



Clinical guidelines for the management of peri-implant health

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EDUCATIONAL OBJECTIVES

The overall goal of this course is to provide the reader with guidelines for self-care and ongoing professional care that can prevent peri-implant mucositis from developing into peri-implantitis.

On completion of the course, participants should be able to:

1. Discuss the differences between maintenance of natural teeth and implant-supported restorations.
2. Identify key actions that should be accomplished on professional recare visits.
3. Describe the relationship between bacterial plaque accumulation and peri-implant mucositis.
4. Summarize the principles of effective implant self-care.

ABSTRACT

Long-term success and patient satisfaction with dental implant restorations depend on proper maintenance and daily follow-up care by the patient, as well as professional care at intervals to be determined clinically. Otherwise, biofilm formation may result in peri-implant mucositis, which is etiologically similar to gingivitis in the natural dentition and is reversible with appropriate care. This article outlines some of the requirements for optimal patient self-care, professional monitoring, and maintenance.

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CE Quiz N°3

1. Peri-implant mucositis:

- Is analogous to gingivitis around natural teeth
- Is usually reversible
- Can usually be prevented by stringent self-care combined with a regular professional recare program
- All of the above

2. The most effective therapeutic intervention for peri-implantitis is:

- A sustained course of antibiotics
- Removal of the affected implant(s)
- A subject of controversy, as treatment outcomes are unpredictable
- All of the above

3. Research has demonstrated that fluoride toothpaste:

- Is just as effective at controlling dental plaque and gingival inflammation as triclosan/copolymer dentifrice
- Is significantly less effective at controlling dental plaque and gingival inflammation as triclosan/copolymer dentifrice
- Has greater antimicrobial effects than triclosan/copolymer dentifrice when used on natural teeth
- Is primarily effective at controlling *P. melaninogenica* and *T. forsythia*

4. Movement of the implant-supported prosthesis:

- Is not necessarily a matter of concern
- May indicate screw loosening or loss of cement
- Should decrease over the course of years
- None of the above

5. Probing for pocket depths and attachment loss around implants:

- Is unnecessary
- Is likely to damage the peri-implant attachment
- May be accomplished without damaging the peri-implant attachment
- Is similar to monitoring soft-tissue healing around natural teeth

6. A 6mm pocket around a dental implant:

- Might be present because plaque caused the tissue to become inflamed
- May have been surgically created on purpose
- May require no special treatment
- All of the above

7. At professional recare appointments, radiographs:

- Are not recommended
- Are less desirable than CBCT scans
- When indicated, should be taken using a paralleling technique and in reproducible positions
- Are not as important as they are for patients with natural dentition

8. Plaque and/or calculus on dental implant/restorations:

- Should be debrided with a plastic scaler
- Should be debrided with a stainless steel curet
- Is a normal phenomenon
- Must be removed using a heavy working stroke

9. Implant-supported restorations require polishing:

- With a specialized polishing agent that will not damage the surface
- Every three years
- Only when the implant surface becomes cloudy
- Rarely

10. Patients who have received dental implants:

- Should be expected to maintain them
- Can benefit from the use of special power brushes or interdental devices
- Should attend professional care visits at regular intervals
- All of the above

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