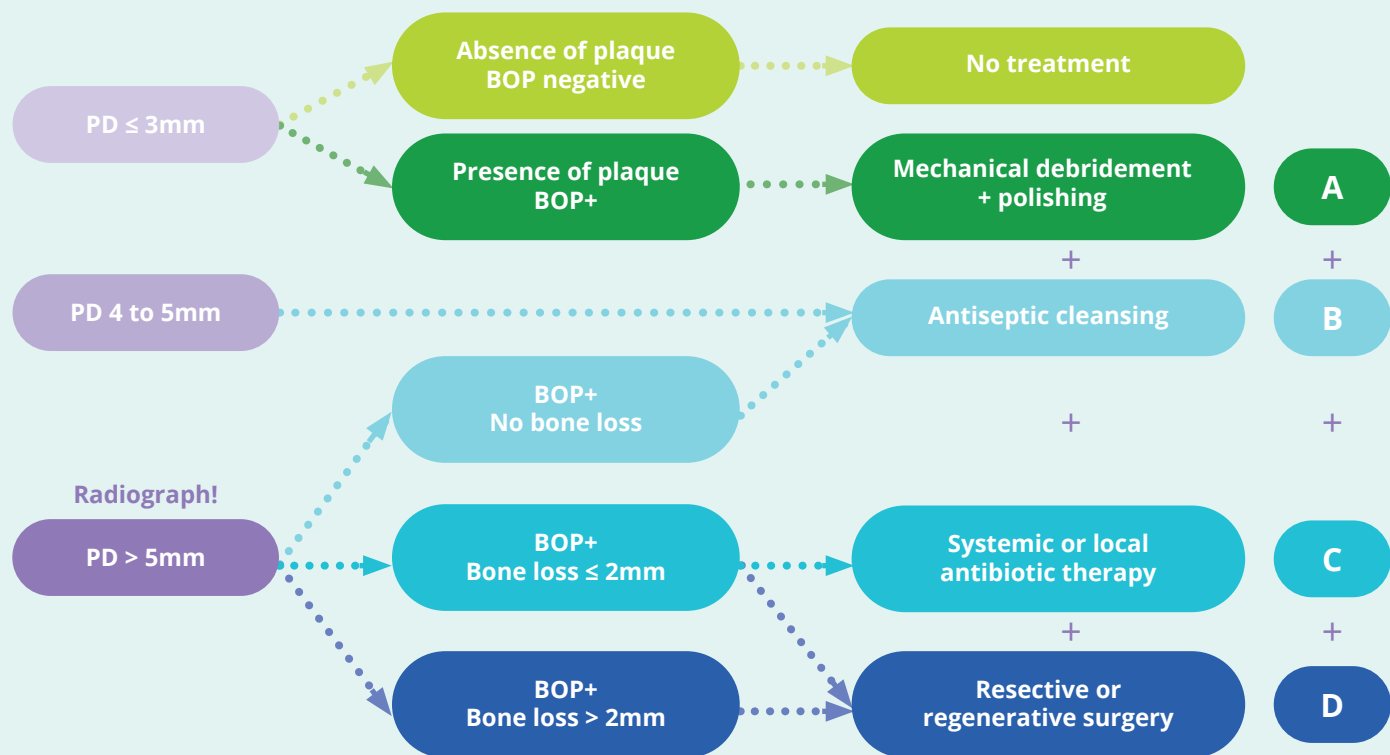




Diagnosis, Prevention, and Treatment of Inflammatory Peri-implant Disease

“The implant maintenance protocol therapy is additive in that as pocketing and signs of inflammation progress, additional treatments are added. A flow chart is presented below.”



Therapy A (Pocket Depths 3mm or Less):

- If plaque/BOP are evident: Remove plaque mechanically, polish dental components with a prophy cup.
- Use carbon fiber/plastic curettes.

Therapy B (4-5mm Pocketing and BOP):

- Add subgingival antiseptic irrigation to mechanical treatment.
- Dilute sodium hypochlorite (NaClO) solution disrupts biofilm effectively.
- Take one teaspoon (5ml) of standard 6% household bleach and dilute with 4oz (125 ml) of water to produce a .25% solution.

Therapy C (Pocketing > 5mm, BOP, Radiographic Bone Loss Up to 2mm):

- Repeat Therapies A & B initially.
- If BOP and a pocket greater than or equal to 5mm persists, use minocycline HCl antibiotic around the implant after final irrigation.

Therapy D (Deepening Pockets, Progressing Bone Loss):

- Flap surgery required to reduce pockets < 5mm and eliminate BOP.



Patient Home Care Regimen

Patient home care is crucial. Biofilms form supragingivally and migrate subgingivally. While there is rapid supragingival recolonization, subgingival pathogens can remain suppressed for months. Emphasize to the patient that the goal is to keep the subgingival biofilm at a subinflammatory level for three months until the next hygiene visit. To increase chances of patient compliance, simplify the home care regimen.

Patients are advised to:

- ✔ **Brush:** Brush problem implant thoroughly 2x/day using a non-fluoride toothpaste and an end tuft brush to prevent titanium surface corrosion.
- ✔ **Rinse:** Rinse twice/day for 30 seconds with a mouthwash containing alcohol. For alcohol-free options, use mouth rinse without alcohol or a cetylpyridinium chloride-based mouth rinse.
- ✔ **Irrigate:** Patients with large frameworks or bulky restorations should irrigate under the framework or at the gingival margin of the restoration for one minute 3 times per week using a dilute bleach solution ($\frac{1}{2}$ teaspoon in 16oz of water) and a plastic syringe or water flosser on the lowest setting.



Dr. Paul Fletcher is an Associate Clinical Professor in the Department of Periodontics and Endodontics at Stony Brook School of Dental Medicine. He has co-authored more than 40 scientific papers and has presented three dozen CE courses nationally and internationally.

Receive CE credit for today's study club by joining the AAP Dental Hygienist Recognition Program.

Start your learning adventure today!



AAP Dental Hygiene Engagement Initiative
©2023 American Academy of Periodontology. All rights reserved.