

Comorbidities and Management of Peri-Implant Mucositis

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DESCRIPTION

In the absence of supporting bone loss or continuing marginal bone loss, Peri-implant mucositis is an inflammatory lesion of the soft tissues surrounding an end osseous implant. Bacterial accumulation around Osseo integrated dental implants has been demonstrated to be a cause of Peri-implant mucositis under test conditions, and the development of an inflammatory response have consequence. When pathogenic bacteria colonize the surfaces of the implant in the mouth, plaque-induced inflammation can cause tissue destruction around the implant.

An inflammatory cell infiltrate in the connective tissue lateral to the junctional epithelium aids in the progression of this condition. The bacterial biofilm disrupts host-microbe homeostasis, resulting in dysbiosis and an inflammatory lesion. As the Peri-implant mucositis progresses, the inflammatory cell infiltrate grows larger. When Peri-implant mucositis is caused by the accumulation of bacteria and the formation of a biofilm, it has been shown to be reversible once the biofilm is brought under control through regular cleaning by both the patient and the dental professional.

Complications and management

Minor soft tissue inflammations to significant progressive bone loss are all possible peri-implant complications. Peri-implant mucositis, like gingivitis, is defined as a reversible inflammatory lesion affecting the soft tissue immediately surrounding implants, whereas peri-implantitis is defined as an inflammatory process of the soft tissue surrounding an implant accompanied by bone loss that exceeds normal physiological renovation work. Because one in every four patients undergoing implant therapy is likely to develop Peri-implant diseases of varying severity over the course of the implants' lifespan, clinicians will be confronted with Peri-

implant complications requiring appropriate management. While the infection is limited to the soft tissues, if the contributing factors are removed and adequate plaque control is maintained, full resolution of the infection can be expected.

Surgical intervention is usually required as the disease progresses to involve the osseous structures. With increasing longevity, more implants are being placed in older populations. After years of implant service, younger patients with decades of life expectancy are more likely to develop medical conditions that weaken the host resistance. Patients with systemic conditions that are risk factors for periodontitis (such as uncontrolled diabetes, heavy smokers, and immune compromised patients) are more likely to develop peri-implantitis.

Similarly, the prognosis for patients who develop these debilitations is less predictable. Management of Peri-implant complication should be conservative until the systemic condition is under control, including mechanical debridement, antiseptics, antibacterial drugs, and adequate home care.

Untreated mucositis can progress to peri-implantitis, in which the local host response, similar to periodontitis, mediates bone resorption, resulting in decreased bone-to-implant contact over time. It is distinguished by probing bleeding, suppuration, and radiographic evidence of progressive bone loss. When the radiographic evidence of bone loss is less than 2 mm, systemic or local antibiotics combined with non-surgical intervention can be effective. For defects larger than 2 mm, surgical access is recommended to remove all granulation tissue and gain access for implant surface decontamination. The defect is treated with resective or regenerative therapy based on the bone defect configuration, bone graft substitute containment, desired aesthetic outcome, and the patient's ability to maintain plaque control.

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