

The challenges of managing peri-implantitis

PERI-IMPLANTITIS is a common issue faced in the field of dental implantology today. It is a challenging condition to predict, prevent and treat as it is still not completely understood. Dr Rana Al-Falaki is a Specialist Periodontist with a particular interest in the disease. An undergraduate and postgraduate clinical lecturer and consultant, Dr Al-Falaki is conducting her own research into the applications of lasers in periodontology and dental implantology. A Fellow of the International Academy of Dento-Facial Esthetics, an honorary lecturer at King's College Dental School, University of London and a visiting professor to the Medical University of Taipei, she has become a renowned authority in the field.

About peri-implantitis and the challenges of treatment, Dr Al-Falaki comments: "Peri-implantitis is becoming the epidemic of dentistry, and the biggest problem is that there is no gold standard way of treating it that guarantees long-term success. The idea of 'dental implants for life' is sadly being disproven and, of course, patients pay substantial amounts of money to have dental implants placed, so when they start to fail this has a significant psychological impact. The cost of treatment is high, and the cost of replacing a dental implant that fails is even higher if it's even clinically possible.

"Believe it or not, one of the surprising challenges of managing peri-implantitis is the actual diagnosis, and it's an area that is poorly understood. Confidence

to probe around dental implants to aid diagnosis has been a big issue in the past, but we're getting better at that. However, it's almost a case of 'oh dear – there's bleeding around the dental implant – now what do I do?!', and it may get left for another six months. This disease process cannot be left for that long – it progresses so rapidly and the longer it is left, the more complicated and less predictable possible treatment outcomes become. The aetiology is complex, so the decision tree for management is not in the slightest bit straightforward. It usually involves the need for surgery, which most are not confident in performing."

Dr Al-Falaki goes on to discuss the current management concepts available for peri-implantitis, highlighting the benefits of treatment with laser technology: "Treatment aims to manage the active disease process, while also trying to address the aetiological factors. In most cases, there is a need for surgical treatment, which may just be for access and decontamination. This might include bone grafting, altering morphology to improve access for oral hygiene, and/or soft tissue work such as grafting to increase the zone of keratinised tissue and vestibular releases to limit mobility.

"Lasers can help in all of these steps (depending on the type of laser), and so far the research is very promising as to the effectiveness lasers have in decontaminating and cleaning the dental implant surfaces, as well as restoring

biocompatibility – which is your gold standard ideal outcome. More attractive still is the ability in most cases to be able to treat peri-implantitis with a flapless approach in mild to moderate cases, which of course requires less time and less expense. This also helps to achieve better aesthetics and causes far less morbidity for our patients, offering an easier procedure for the clinician and less stress. That's just a few of the advantages."

Dr Al-Falaki will be addressing this topic in more detail at the ADI Focus Meeting in November. Organised by the Association of Dental Implantology (ADI), it presents the perfect opportunity for professionals to update and develop their knowledge in the field of dental implants.

In a presentation entitled "Light at the end of the Tunnel: Are Lasers the Answer to Peri-Implantitis?", Dr Al-Falaki will explore the current classifications for the disease and describe possible treatment protocols using flapless laser techniques. Delegates will gain insight into the effective use of erbium lasers and better understand when regeneration, implantoplasty or explantation are indicated. The session will also cover how to create an effective maintenance programme that encourages longer-term stability of dental implants.

Dr Al-Falaki adds: "There's only so much I can cover in a 45-minute lecture, but I want to get across a thorough understanding of the current management

concepts to enhance successful treatment. Lasers are one tool in the armamentarium, but different lasers work in different ways, and it's not a case of 'one size fit all'. It is also a poorly understood area given that it's still so new, so the research base is not yet vast. I would like delegates to leave a bit more hopeful that something is showing promise in treating their cases successfully and easily. I hope this will inspire them to either treat peri-implantitis themselves, or to be more confident about cases they refer and what they advise their patients."

The ADI Focus Meeting will also include presentations by Ziv Mazor, Karl Ulrich Volz, Anas Aloum, Costa Nicolopoulos and Howard Gluckman, providing an outstanding speaker line-up of the very highest calibre. Make sure you don't miss out – register for your place today.

ADI Focus Meeting – "Innovations in Dental Implantology" – is taking place on 17 November 2018 at ICC Birmingham. ■

www.adi.org.uk/focus18

About the author

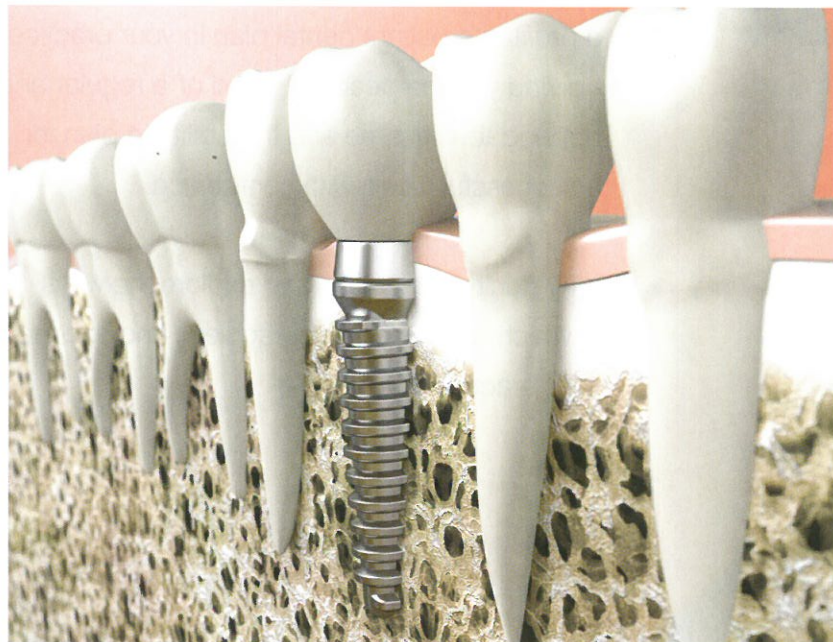
Dr Rana Al-Falaki has been a UK registered specialist in periodontics for over a decade and was the first UK periodontist to use lasers in her daily practice.



The key to successful implants is collaboration

THE likelihood is you now offer implant solutions at your own practices, as these treatments have become assimilated into mainstream dentistry. Research and rapid development means that training is not only of an extremely high quality, but is accessible, too. Education in this area is robust, and this has been a key factor in helping implantology to truly thrive. It is rare to attend a professional event and not find seminars on implant therapy within the programme, allowing professionals to take exciting developments in technology, technique and material selection back to their teams.

Particularly for younger patients, the benefits of implants are numerous. Unlike dentures, their implant will feel, fit and function almost exactly like a natural tooth – and it can be cleaned and cared for in a similar way, too. After placement, the implant should remain stable and there will be no need to avoid certain foods, the way you might do with dentures. As well as improved function, implants can give the patient a better smile by fixing malocclusion and helping to close gaps with an aesthetic solution. The benefits to mental wellbeing of a confident smile are immeasurable; it can boost self-esteem, help establish better relationships and even facilitate the release of endorphins. Studies have even claimed a correlation with an increased tolerance to pain, due to an "endorphin-mediated opiate effect". Implants in the right place can also help fill out the cheeks and jaw, helping the patient to look younger.



From the professional side of the fence then, implants really are a revolution in restorative dentistry, and – providing a patient is a suitable candidate – the reasons to choose this treatment are overwhelming. But, you should put yourself in your patients' shoes. Implant work is expensive. Also, if they are doing their own research around the subject – which the savvy patient will be – they will know that a lifetime of stability is not guaranteed. Peri-implantitis ("a time bomb" in dental implants, said one leading

dentist) is a serious complication that can lead to implant failure. The stability of any implant depends on a good programme of on-going care and maintenance that, in turn, relies on a positive and proactive relationship between dentist and patient.

Making use of the fantastic tools and equipment available is also important to facilitate delivery of high-quality treatment. As more people are having implants, no two cases will be the same and practitioners should take all risk factors into account to give their patients

the solutions they need. Successful implant work centres around precision and accurate assessment to make the right clinical decisions. For example, practitioners need a reliable means to determine the right time to load implants. The W&H Implantmed Surgical Unit with Osstell ISQ module can assess the stability of an implant by taking measurements to establish the level of osseointegration. It is quick, simple and non-invasive, plus it aids communication because patients can see the readings themselves, note their progress and understand if and why more healing time is needed. Really good dentistry is a combination of solid, old-fashioned values – like trust and communication – with the best technology available to deliver consistently good outcomes.

Advances in implantology have allowed dentists to help more patients. But behind all the passion in the profession, full patient understanding of the treatment process is fundamental. Communication is key to relaying the benefits and careful planning with cutting-edge technology will remove the guesswork for every chance of long-term success. ■

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