



Combined surgical therapy of advanced peri-implantitis evaluating two methods of surface decontamination: a 7-year follow-up observation.

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Abstract

OBJECTIVES: To assess the long-term outcomes (>4 years) following combined surgical resective/regenerative therapy of advanced peri-implantitis lesions using two surface decontamination methods.

MATERIAL & METHODS: Fifteen patients (n = 15 combined supra- and intrabony defects) completed a follow-up observation period of 7 years. **The treatment procedure included access flap surgery, granulation tissue removal and implantoplasty at buccally and supracrestally exposed implant parts, and a randomly assigned decontamination of the unmodified intrabony implant surface areas using either (i) an Er:YAG laser (ERL) or (ii) plastic curettes + cotton pellets + sterile saline (CPS).** Intrabony defects were filled using a natural bone mineral and covered by a native collagen membrane.

RESULTS: At 7 years, both ERL and CPS were associated with similar mean bleeding on probing reductions (CPS: 89.99 ± 11.65% versus ERL: 86.66 ± 18.26%) and clinical attachment level gains (CPS: 2.76 ± 1.92 mm versus ERL: 2.06 ± 2.52 mm).

CONCLUSION: Combined surgical resective/regenerative therapy of advanced peri-implantitis was effective on the long-term, but not influenced by the initial method of surface decontamination.

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KEYWORDS: bone graft; collagen membrane; implantoplasty; peri-implantitis; surgical regenerative therapy

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