



Peri-implantitis: An incoming epidemic? Preventing implant failure starts interdentally

The number of implants being placed is increasing year by year, but so is the prevalence of peri-implant mucositis and peri-implantitis. Dental professionals lack clear guidelines for treating these diseases, which can cause implant failure and threaten patients' systemic health. A study led by Brazilian dentist Prof. Hugo Lewgoy proposes a standard protocol for keeping the gingivae around implants healthy and stresses that interdental brushes are a key tool for achieving this.

Ageing populations, improved surgical techniques and biocompatible materials have led to dental implants becoming a routine procedure, but despite this, cases of peri-implant mucositis and peri-implantitis are rampant. According to the highest estimates, the prevalence of peri-implant mucositis after implant therapy is 50% and that of peri-implantitis is around 43%. Implant maintenance is as important as the surgical phase when it comes to long-term treatment success. However, dental professionals do not have clear guidelines for keeping the gingivae around implants healthy.

A need for clear guidelines

The study led by Lewgoy recommended a preventative and atraumatic implant protocol. "Without a clear protocol of supportive hygiene measures for implants, a large number of peri-implant diseases will develop, compromising not only oral health but also the general health of the population," said Lewgoy. "Disorganisation of the oral biofilm around implants is the best way to achieve this. But the existing guidelines on how to do this are extremely vague. We need a protocol based on science and clinical experience."

In their study, Lewgoy and his colleagues determined guidelines based on a number of clinical cases. They considered the postoperative phase first, which they stated should

begin immediately after surgery. Here, they recommend a 0.12% chlorhexidine mouthwash, such as Perio Plus, twice a day for 1 minute. From the second to the fourth week, chlorhexidine treatment should be combined with the use of a post-surgery brush with ultra-soft bristles. Patients need to brush carefully to avoid hitting implants with the brush during the osseointegration process. Instructing patients on perfect brushing is always crucial.

During the maintenance phase, the use of interdental brushes is sufficient for unitary implants, in combination with brushing with a conventional toothbrush using the modified Bass technique. Choosing the correct diameter of interdental brush, and thus the most effective, is possible with the Curaprox Interdental Access Probe. The colour showing after inserting the probe in an interdental space corresponds to the colour of the necessary Curaprox interdental brush. These guidelines also apply to Brånemark protocol-type fixed prostheses, but in addition, this type of prosthesis needs Curaprox's soft implant interdental brushes, as well as a single brush such as the Curaprox CS 708 implant brush to remove calculus from in between the implants and the prosthetic pillars. For removable prostheses, all the aforementioned guidelines apply, with the addition of a brush used exclusively for cleaning acrylic prostheses.

A real patient motivator

Interdental brushes are the most effective tool for disorganising the oral biofilm between implants. The thinnest Curaprox interdental brushes are able to access 99% of all interdental spaces. Therefore, dental floss should only be used in the areas where no interdental brush can reach. However, floss is often the only tool dentists recommend to patients. "The most important part of the cleaning of implants is the use of interdental brushes," says Lewgoy. "Patients who habitually use interdental brushes are able to keep the interdental surface free of plaque and even some of the subgingival surface as well."

Patient compliance plays an enormous role in the long-term success of implant treatment. "The ease of using an interdental brush compared with dental floss is a good motivator for patients to turn interdental brushing into a daily habit," Lewgoy said. "For patients with limited motor skills too they are a great solution. We must instruct and encourage patients about interdental brushing on a daily basis. With regular interdental brushing, implant failure can be prevented and patients' health will be improved, which is the true objective of odontology."

**The study of
Prof. Lewgoy can be
accessed at**
<https://bit.ly/36KItI0>
or scan the QR code:

