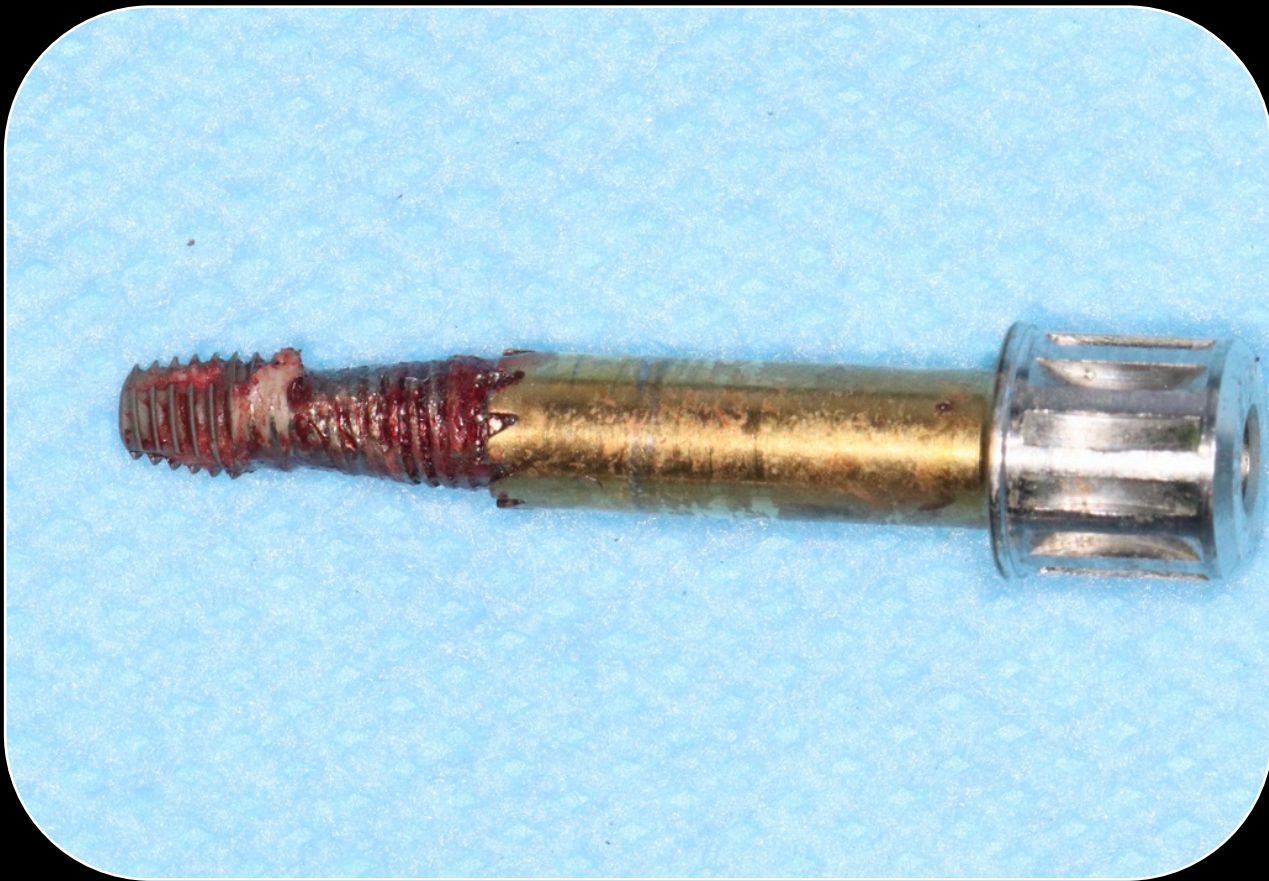
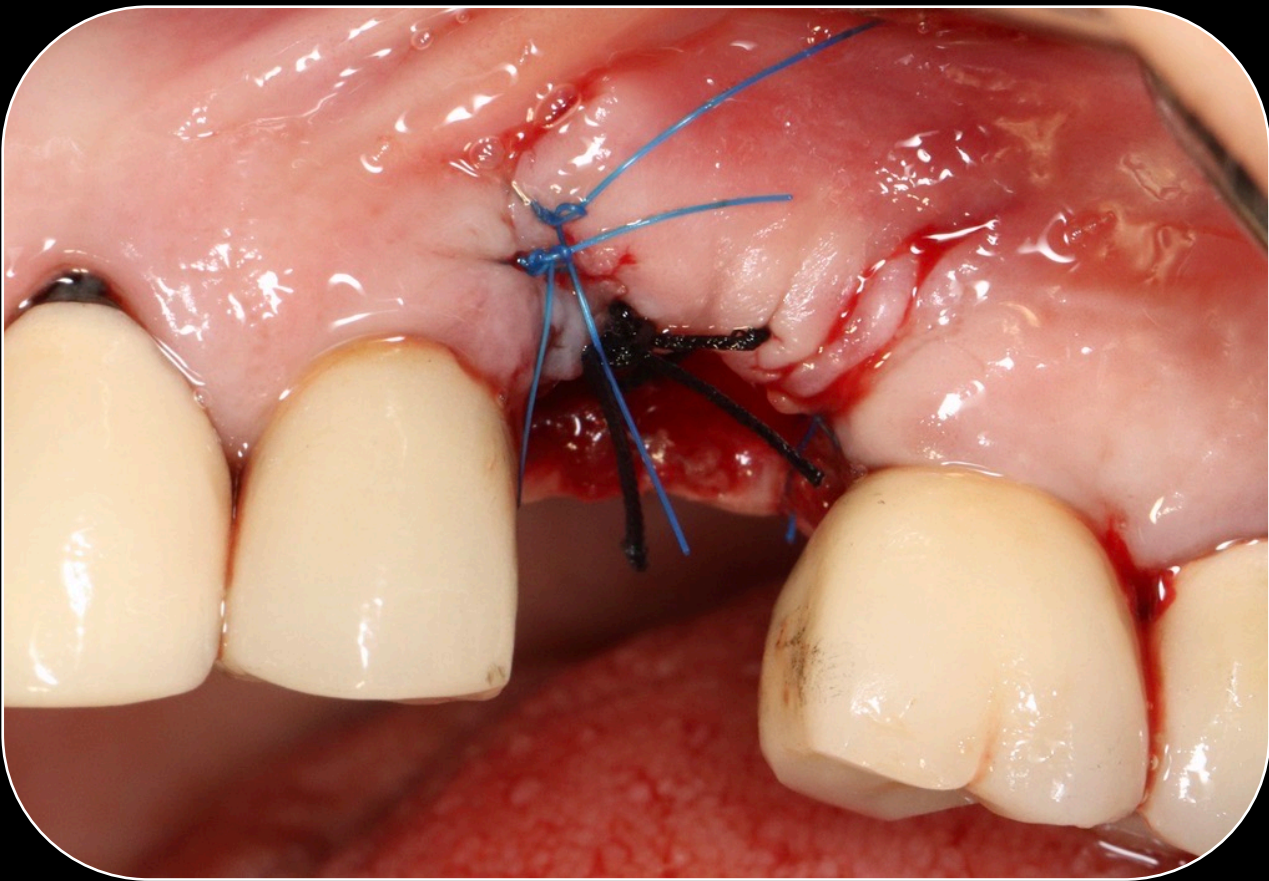
8 thread exposure



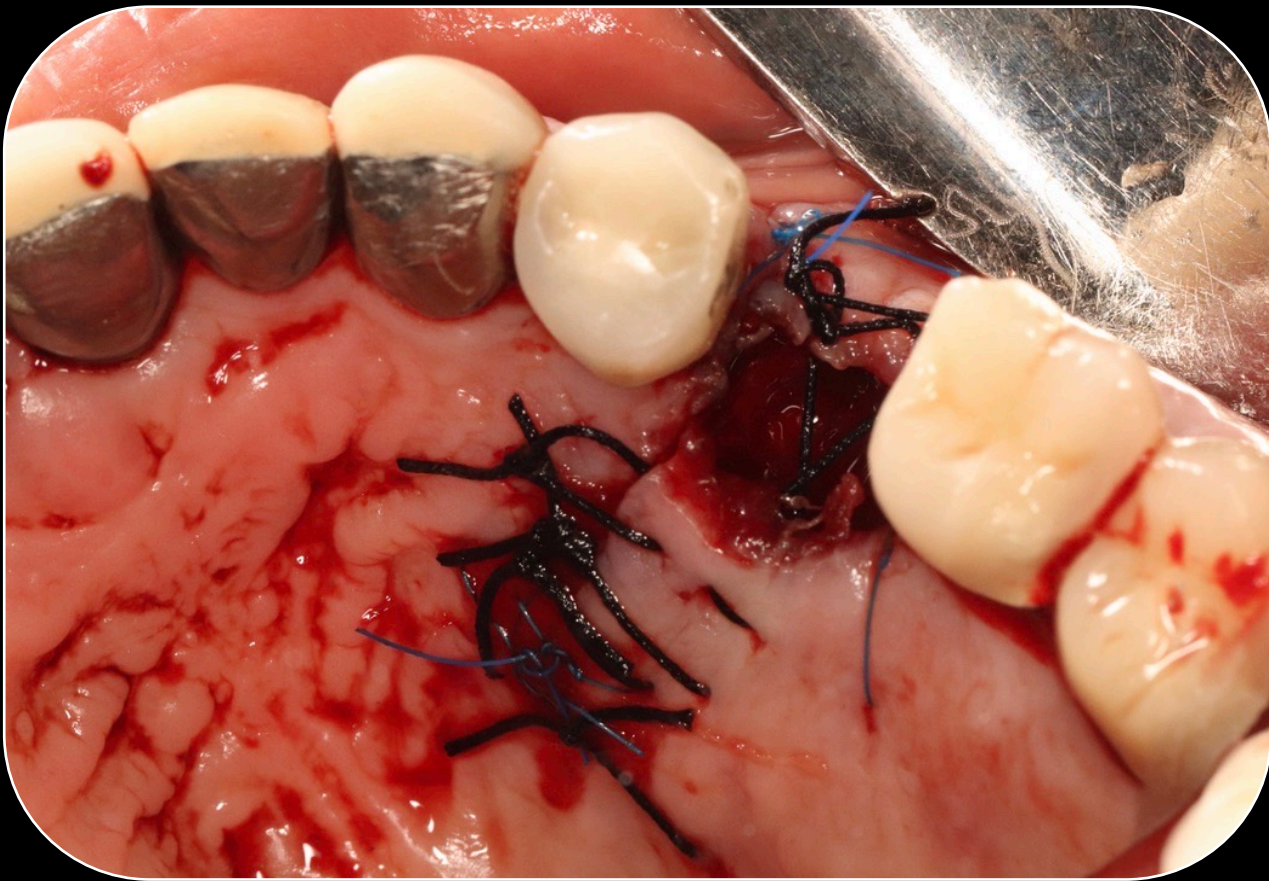
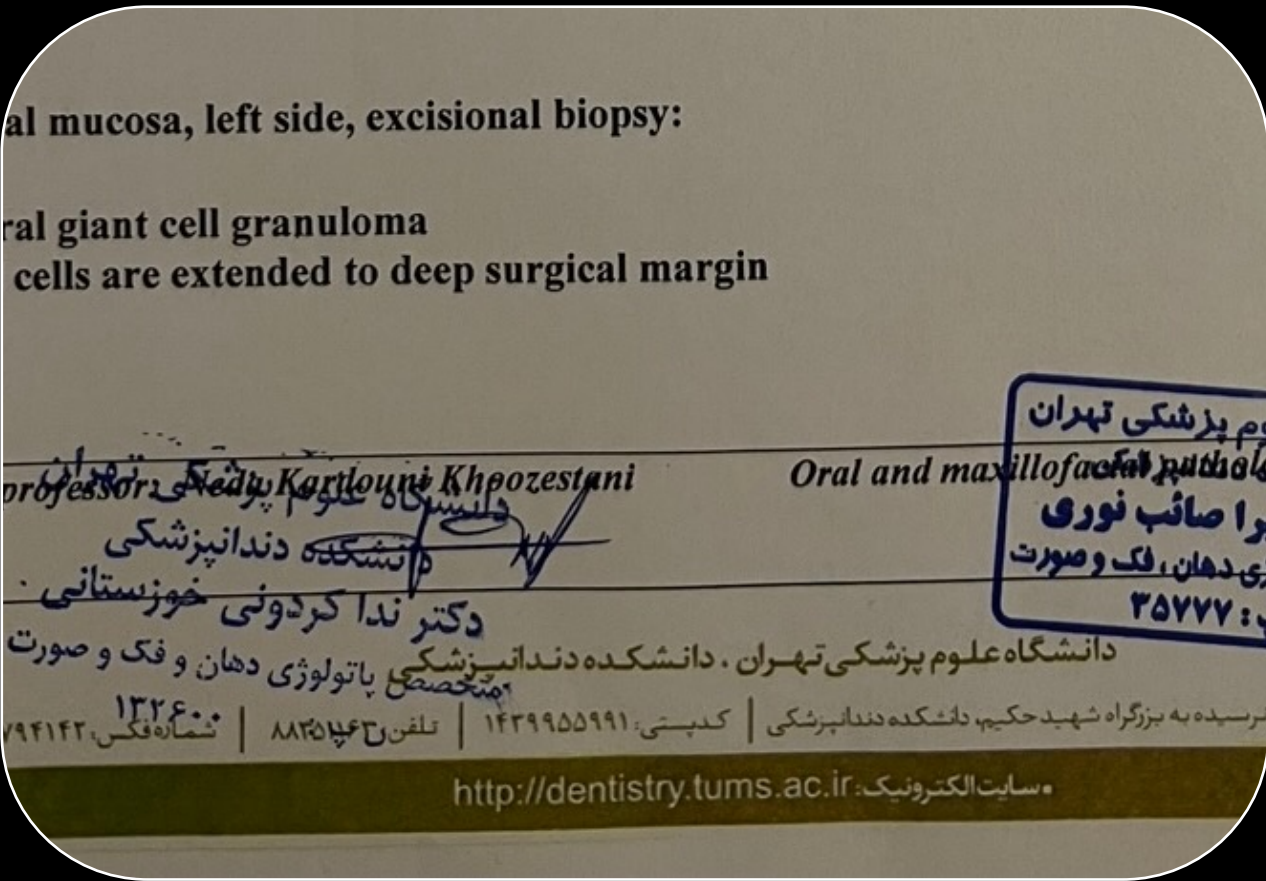
Removal of implant with trephine bur



Explant of middle implant with removal kit



suturing



Peripheral giant
cell granuloma



Healing after 2
months

RESULTS

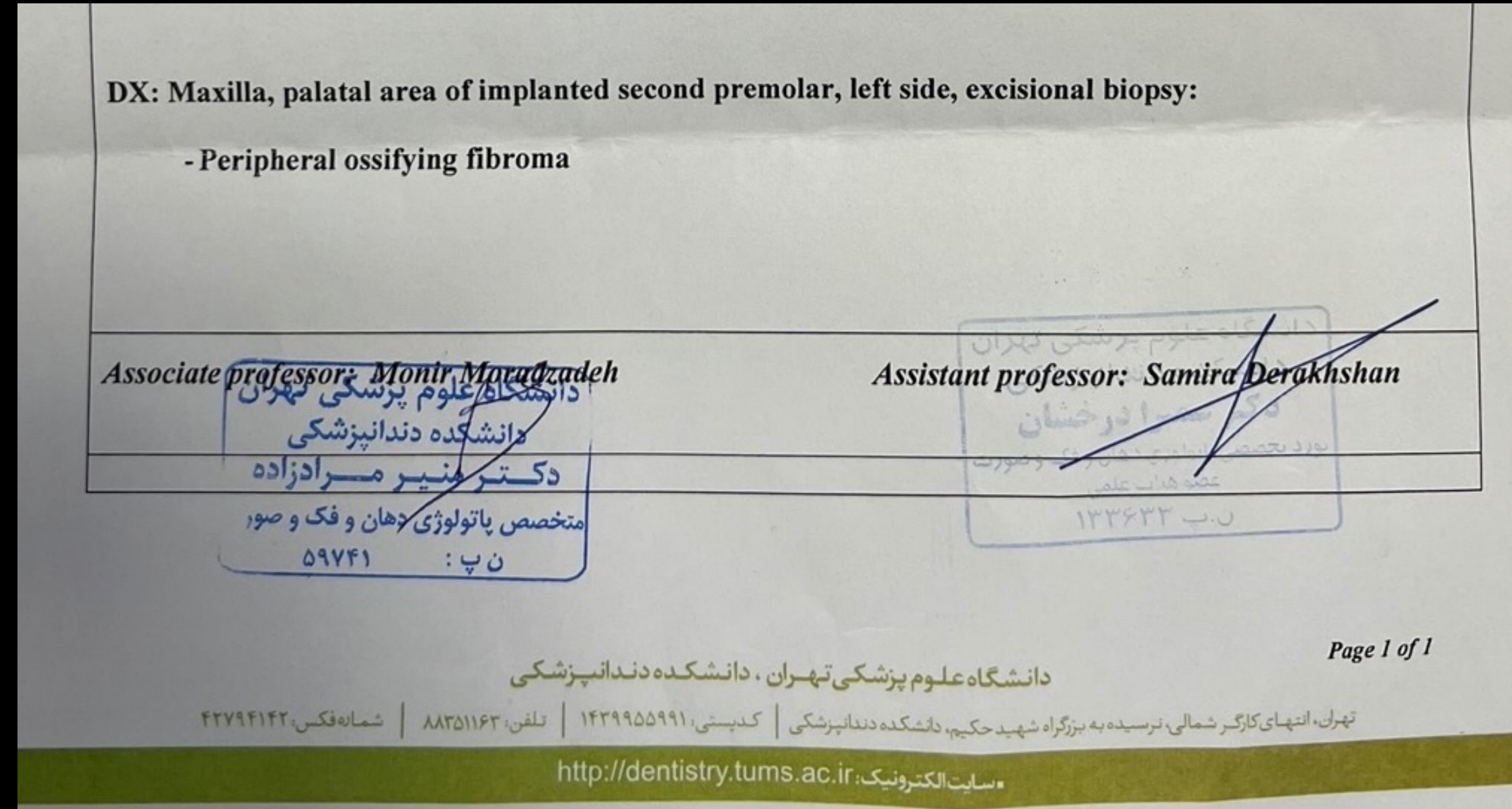
Reactive lesions around dental implants are common and may compromise the implant health. Finding the etiology is the most important step in treating such lesions . we had guess the source of irritation in this case was implant body and removal of implant was the answer to the question.

CONCLUSION

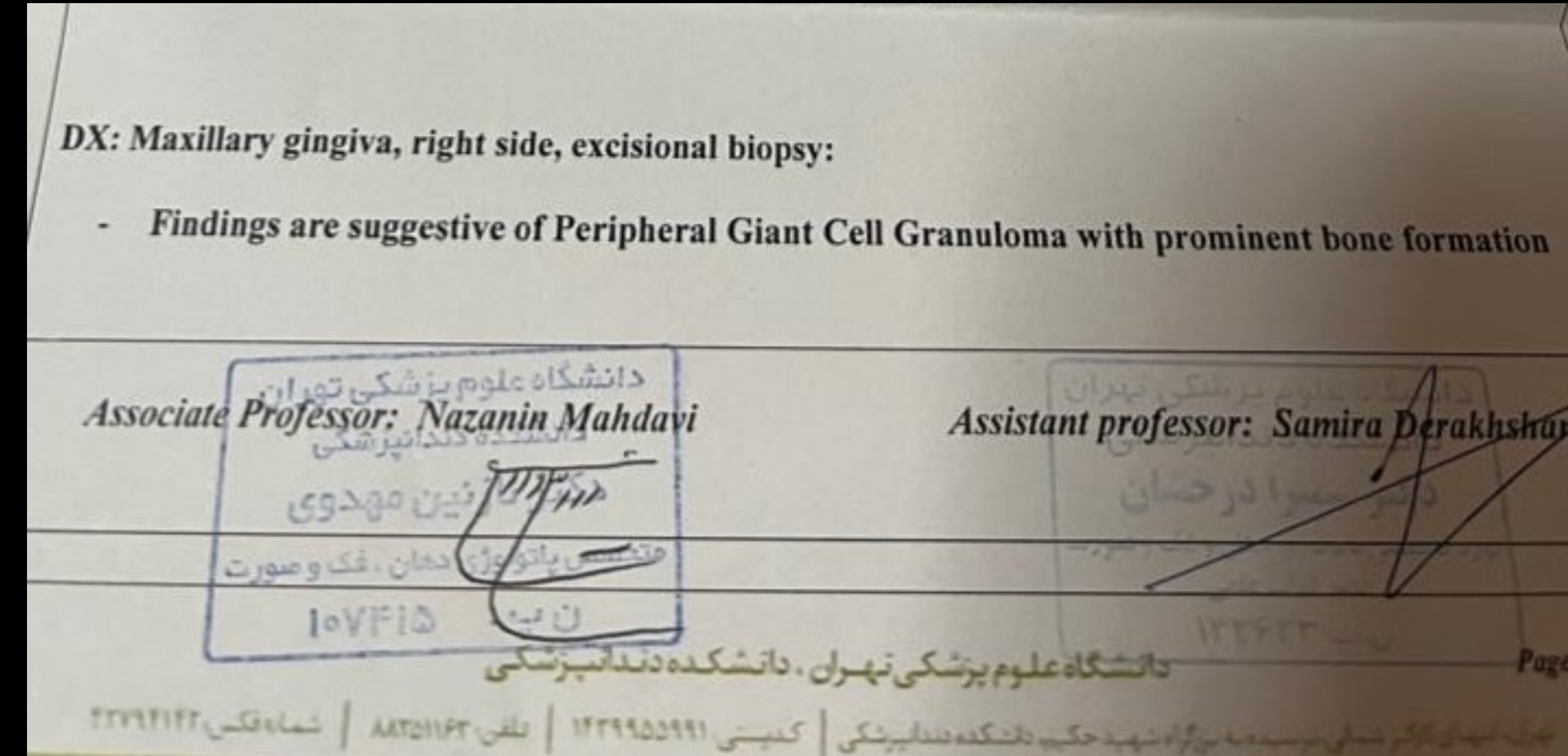
Removal and treating reactive lesions around dental implants are very important because of to reasons : 1.probability of malignant changing and 2. Risk of implant failure . in these cases , finding the etiology is the most important step and after eliminating the source of irritation , healing will be occur.

REFERENCES

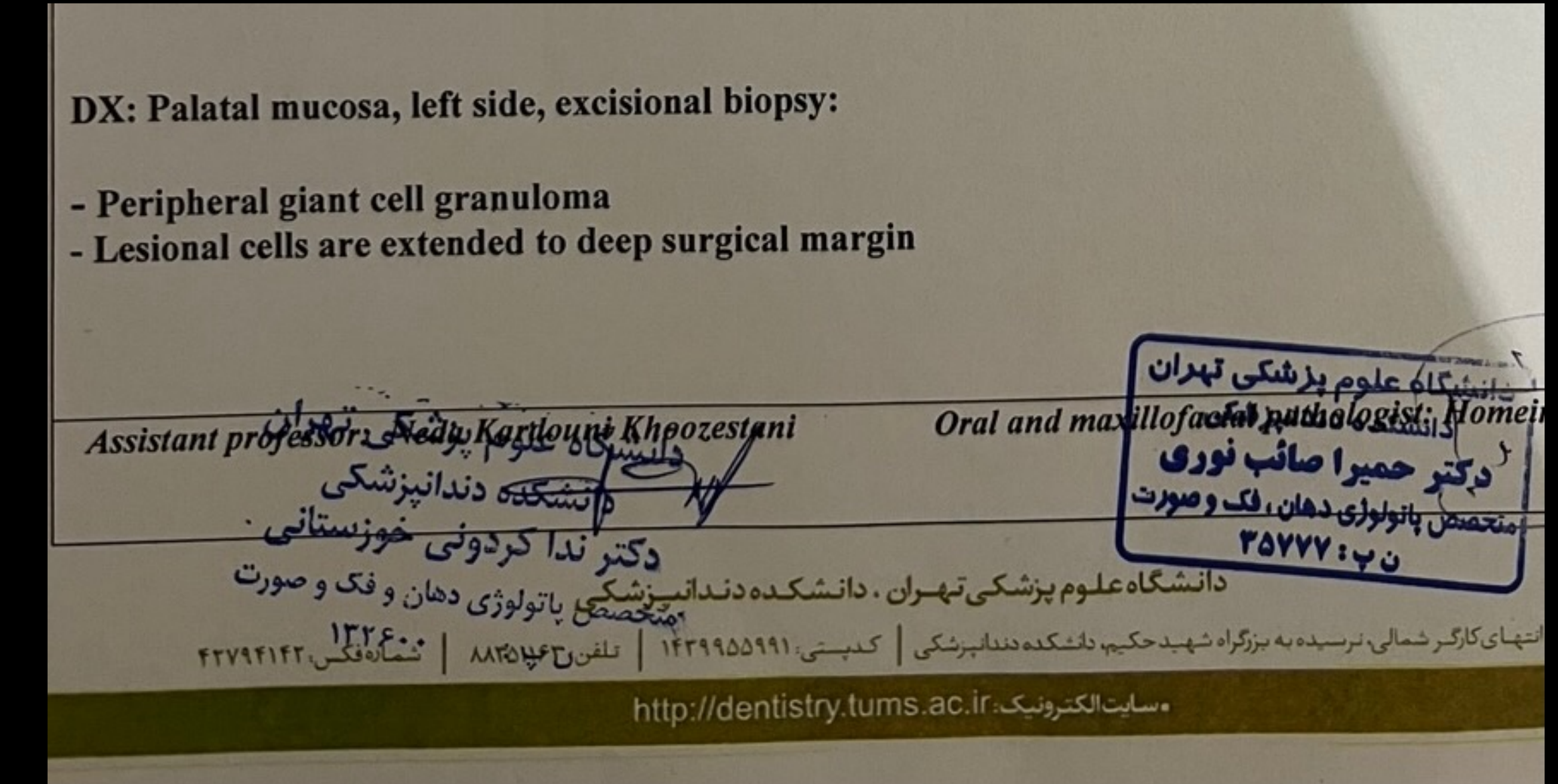
1. Atarbashi-Moghadam F, Atarbashi-Moghadam S, Namdari M, Shahrabi-Farahani S. Reactive oral lesions associated with dental implants. A systematic review. Journal of Investigative and Clinical Dentistry. 2018 Nov;9(4):e12342.
2. Meiller TF, Garber K, Scheper M. A review of common oral pathology lesions, with a focus on periodontology and implantology. Journal of Evidence Based Dental Practice. 2012 Sep 1;12(3):254-62.
3. Hirshberg A, Kozlovsky A, Schwartz-Arad D, Mardinger O, Kaplan I. Peripheral giant cell granuloma associated with dental implants. Journal of periodontology. 2003 Sep;74(9):1381-4.



First time



second time



Third time