

# **Implants and Implant Retained Restorations- Friends or Enemies?**

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The vast majority of peri-implant diseases are initiated by the accumulation of microbial biofilms on dental implants. These cause local inflammatory reactions in the marginal soft tissues. If the biofilms are not regularly disrupted by oral hygiene measures, the emergence of pathogenic species arise, which can lead to peri-implant mucositis. The prevalence of peri-implant mucositis is 43 % and peri-implantitis

22 %. The persistence of peri-implant mucositis leads to the development of peri-implantitis in susceptible individuals. Easily cleansable implant retained prostheses are essential for the patient to maintain good oral hygiene. There are some recommendations for clinical practice:

1. Patient's risk assessment prior to implant placement is essential.
2. Once peri-implantitis is present the bone loss progresses very quickly and it is difficult to stabilize.
3. Long-term success of implant treatment is multifactorial and primarily depends on satisfactory maintenance of peri-implant tissues health.
4. The dental team is responsible for routine maintenance of the implant.
5. Patients should be fully educated on their own responsibilities regarding the correct oral hygiene, home-care techniques and the effect of dental plaque on the long-term success of implants.
6. Patients who present with higher risk or susceptibility (diabetes, smokers, history of periodontal disease) should be fully made aware of the implications of the risks and their need for systematic professional maintenance.
7. Clinicians are also required to screen their implant cases by periodic auditing of outcomes based on their implant log books.