

Long-term peri-implant stability

Interview with Dr Ausra Ramanauskaite

The Implant Solutions World Summit in Athens provided a platform for implantology specialists to learn together, make professional contacts and network. The editorial team of *EDI Journal* took the opportunity to discuss the latest findings on peri-implantitis with one of the speakers, Dr Ausra Ramanauskaite from the University Hospital in Frankfurt am Main.

At the congress, you spoke about peri-implantitis prevention for long-term peri-implant health. How has the term “life-long” changed in recent years in relation to implants?

We have gained a better understanding of the important factors in maintaining healthy peri-implant tissue. We now know that not only the bone base, but also the soft tissues and the design of the prosthetic restoration play a critical role in maintaining the health of dental implants.

So how can we maintain peri-implant stability for many decades, and what can we promise our patients?

Peri-implantitis is a disease caused by bacterial plaque, so regular plaque control is essential to prevent the occurrence of peri-implant disease. Treatment providers must ensure that the prosthetic restoration allows patients to clean the implant site properly. Therefore, patients who receive dental implants must be prepared for a lifetime of care.

What factors can influence long-term outcomes?

In peri-implant care, many factors contribute to maintaining implant health, such as proper implant positioning, the presence of keratinised mucosa and an appropriate prosthetic design that allows



effective cleaning of the implant site. Patient-related factors, particularly periodontitis, must also be addressed prior to implant placement to reduce the risk of peri-implant disease.

Are there any developments in this area that could potentially redefine or improve the gold standard in the treatment of peri-implantitis? If so, what are some of the new approaches or technologies currently being tested?

As we know, peri-implantitis is an irreversible disease that requires surgical intervention in most cases. The choice of surgical technique (reconstructive therapy, resective measures, access flap or combined therapy) depends on the defect configuration, which is a crucial aspect in the choice of treatment approach. After surgery, it is essential to engage the patient in regular maintenance to preserve the results achieved.

How do the treatment options for peri-implantitis differ in terms of effectiveness and invasiveness?

Non-surgical measures have been shown to be ineffective in preventing further progression of the disease, so a surgical intervention is required in the majority of cases. Reconstructive approaches help maintain soft-tissue height and are preferred in cases with intrabony defect configurations. In aesthetically challenging areas, clinicians may also consider simultaneous soft-tissue volume augmentation with connective-tissue grafts or substitutes. However, as already mentioned, the defect configuration and the patient's aesthetic requirements will dictate the treatment approach.

How do periodontitis and peri-implantitis differ in terms of treatment?

We now know that periodontitis is a risk factor for peri-implantitis. This means that patients who have lost teeth due to periodontitis have a higher risk of peri-implantitis in the future. The surgical concepts developed for the treatment of periodontitis have recently been modified for the treatment of peri-implantitis, but



Dr Ausra Ramanauskaite speaks about peri-implant soft tissue and its relationship to peri-implant stability during the Dentsply Sirona Implant Solutions World Summit.

they are unfortunately much less predictable than in periodontitis treatment.

What development potential do you see in digital dentistry, especially in periodontal treatment? What could become better, easier and smarter in the coming years?

Digital treatment protocols make it easier to position implants prosthetically and reduce treatment errors and iatrogenic factors, which are also important for aesthetically pleasing results and maintaining the health of the peri-implant tissue. Methods are currently being developed for the early detection of peri-implant disease, which will allow early therapeutic intervention, as the earlier the diagnosis, the better the prognosis for the implants. We are also trying to better understand the pathophysiology of peri-implant disease in order to find new treatments. I believe that more sensitive diagnostic techniques and more reliable therapeutic options will be available for clinical practice in the near future.

What new technologies or innovations did Dentsply Sirona present at the World Summit that you believe could have a positive impact on the development of treatment?

The new innovative implant designs and digital technologies enable better aesthetic results and allow dentists to avoid a number of surgical, technical and biological complications. Most importantly, by adopting the innovations presented at the congress, we can achieve the desired results for our patients, which is paramount for clinicians.

Thank you very much for your time.

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