A new combined, regenerative and mucogingival, approach for the treatment of peri-implantitis: A report of 3 cases with one year of follow-up

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Main goal of surgical treatment of peri-implantitis is to get access to implant surface in order to perform debridement and decontamination and the complete removal of granulation tissue. While there is lack of scientific evidence on which are the most effective procedures to treat peri-implantitis, some authors suggest that surgical treatment including granulation tissue removal, implant surface debridement, decontamination and modification, and bone augmentation around implants may result in a better clinical outcome. Implant surface characteristics and peri-implant defect configuration could represent key factors in the outcome of surgical regenerative therapy. Despite several studies report encouraging results with “regenerative-like” approaches, poor data are available about soft tissue behavior after surgical treatment of peri-implantitis. A recent comparative prospective 10-year study demonstrated that implants with lack of keratinized tissue are more prone to plaque accumulation and REC, even in patients exercising sufficient oral hygiene and receiving adequate supporting periodontal therapy with higher number of sites that required additional surgical and/or antibiotic treatment. Probably due to the heterogeneity of techniques proposed in the literature for soft tissue augmentation at implant site, there’s no evidence on which are the most effective for peri-implant soft tissue augmentation, and the role of mucogingival therapies around implants is still unclear in terms of maintainance over time of long term, soft tissue stability and peri-implant bone level although scientific evidence in most part is lacking, soft tissue augmentation at implant site may be considerate to promote easier hygiene maintenance and prosthetic restoration. This article wants to introduce a new combined approach wich has the goal of correcting both bony and soft tissue deformities around implants affected by peri-implantitis. The combination of GBR and mucogingival procedures resulted in excellent recovery of both aspects on the three cases presented.

Biography
Longo Eugenio, DDS, is a Periodontist, Implant and Oral Surgeon. He collaborated with Professor Massimo Frosecchi (University of Genova) to work in Dental Medicine Florence. He graduated at University of Siena in November, 2009 in Periodontology, Implantology and Oral Surgery. He is a member of Italian Society of Periodontology, Italian Academy of Osteointegration and Italian Academy of Esthetic Dentistry. From 2014, he is Visiting Tutor and Scientific Coordinator of an Implant and Mucogingival hands-on course in Brazil, University of Uninove (Sao Paulo). Recently, he became Speaker and Chief in many courses and conferences about Periodontology, Implantology and Oral Surgery.

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