Perio meets implant dentistry

A time-tested relationship

Fig. 1: Treatment of advanced periodontal disease with implants replacing the natural dentition is recommended “time-tested” 3 to 6 months following periodontal therapy (SRP).—Fig. 2: Exclusion criteria for implants with continuation of saving natural teeth after comprehensive periodontal therapy.

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The preservation of the natural dentition is the prerequisite in daily patient care. In advanced periodontal disease, the successful realization of implant therapy requires knowledge in patient expectations, clinical diagnostics, proper surgical skills and delegation of basic services to dental hygienists. Implant treatment in severe periodontitis demands a two-step, time-tested approach, evaluating the outcomes of basic periodontal therapy before implant placement.

Integrated dentistry: Success for today and tomorrow

The successful positioning of dental partnerships in the fast-growing health market implicates predictable treatment strategies to save permanent teeth. According to orthopedic, cardiac or vascular medicine, an on-time decision-making for implant therapy is recommended to counterbalance functional and aesthetic discomfort in advanced endodontic and periodontal breakdown settings.

Patient’s current and future expectations drive our practices into the necessity to provide synergistic periodontal and implant treatment solutions. The advantages are:

- Optimizing implant success by preceding with periodontal therapy.
- Enhanced economic profit due to by-effects from delegated scaling and root planing.
- Promotion of oral and body health of both dental patients and staff members.

The need to preserve healthy teeth and gums, the ever-expanding influences of web, TV and magazines and an increase in low-cost implant treatment render implant dentistry internationally attractive. The transition of dental practices into the implant market is reasonable, especially for growing dental partnerships.

The capital investment and running costs for a surgical implant setting are redeemed by partnerships resulting in an immediate clinical success and a long-term stabilization (five years) of preliminary affected teeth.

Immediate implant surgery for advanced periodontal disease: High immediate success rates with excellent long-term results. Thorough dental examination and surgical planning is running more complex. The decision-making comprises a time-tested therapeutic approach. In advanced periodontal settings of more than 50 per cent bone loss with furcation involvement level III, patients suffer from oral discomfort. The tooth prognosis becomes less positive, the frequencies of follow-up visits increase (Fig. 1). Periodontal therapy “before” implant planning is aimed at saving doubtful (not hopeless) teeth with a grace period of at least three to six months to evaluate for periodontal treatment outcomes. Thorough scaling and root planing frequently results in a mid-term improvement (two years) up to a long-term stabilization (five years) of preliminary affected teeth.

The decision to maintain the periodontally compromised dentition undergoes the following criteria (Fig. 2):

- Patients with no personal preferences to comfort, esthetics and costs.
- Patients willing to accept enhanced tooth mobility, occasional food impaction and frequent professional tooth cleaning.
- Individuals with chronic diseases and autoimmune disorders.

The recommendation to replace affected teeth with implants is indicated in the following clinical situations and should be planned on-time after commencing periodontal therapy.

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While optimizing body metabolism with stimulating effects onto the vascular system.

Fig. 11: Inflammations display foreign body infections that are more harmful for the body health than periodontal diseases.

Fig. 9:

The advice to replace affected teeth with implants in advanced periodontal disease is provided. Treatment outcomes. If patients anticipate immediately fixed and esthetic restorations, on-time implant therapy with minimal augmentative solutions is recommended.

Preservation of periodontally compromised natural teeth is advised when patients display no preference for further comfort and esthetics. Periodontal therapy is continued, supplemented with surgery in advanced inflammatory settings where oral hygiene is impaired. The long-term success for the natural dentition and implants depends on patient’s medical and local risk factors that cannot be forecasted with any genetic or susceptibility test for sale.