



Management of peri-implantitis

The European Federation of Periodontology (EFP) has developed a step-by-step treatment plan for managing peri-implantitis. Once peri-implantitis has been diagnosed, the treating clinician and patient will need to decide whether the implant and/ or prosthesis is treatable.

The endpoints of treatment are:

- Residual PPD $\leq 5\text{mm}$ ($\pm \leq 1$ BoP spot)
- No suppuration
- No progressive bone loss

It is also important to ensure that there is complication-free survival of the implant and prosthesis, and the patient is satisfied with the outcome (e.g. aesthetic outcome)

Interventions include:

- Oral hygiene instructions and evaluating patient motivation
- Risk factor control including:
 - Glycaemic control
 - Smoking cessation
 - Peri-implant keratinised tissue
- Non-surgical management:
 - Prosthesis cleaning/ removal \pm modification (if applicable)
 - Supra- and submarginal instrumentation with curettes and/or sonic/ ultrasonic devices
- Surgical management (this should be provided by dentists with specific training or specialist periodontists)
 - Prosthesis cleaning/ removal \pm modification (if applicable)
 - Both access flap and pocket elimination procedures (soft tissue \pm bony recontouring) have been shown to be effective. They aim to debride the submarginal biofilm and facilitate improved oral hygiene to the area
 - For vertical defects, access flap \pm reconstructive procedures may be advised. Reconstructive procedures may involve bone grafts \pm barrier membranes.
 - All surgical procedures require surface decontamination:
 - Supra- and submarginal instrumentation with curettes and/or sonic/ ultrasonic devices
 - Titanium brushes may be used
 - Air-polishing, Er:YAG laser, photodynamic therapy and chlorhexidine are not suggested due to conflicting and limited evidence at present
 - Routine use of systemic antibiotics is not recommended.

References

Herrera D, et al., EFP workshop participants and methodological consultant. Prevention and treatment of peri-implant diseases-The EFP S3 level clinical practice guideline. J Clin Periodontol. 2023 Jun 4.