



Peri-Implantitis Management: Implantoplasty

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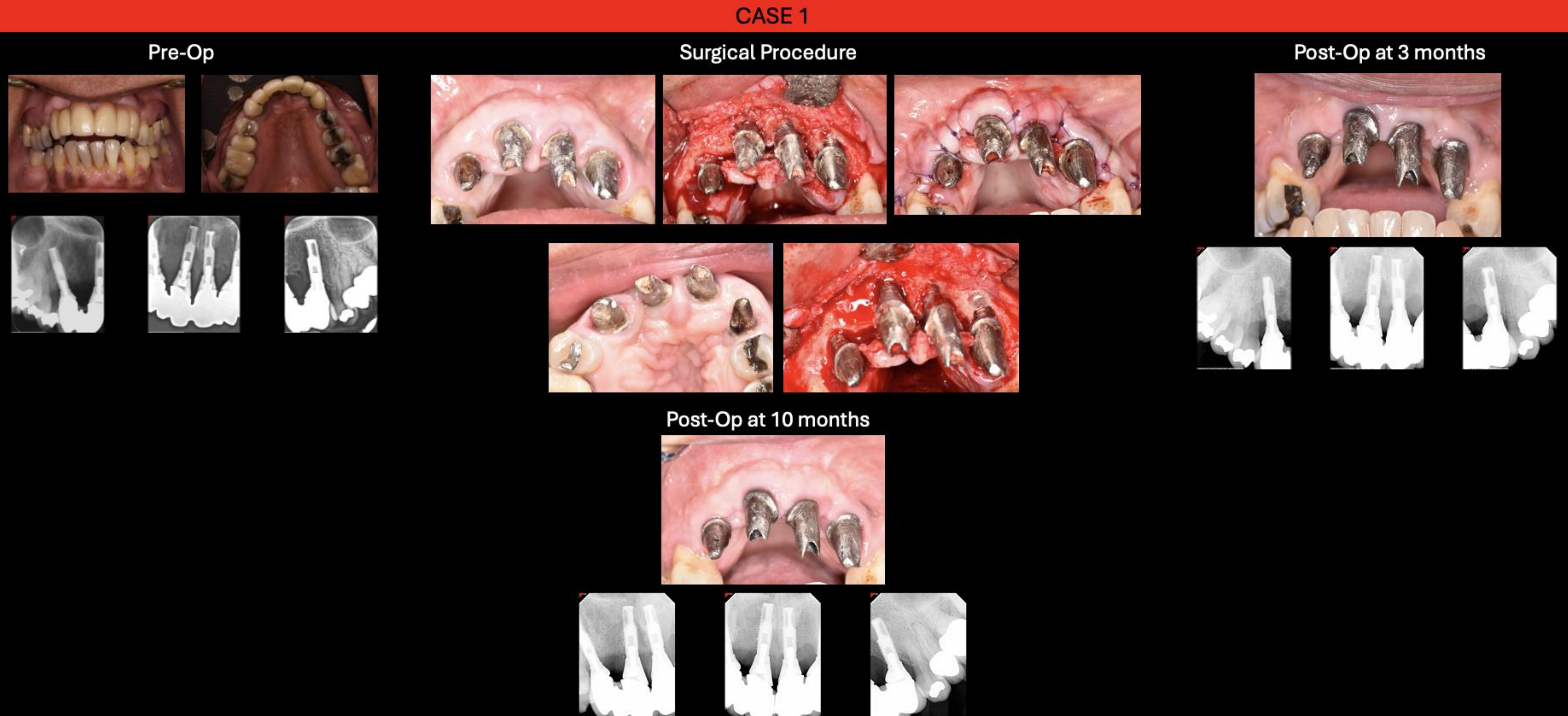
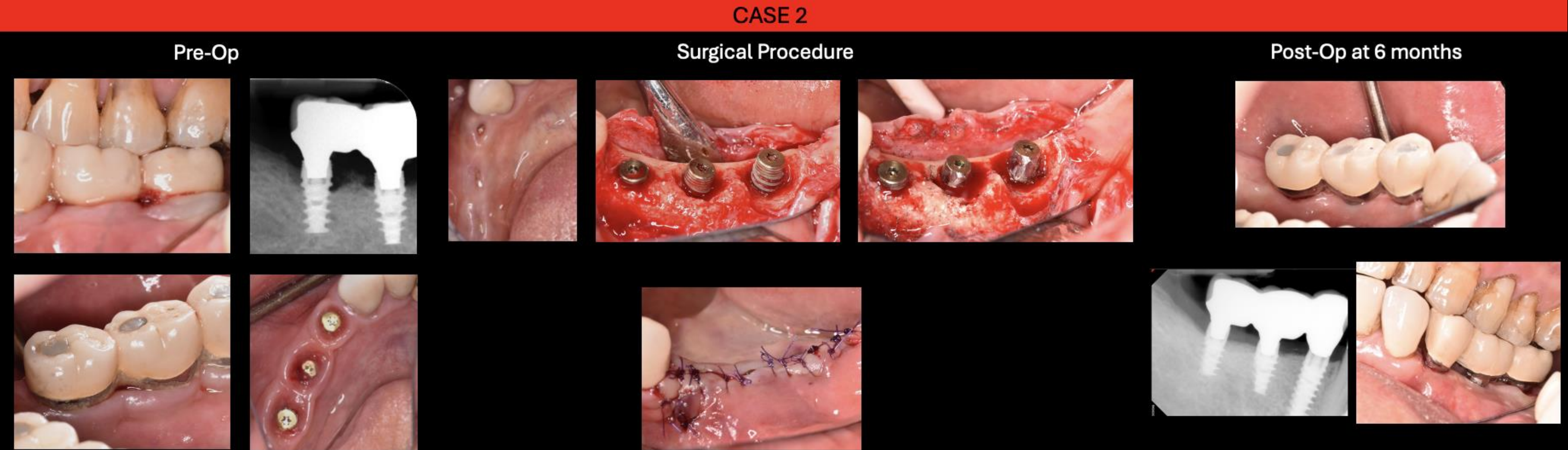
INTRODUCTION

Implantoplasty has traditionally been employed as an adjunct to resective surgical approaches or to modify the supracrestal portion of dental implants, reducing surface roughness and improving oral hygiene. Beyond its role in plaque control, implantoplasty has also been explored as a means of surface decontamination, both supracrestally and subcrestally, with the goal of mitigating disease progression and potentially promoting reosseointegration in failing implants.¹ Emerging evidence suggests that altering the implant surface topography may reduce bacterial adhesion, creating a more favorable environment for peri-implant tissue stability.

METHODS

This poster presents two clinical cases in which implantoplasty was performed both supracrestally and subcrestally to arrest peri-implant disease progression and potentially facilitate bone regeneration. In both cases, no bone grafts were utilized. The patients exhibited bleeding on probing and presented with deep probing depths of up to 7mm. Case 1 also demonstrated significant suppuration and had undergone two rounds of antibiotic therapy at an external facility prior to intervention at Rutgers.

References:
Rosen, P. S., & Tarnow, D. P. (2023). Subcrestal Implantoplasty for Treating Peri-implantitis With Regenerative Care-How Deep Should Treatment Go?. *Compendium of continuing education in dentistry (Jamesburg, N.J. : 1995)*, 44(8), 440–447.



RESULTS

In both cases, stable clinical and radiographic outcomes were maintained for up to 10 months. Despite the absence of bone grafting, implantoplasty successfully arrested disease progression, with radiographic and clinical assessments confirming the stability of the treated implant surfaces. These findings suggest that implantoplasty alone may serve as an effective therapeutic approach in select cases of peri-implant disease.

CONCLUSION

Implantoplasty, when performed both supracrestally and subcrestally, has demonstrated the ability to halt disease progression in peri-implantitis cases, even in the absence of bone grafting. The stable clinical and radiographic outcomes observed in both cases suggest that this technique may contribute to the long-term preservation of implant integrity. However, further research with extended follow-up is warranted to fully assess the long-term efficacy and sustainability of this approach.