

Peri-Implantitis - Reality and Prospects of Non-Surgical Treatment

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Peri-implantitis is one of the unavoidable oral diseases for dentists involved in implant treatment, leading to the loss of peri-implant hard and soft tissues. In this lecture, we aim to introduce the recently published European Federation of Periodontology (EFP) clinical practice guidelines and discuss non-surgical approaches to the treatment of peri-implantitis and strategies to enhance treatment outcomes.

The main purpose of non-surgical treatment for peri-implantitis is to prevent or minimize the loss of peri-implant hard and soft tissues and promote the stability of the soft tissues through the management of the peri-implant biofilm and control of inflammation. One of the other purposes of non-surgical treatment, although relatively less recognized, is to enhance the patient's ability to manage the peri-implant biofilm, particularly in cases where surgical intervention is necessary due to the failure to achieve the aforementioned goals through non-surgical treatment. Cumulative Interceptive Supportive Therapy (CIST), introduced by Lang et al. in 2000, is a maintenance therapy for implant diseases aimed at preventing the onset of peri-implant diseases and suppressing the progression to peri-implantitis as quickly as possible to prevent implant loss. Mechanical debridement, cleaning with disinfectants, and the use of systemic or local antibiotics can be considered as non-surgical treatment methods. In this lecture, we will explore the therapeutic effects of the non-surgical treatment of peri-implantitis mentioned above and present ways to enhance the clinical effectiveness of non-surgical treatment.

The adjustment of risk factors for peri-implantitis for managing the peri-implant biofilm is a crucial factor that can maximize the effectiveness of non-surgical and surgical treatments. In this lecture, we will investigate ways to maximize the effectiveness of non-surgical treatment by adjusting the form of the prosthesis, one of the modifiable risk factors. Additionally, we aim to explore new candidates that appear to be effective in the treatment of peri-implantitis.

Profile

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