



## Prevention and Management of Periodontitis in Implant Dentistry

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### Description

Periodontitis is a chronic inflammatory disease that affects the supporting tissues of teeth, leading to the destruction of the periodontal ligament and alveolar bone. Implant dentistry, which involves the placement of artificial tooth roots into the jawbone to support prosthetic teeth, has become an increasingly popular treatment option for patients with periodontitis. However, the success of dental implants depends largely on the prevention and management of periodontitis before, during, and after implant placement.

### Prevention of periodontitis in implant dentistry

The prevention of periodontitis in implant dentistry begins with proper patient selection and evaluation. Patients with active periodontal disease should be treated and their disease stabilized before implant placement. This is important because active periodontitis can compromise the long-term success of implants, as well as increase the risk of implant failure and peri-implantitis.

In addition, implant placement should be delayed in patients who have risk factors for periodontitis, such as smoking, uncontrolled diabetes, and poor oral hygiene. These patients should be counseled on the importance of maintaining good oral hygiene and addressing their risk factors before implant placement.

Another important aspect of preventing periodontitis in implant dentistry is proper implant selection and placement. Implants should be placed in areas with adequate bone volume and quality, and in a position that allows for proper distribution of occlusal forces. In addition, implant surfaces should be treated to promote osseointegration, and implant abutments should be designed to minimize peri-implant tissue inflammation.

### Management of periodontitis in implant dentistry

The management of periodontitis in implant dentistry requires a multidisciplinary approach that involves the dentist, periodontist, and dental hygienist. The goals of periodontitis management in implant dentistry are to control inflammation, prevent further bone loss, and maintain peri-implant tissue health.

Non-surgical periodontal therapy, which includes scaling and root planing, is often the first line of treatment for peri-implantitis. This involves removing bacterial biofilms and calculus from the implant surface and adjacent soft tissues, and promoting healing of the peri-implant tissues. Adjunctive therapies such as local antimicrobial agents and photodynamic therapy may also be used to enhance the efficacy of non-surgical periodontal therapy.

Surgical management of peri-implantitis may be necessary in cases where non-surgical therapy is not effective or where there is significant bone loss around the implant. Surgical interventions include open flap debridement, bone grafting, and guided tissue regeneration. These procedures aim to remove bacterial deposits, regenerate lost bone, and re-establish a healthy peri-implant soft tissue profile.

In addition to these therapies, patient education and maintenance are essential components of periodontitis management in implant dentistry. Patients should be instructed on proper oral hygiene techniques, including brushing and flossing around implants, and the use of interdental cleaning aids such as interdental brushes and water flossers. They should also be advised on the importance of regular dental visits for professional cleaning and monitoring of their implant health.

### Conclusion

In conclusion, the prevention and management of periodontitis is essential for the success of dental implant treatment. Patients with active periodontal disease or risk factors for periodontitis should receive appropriate treatment and have their disease stabilized before implant placement. Proper implant selection and placement, as well as implant surface treatment and abutment design, are also important factors in preventing peri-implantitis. The management of peri-implantitis requires a multidisciplinary approach, including non-surgical and surgical periodontal therapies, as well as patient education and maintenance. Non-surgical therapy, such as scaling and root planing, is often the first line of treatment, while surgical interventions may be necessary in cases of significant bone loss. Patient education on proper oral hygiene techniques and regular dental visits are also essential components of peri-implantitis management.

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