Bacterial in nature, Peri-implant disease is one of the most significant risks associated with implant failure rates. Peri-implant disease can be identified as either peri-implant mucositis or peri-implantitis. Peri-implant mucositis can be defined as “reversible inflammatory reactions in the soft tissues surrounding a functioning implant” (Albrektsson, Isidor, 1994). Peri-implantitis is characterized by “inflammatory reactions with loss of supporting bone in the tissues surrounding a functioning implant” (Lindhe, Meyle, 2008). Peri-implant mucositis affects up to 80% of implant patients while peri-implantitis affects 25% of patients.

To properly monitor and accurately diagnose peri-implant disease, probing needs to take place after the initial loading of the implant, to establish a baseline, and thereafter at subsequent maintenance visits. Use of a titanium implant probe will help you to accurately measure pocket depths around the implant without compromising the implant. Peri-implantitis can be classified as an incidence of probing pocket depth (PPD) ≥5 mm with bleeding on probing and/or suppuration and radiographic signs of bone loss of ≥2.5 mm or bone loss extending ≥ the first three threads (Ong, et al., 2008). Please reference the chart below.

Given the fact that there are numerous complications that can lead to the failure of an implant, with Peri-implant disease being one of them, familiarizing oneself with how to properly identify and treat the disease is half the battle. There are many different techniques to choose during treatment, however to be successful, one must develop a consistent treatment strategy that starts off with mechanical debridement through the use of effective instrumentation.

**References**


