The current high prevalence of peri-implantitis reported with long-term unsatisfactory therapeutic outcomes may relate to biofilm accumulation on the implant or prosthetic surface. Other predisposing factors include smoking, hyperglycemia, history of periodontitis, implant malposition, and faulty prosthetic designs.

The width and thickness of keratinized mucosa appear to contribute to long-term tissue stability, especially for erratic compliers and noncompliers of oral hygiene maintenance programs. Thus, there is a need for certain soft tissue morphologic characteristics to facilitate a patient’s good oral hygiene performance.

In light of this, local predisposing factors should be assessed when assigning prognoses to peri-implantitis implants. As such, treatments are modifiable to accommodate the prognoses and encourage patients to perform efficient plaque control. In these cases, the most predictable therapy might include implant retrieval to avoid the endless recurrence of disease.

It would appear appropriate to eliminate periodontal disease before placing implants and to provide a well-constructed maintenance program to monitor the health of the implant prostheses. It has been demonstrated that implants can exist in health for decades when all of these thoughts are executed. When successful, implant dentistry is a great process to improve not only the mastication and nutrition of the patient, but their self-esteem as well.

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