

Ask The Dentists

Dear Dr. Winter, I have some pain in an implant bridge that was placed two years ago. I went to the dentist and he told me I have 60% or more bone loss on the implant. Should I try and repair it or remove the implant, go through grafting and try again?

This is a great question and I will help the best I can. First, let's define implant problems. Peri-implant mucositis is like beginning gum disease. There are usually inflamed gums and there may be pus around the implant. At this level, there can be repair by removing the diseased tissue and improved hygiene in some instances. This may be caused by residual cement, occlusal forces that are too great or a surgical problem.

When a peri-implant mucositis is left untreated it becomes a peri-implantitis. At this point, there is bone loss around the implant which is often accompanied by pus, bleeding, radiographic bone loss and sometimes mobility. This can be a surgical complication from placing the implant, overheating of the bone or it may be a result of biting forces that are too hard.

So the answer of whether to do a surgical revision on a failing implant (cleaning it out and placing bone graft after decontamination of the implant surface) versus removal of the implant, grafting the site and placing another implant after 3 months or so is dependent upon the unique situation that you present with.

The dentist should evaluate your remaining dentition, evaluate the size of your implant crown or bridge, the presence or absence of residual cement, and then discuss the pros and cons of each option. Just because an implant has lost bone does not by itself require its removal. However, bone loss may require flapping the area to smooth exposed implant threads and suturing it back to re-establish cleanse-ability of the area.

While performing a surgical revision may improve your situation, it is not always a long term success. It is important for the dentist to try and evaluate the reason the implant failed. Was the patient a smoker or did the patient have rheumatoid arthritis? Was the patient a diabetic? These are some reasons implants can fail. Other reasons can include medication, unstable systemic disease or operator error.

Lastly, it should be noted that implant crowns and



Drs. Richard and Bruce Winter

bridges should not look like normal teeth! They should be narrower than their natural counterpart to decrease forces on the crowns and keep forces aligned along the long axis of the implants. Implants should also be 9 um out of occlusion so that all natural teeth should contact before the implant crown or bridge hits. That is because implants do not have ligaments and cannot depress in a socket. After all natural teeth hit and clench, that is when an implant crown should contact opposing teeth. I am happy to perform an implant evaluation or second opinion with a comprehensive implant examination for any of our readers. Please call our office at 414-464-9021 to schedule your visit! Please like us on Facebook! Click the icon on our website where you can find our articles, photos and testimonials:
WWW.HAMPTONDENTALASSOCIATES.COM

Yours for better dentistry,
Dr. Richard Winter MAGD, DICOI, DABOI/ID
Master Academy of General Dentistry
Diplomate International Congress of
Oral Implantologists
Diplomate American Board of
Oral Implantologists/Implant Dentists
Dr. Bruce Winter Board M.A.T.C. Associate
Professor Marquette Dental School