

FEATURE

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Treating a Patient with Five Infected Implants and Little Hope

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Peri-implant diseases, especially peri-implantitis, represent a growing public health problem due to their high prevalence and the associated consequences (implant and implant-supported prosthesis loss), including oral health care costs, which are substantial.¹ More than half of dental implants develop inflammation and infection.^{2,3}

Peri-implant diseases (peri-implant mucositis and the more serious peri-implantitis) are an increasing challenge for the independent dental hygienist, especially when a patient has five implants too infected and painful to continue with self-care, and who says, "I've tried every treatment."

The patient in this case study gave consent to use the data and pictures that follow.

THE PATIENT

Patient "Y," a 62-year-old male, presented with abundant soft and hard, supra- and subgingival deposits. He had a single implant at the 14 site, 3 fused implants at 15–17, and an implant supporting a large crown at 24–25. Y reported that oral self-care was very painful, especially at the implants, with frequent, uncontrolled flare-ups (suppressed with antibiotics) regardless of daily chlorhexidine rinses used in conjunction with manual and electric toothbrushes, Soft-Picks®, interdental brushes, and a Waterpik™ flosser. Y also reported little clinical benefit from periodontal scaling every three months. Y's oral health care team had attempted a bone graft and membrane placement which failed, laser treatment which had very limited results, and gave Y the impression that there was no recourse to help him. In short, Y despaired for the healing of his mouth and preservation of his implants and his investment.

FAILING IMPLANTS

Gentle examination of Y's implants was painful (Figure 1). The implant threads were visible, and pus could be drained from every implant site. The surrounding tissue was bulbous, smooth, shiny, and generally purple at the implants. Practically all 186 probing sites were bleeding (BOP) and severely sensitive to probing. Ten sites had a probing depth of 4 mm; 26 sites had depths of ≥ 5 mm. The implants were not mobile, but the radiographs coupled with deep probing depths, drainage, and pain likely meant that Y had peri-implantitis and his implants were failing.



▲ Figure 1. Baseline



▲ Figure 2. Post Prevora treatments

TREATMENT AND RECOVERY

Y was treated at home. Large pieces of hard deposits were gingerly removed using hand scaling. Then without a dental prophylaxis, Prevora® DIN 02046245 (www.prevora.com) was applied to the entire dentition up to and including the gumline and the implants. This took approximately 10 to 15 minutes due to severe sensitivity in reflecting the upper lip. He was instructed to discontinue chlorhexidine rinses and refrain from toothbrushing for 24 hours and all interproximal oral self-care for 72 hours.

Y returned in 14 days with notable improvement to his oral condition. Although probing was still quite sensitive, a full-mouth probing was recorded with 31% BOP and no drainage of pus. The gum tissue was paler in colour with a significant reduction in inflammation. A second Prevora treatment was applied.

Prevora was applied a third time 10 days later and, then again, a fourth time in another 21 days (due to the patient's vacation) for a total of four treatments. Y reported no post-operative symptoms related to any Prevora treatments and continued to present with further reduction in inflammation.

When the patient returned in 21 days for re-evaluation, a second full-mouth probing showed significant improvement. BOP was 8.6%, with no pus drainage, and generally pink, firm, tight tissues. Sensitivity to probing was very mild at the implants and none at his natural teeth. Because probing was less painful and inflammation had subsided, pocket depth grew slightly: 15 sites were 4 mm; 21 sites were ≥ 5 mm. There was a marked reduction in plaque (Figure 2).

THE PATIENT'S VIEWS

Y noted scanty bleeding and dramatic reduction in pain (especially at the implants), no flare-ups since starting Prevora treatments, comparative ease of self-care, and no post-treatment symptoms. His outlook has improved clinically and emotionally: "I can tell that my oral condition has improved, and I feel healthier overall. The pain is mostly all gone. I can eat better, and I am now optimistic."

NEXT STEPS

Patient Y is completely committed to his new three-month treatment plan, which includes routine Prevora treatments and re-evaluations at home. His dental hygienist and periodontal team are still working to save his five implants while managing his localized, ongoing infection. Although Prevora reduced patient Y's severe oral inflammation, more research is needed to establish its effectiveness as an adjunctive treatment to periodontal debridement for individuals with peri-implant diseases.

CONFLICT OF INTEREST

Manuela Rosatelli is a clinical advisor with CHX Technologies, producer of Prevora®.

References

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