Implant Failure Related to Endodontic Treatment. An Observational Retrospective Study.

The purpose of this study was to analyze potential etiological risk factors that constitute a complex problem in the management of peri-implantitis.

800 implants (500 performed at the Faculty of Dentistry UANL, 300 private oral surgery practice in Monterrey Mexico) were restored for at least 5 years.

200 of the 800 cases had endodontic failure prior to or adjacent to placement of the implant. Of the 200 cases, 63 implants (31%) developed peri-implantitis, whereas of the remaining 600 cases only 17 (2.84%) was diagnosed with the condition.

This observational study was highly suggestive that placing implants in areas of close proximity to teeth with a history of peri-apical lesions are at greater risk for peri-implantitis even when the teeth are treated endodontically.
Peri-implantitis Review

Peri-implantitis Associated with Type of Cement: A Retrospective Analysis of Different Types of Cement and their Clinical Correlation to the Peri-Implant Tissues


The purpose of the study was to investigate the clinical effect of two different luting cements on the peri-implant tissue.

Retrospective study

Group A: Premier Implant Cement – Methacrylate- (PIC)
- 22 patients - 45 implants
Group B: Temp Bond (ZOE)
- 16 patients - 28 implants

Retention time of both cements were similar (T.B- 3.7 years, PIC 4.07 years)

PIC- 62% excess cement detected
TB- NO excess detected

PIC had bleeding ranging from 94% in undetected cement cases and 100% in detected whereas ZOE had bleeding around 46% of their cases.

PIC had pocket suppuration 89% in areas of excess cement whereas no suppuration was seen when cementing with ZOE

PIC had 1.37 mm Peri-Implant bone loss where excess cement was detected
ZOE had only 0.07 mm bone loss

The frequency of undetected cement can also be related to the product you use!!!
Inter-Rater Agreement In the Diagnosis of Mucosistis and Peri-implantitis


The purpose of the study was to assess the inter-rater agreement in the diagnosis of mucositis and peri-implantitis.

Twenty seven patients with >1 implant were examined by 3 separate examiners. All examiners were blinded as to the answers of each other. The examiners had to diagnose the peri-implant condition as either 1) healthy 2) mucositis 3) peri-implantitis. The examiners were also assessed as to their consensus with regard to their clinical findings such as recession, pocket depth, keratinized tissue, bleeding upon probing, suppuration as well as their radiographic assessment of bone loss.

Complete agreement with regard to diagnosis was found in 14/27 cases (52%). While a near consensus was found in most clinical parameters, the greatest variation in the findings were in the recordings of bleeding upon probing, and presence of pocket suppuration.

Maintenance Therapy in Patients Following the Surgical Treatment of Peri-implantitis: A five year follow-up study.


The purpose of the study was to evaluate the outcomes of conventional periodontal maintenance therapy on patients surgically treated for peri-implantitis.

71 surgically treated implants for peri-implantitis were followed over a 5 year period in a 6 month maintenance recall system. At every maintenance recall visit the prosthesis was removed and subgingival instrumentation with ultrasonics and irrigation with 0.12 chlorohexidine was performed. The results demonstrated that the plaque and bleeding scores were low for the entire 5 year period. Of the 71 treated implants, 28 had some residual pocketing and 9 had clinical attachment loss (13%).

Conclusion: Patients with a high standard of home care and part of well-structured and thorough maintenance program, can have surgically repaired implants remain stable over 5 years.

These two findings led to the lack of consensus in the diagnosis of the condition.
Surgical Treatment of Peri-implantitis Using Bone Substitute With or Without Resorbable Membrane - 5 year follow up


The purpose of the study was to compare two surgical regenerative methods for the treatment of peri-implantitis over a period of 5 years.

Patient inclusion criteria

1) Progressive Bone loss > 3 threads (1.8 mm) following the first year of restoration
2) Vertical component to justify the regenerative surgical treatment

Group A: Algipore bone substitute (13 individuals - 23 implants)
Group B: Algipore Bone Substitute with Osseoquest (W.L. Gore resorbable membrane (12 individuals - 22 implants)

Results: Both surgical methods demonstrated clinical improvements with regard to decreased probing depth, increased clinical attachment, and defect bone fill over a 5 year period. However there was no significant differences found between the groups

Conclusion: In this study there was No added benefit with placement of a resorbable membrane

Welcome any questions or comments: please send correspondence to dr-sapir@jerusalemperio.com