
TroeltzschBrothers
BDIZ EDI
CURRICULUM
IMPLANTOLOGIE
DES BDIZ EDI
KOMPLIKATIONEN IN DER IMPLANTOLOGIE:
URSACHEN UND WIRKUNG


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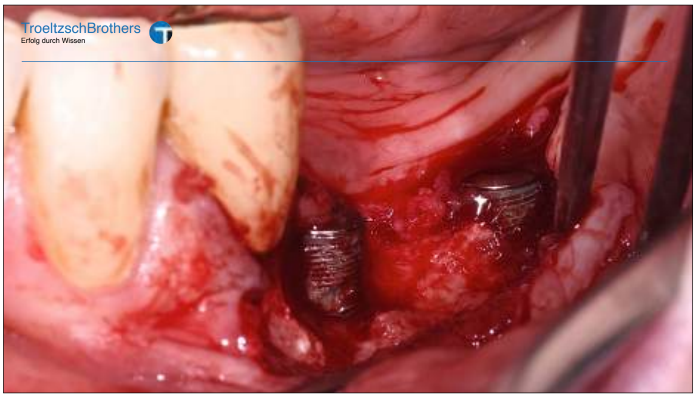
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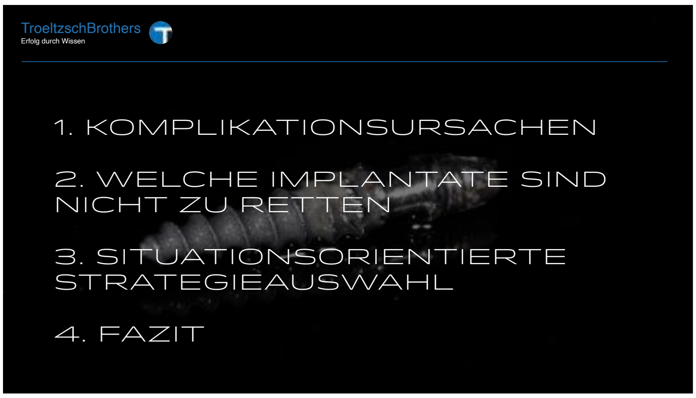
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1. KOMPLIKATIONSURSACHEN
2. WELCHE IMPLANTATE SIND NICHT ZU RETTEN
3. SITUATIONSORIENTIERTE STRATEGIEAUSWAHL
4. FAZIT


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RISIKOFAKTOREN

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HIERARCHIE DER EVIDENZ

Social Media & Werbung
Meta - Analysis
RCT´s
Cohort studies
Case-control studies
Cross sectional surveys
Case Report

Guyatt and Sackett, mod Greenhalgh

Sofortimplantation in eine aktive Infektion?

Clin Implant Dent Relat Res. 2017 Jun;19(3):559-571. doi: 10.1111/cid.12483. Epub 2017 Apr 3.

Immediate implant and rehabilitation based on All-on-4 concept in patients with generalized aggressive periodontitis: A medium-term prospective study.

Li S[1], Di P[1], Zhang Y[1], Lin Y[1].

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Immediate implant and rehabilitation based on All-on-4 concept in patients with generalized aggressive periodontitis: A medium-term prospective study.

Li S[1], Di P[1], Zhang Y[1], Lin Y[1].

Abstract

BACKGROUND: Aggressive periodontitis renders a great challenge to the conventional implant due to the risks of infection and ongoing marginal bone loss (MBL). A study about full-arch immediate implant and restoration in patients with advanced generalized aggressive periodontitis (GAP) was not read, even though the All-on-4 concept has been proven to be predictable for edentulous patients.

PURPOSE: This prospective study aimed to evaluate the feasibility and medium-term outcomes of immediate implant and rehabilitation based on the All-on-4 concept in patients with advanced GAP via clinical and radiographic analyses.

MATERIALS AND METHODS: Seventeen patients (mean age 39.4 years) with advanced GAP received immediate postextraction implant and rehabilitation based on the All-on-4 concept between January 2009 and January 2014. Eighty implants were inserted into 20 arches (7 maxillae and 13 mandibles). The average follow-up duration was 5 years (range 2-7). Complications, probing depth, and plaque, bleeding, and gingiva indices were evaluated. MBL was measured based on the panoramic radiographs taken immediately after surgery and annually thereafter.

RESULTS: The cumulative survival rate (CSR) of the implants was 98.75% (79/80) after an average of 5 years. One tilted implant failed due to peri-implantitis. The average peri-implant MBL was 0.8 ± 0.4 and 1.2 ± 0.3 mm after 1 and 7 years, respectively. The CSR was 100% (20/20) for definite prostheses, while 85% (17/20) for provisional prostheses. The average probing depth, and plaque, bleeding, and gingiva indices at the last recall visit were 3.0 ± 0.5, 1.2 ± 0.4, 0.5 ± 0.5, and 0.4 ± 0.4 mm, respectively. Patient showed high satisfaction to the overall effects.

CONCLUSIONS: Based on this study, the All-on-4 concept provided predictable outcomes in patients with GAP in 2- to 7-year follow-ups, and averted the severe bone defect area of aggressive periodontitis.

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Clin Oral Implants Res. 2007 Dec;18(6):669-79. Epub 2007 Sep 13.

A comprehensive and critical review of dental implant prognosis in periodontally compromised partially edentulous patients.

Karoussis IK[1], Kotsovilis S, Fourmousis I.

Clin Oral Implants Res. 2007 Dec;18(6):669-79. Epub 2007 Sep 13.

A comprehensive and critical review of dental implant prognosis in periodontally compromised partially edentulous patients.

Karoussis IK[1], Kotsovilis S, Fourmousis I.

OBJECTIVES: The outcome of implant treatment in periodontally compromised partially edentulous patients has not been completely clarified. Therefore, the aim of the present study was to perform, applying a systematic methodology, a comprehensive and critical review of the prospective studies published in English up to and including August 2006, regarding the short-term (<5 years) and long-term (>or=5 years) prognosis of osseointegrated implants placed in periodontally compromised partially edentulous patients.

MATERIAL AND METHODS: Using The National Library Of Medicine and Cochrane Oral Health Group databases, a literature search for articles published up to and including August 2006 was performed. At the first phase of selection the titles and abstracts and at the second phase full papers were screened independently and in duplicate by the three reviewers (I. K. K., S. K., I. F.).

RESULTS: The search provided 2987 potentially relevant titles and abstracts. At the first phase of evaluation, 2956 publications were rejected based on title and abstract. At the second phase, the full text of the remaining 31 publications was retrieved for more detailed evaluation. Finally, 15 prospective studies were selected, including seven short-term and eight long-term studies. Because of considerable discrepancies among these studies, meta-analysis was not performed.

CONCLUSIONS: No statistically significant differences in both short-term and long-term implant survival exist between patients with a history of chronic periodontitis and periodontally healthy individuals. Patients with a history of chronic periodontitis may exhibit significantly greater long-term probing pocket depth, peri-implant marginal bone loss and incidence of peri-implantitis compared with periodontally healthy subjects. Even though the short-term implant prognosis for patients treated for aggressive periodontitis is acceptable, on a long-term basis the matter is open to question. Alterations in clinical parameters around implants and teeth in aggressive periodontitis patients may not follow the same pattern, in contrast to what has been reported for chronic periodontitis patients. However, as only three studies comprising patients treated for aggressive periodontitis were selected, more studies, specially designed, are required to evaluate implant prognosis in this subtype of periodontitis. As the selected publications exhibited considerable discrepancies, more studies, uniformly designed, preferably longitudinal, prospective and controlled, would be important.

J Clin Periodontol. 2008 Sep;35(8 Suppl):292-304. doi: 10.1111/j.1600-051X.2008.01275.x.

Peri-implant diseases: diagnosis and risk indicators.

Heitz-Mayfield LJ[1].

J Clin Periodontol. 2008 Sep;35(8 Suppl):292-304. doi: 10.1111/j.1600-051X.2008.01275.x.

Peri-implant diseases: diagnosis and risk indicators.

Heitz-Mayfield LJ[1].

BACKGROUND: Peri-implant diseases include peri-implant mucositis, describing an inflammatory lesion of the peri-implant mucosa, and peri-implantitis, which also includes loss of supporting bone.

METHODS: A literature search of the Medline database (Ovid), up to 21 January 2008 was carried out using a systematic approach, in order to review the evidence for diagnosis and the risk indicators for peri-implant diseases.

RESULTS: Experimental and clinical studies have identified various diagnostic criteria including probing parameters, radiographic assessment and peri-implant crevicular fluid and saliva analyses. Cross-sectional analyses have investigated potential risk indicators for peri-implant disease including poor oral hygiene, smoking, history of periodontitis, diabetes, genetic traits, alcohol consumption and implant surface. There is evidence that probing using a light force (0.25 N) does not damage the peri-implant tissues and that bleeding on probing (BOP) indicates presence of inflammation in the peri-implant mucosa. The probing depth, the presence of BOP, and suppuration should be assessed regularly for the diagnosis of peri-implant diseases. Radiographs are required to evaluate supporting bone levels around implants. The review identified strong evidence that poor oral hygiene, a history of periodontitis and cigarette smoking, are risk indicators for peri-implant disease. Future prospective studies are required to confirm these factors as true risk factors.

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Failed dental implants: diagnosis, removal and survival of reimplantations.

Abstract

BACKGROUND: Over time, the percentage of dental implants that fail increases because of biological and technical issues. Inevitably, clinicians will dedicate more time to dealing with ailing and failing dental implants.

METHODS: The authors searched the literature for articles that addressed diagnostic manifestations of failed implants and reasons for their demise, as well as survival rates of dental implant reimplantations.

RESULTS: The authors found that there is no precise cut point (besides 100 percent) with regard to the amount of bone loss in the absence of mobility that indicates an implant has failed. The decision to treat or explant an ailing implant is a judgment call by the treating clinician. Survival rates found in the literature after first and second reimplantations ranged from 71 percent to 100 percent and 50 percent to 100 percent, respectively. The 100 percent findings were based on small groups of implants, and there were scant data addressing implant survival after second reimplantations.

CONCLUSIONS: The decision to remove an implant needs to be based on clinical assessments, radiographic evaluations or both. If the implant is deemed hopeless, there are devices that facilitate their removal. Furthermore, reimplantations can be performed successfully, but their survival rate appears to be lower than that of implants placed at sites from which they were not lost formerly.

PRACTICAL IMPLICATIONS: Ailing dental implants should not be condemned prematurely, because patients often respond to treatment of peri-implantitis. Many patients desire reimplantations in sites in which implants have failed. This procedure is valuable, especially if it makes possible the fabrication of an implant-supported fixed or removable prosthesis.

Diagnostic Principles of Peri-Implantitis: a Systematic Review and Guidelines for Peri-Implantitis Diagnosis Proposal.

Abstract

OBJECTIVES: To review and summarize the literature concerning peri-implantitis diagnostic parameters and to propose guidelines for peri-implantitis diagnosis.

MATERIAL AND METHODS: An electronic literature search was conducted of the MEDLINE (Ovid) and EMBASE databases for articles published between 2011 and 2016. Sequential screening at the title/abstract and full-text levels was performed. Systematic reviews/guidelines of consensus conferences proposing classification or suggesting diagnostic parameters for peri-implantitis in the English language were included. The review was recorded on PROSPERO system with the code CRD42016033287.

RESULTS: The search resulted in 10 articles that met the inclusion criteria. Four were papers from consensus conferences, two recommended diagnostic guidelines, three proposed classification of peri-implantitis, and one suggested an index for implant success. The following parameters were suggested to be used for peri-implantitis diagnosis: pain, mobility, bleeding on probing, probing depth, suppuration/exudate, and radiographic bone loss. In all of the papers, different definitions of peri-implantitis or implant success, as well as different thresholds for the above mentioned clinical and radiographical parameters, were used. Current evidence rationale for the diagnosis of peri-implantitis and classification based on consecutive evaluation of soft-tissue conditions and the amount of bone loss were suggested.

CONCLUSIONS: Currently there is no single uniform definition of peri-implantitis or the parameters that should be used. Rationale for diagnosis and prognosis of peri-implantitis as well as classification of the disease is proposed.

OPTIONEN

Symptome: Lockerung, Pus - Sekretion, Schmerz auf Belastung

Entscheidung: Mit dem Patienten für / wieder Erhaltversuch

Konsequenz: Wenn kein Erhaltversuch sinnvoll —> Entfernung mit / ohne Regeneration

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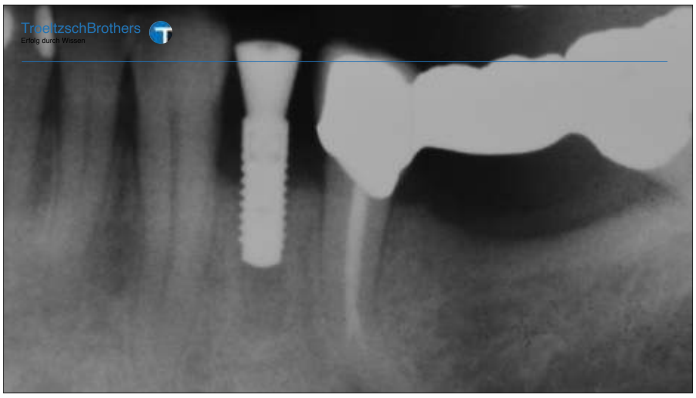

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Booking site


Dental and Maxillofacial Excellence Academy (DMEA) - Lower Jaw Course
Comprehensive Techniques for Hard and Soft Tissue Augmentation in the Lower Jaw
21. Oct 2025 – 24. Oct 2025

Code: BDIZ

www.quint.link/dmea25

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Peri-implantitis prevalence, incidence rate, and risk factors: A study of electronic health records at a U.S. dental school

Abstract

20% aller Implantate

in einem 2 Jahreszeitraum

https://pubmed.ncbi.nlm.nih.gov/30768875/

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Prognosis of the implants replaced after removal of failed dental implants

https://pubmed.ncbi.nlm.nih.gov/20452257/

The failure rate of the second implant after removal of failed implant was 11.7%


Feasibility of Dental Implant Replacement in Failed Sites: A Systematic Review

https://pubmed.ncbi.nlm.nih.gov/27183062/

The survival rate for implant replacement at the second attempt was 88.84%


Removal of failed dental implants revisited: Questions and answers

https://pubmed.ncbi.nlm.nih.gov/31890309/

Implantation in previously failed sites irrespective of an early or late failure results in 71% to 100% survival over 5 years

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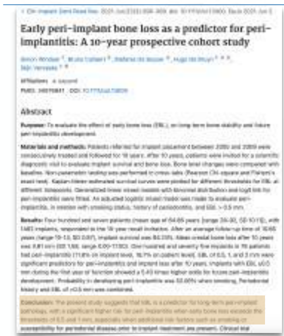
Early peri-implant bone loss as a predictor for peri-implantitis: A 10-year prospective cohort study

Abstract

Früher Knochenverlust

als Prediktor für

das Auftreten einer

Periimplantits

https://pubmed.ncbi.nlm.nih.gov/34076941/

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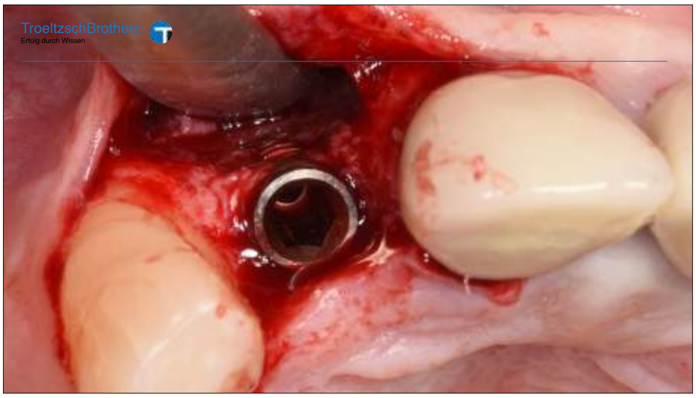

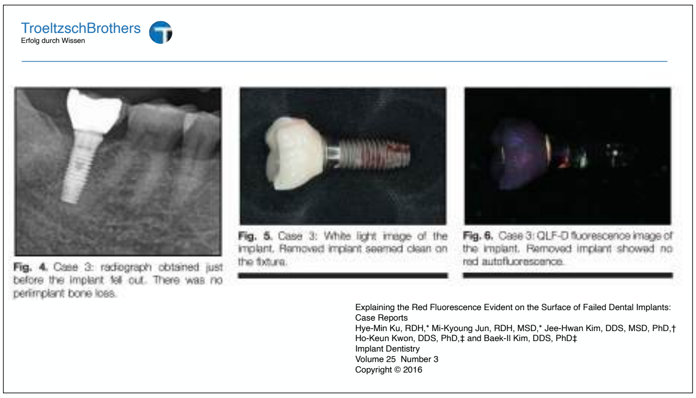

Fig. 4. Case 3: radiograph obtained just before the implant fell out. There was no periimplant bone loss.

Fig. 5. Case 3: White light image of the implant. Removed implant seemed clean on the fixture.

Fig. 6. Case 3: QLF-D fluorescence image of the implant. Removed implant showed no red autofluorescence.

Explaining the Red Fluorescence Evident on the Surface of Failed Dental Implants: Case Reports
Hye-Min Ku, RDH,* Mi-Kyoung Jun, RDH, MSD,* Jee-Hwan Kim, DDS, MSD, PhD,† Ho-Keun Kwon, DDS, PhD,‡ and Baek-Il Kim, DDS, PhD‡
Implant Dentistry
Volume 25 Number 3
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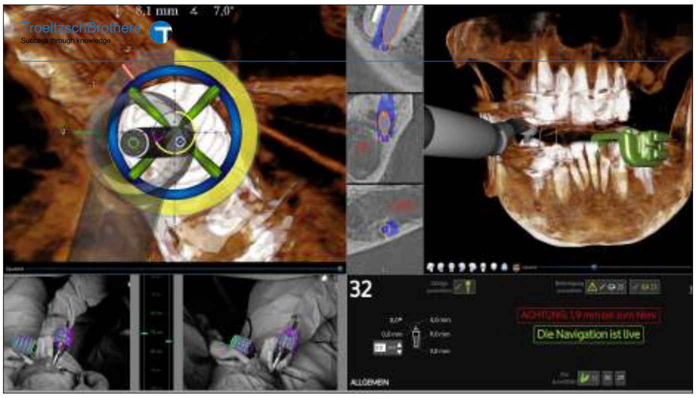

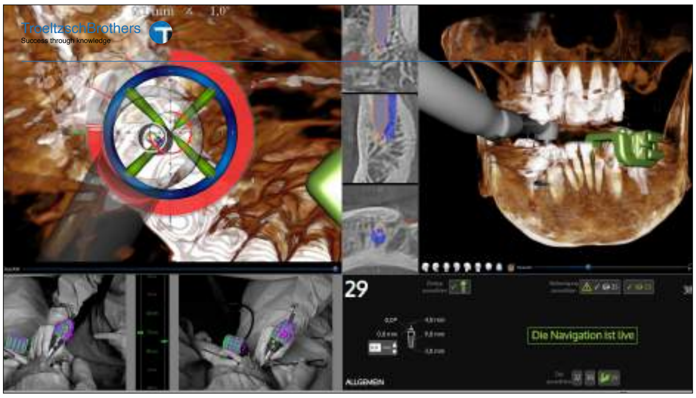
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Die Navigation ist live
ALLGEMEIN


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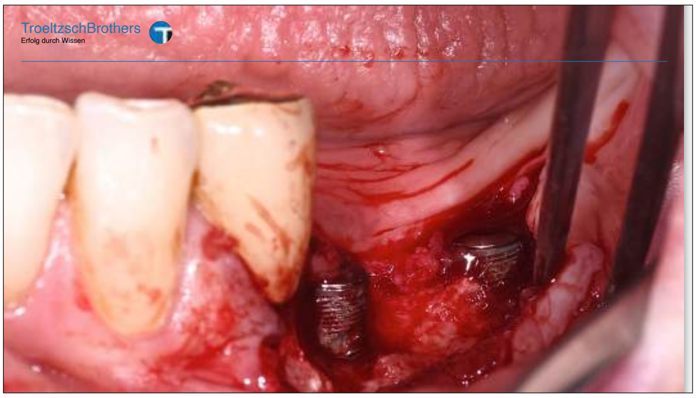
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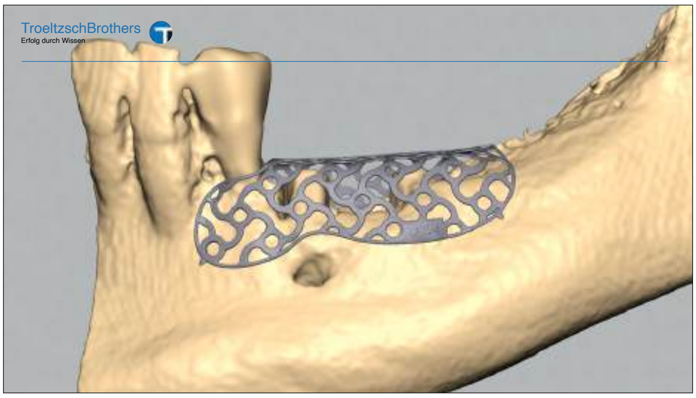
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11 Schritte für morgen
Wir geben diese Informationen weiter, um medizinisches Fachpersonal dabei zu unterstützen, sofortige Maßnahmen in Richtung Nachhaltigkeit zu ergreifen. Diese Schritte können morgen ohne erhebliche Investitionen unternommen werden und können einen bedeutenden Beitrag zur Reduzierung der Umweltauswirkungen von Gesundheitspraktiken leisten. Durch die Umsetzung dieser Schritte können medizinische Fachkräfte den Energie- und
FRIEND OF GREENVIU
Heutiges Skript


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