Statements from the Estepona Consensus Meeting on Peri-implantitis, February 2–4, 2012

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STATEMENTS¹

- The great majority of well-documented oral implants show very good long-term clinical results.
- A limited amount of crestal bone loss (CBL) or marginal bone loss may be a biologic response to implant placement.
- CBL may occur for reasons other than infection.
- CBL may occur around implants and can have a long-term impact on the outcome of those implants.
- Some implants can demonstrate substantial bone loss, but a steady state may be reached and no further clinically significant bone loss observed.

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- There is an adaptive change of the crestal bone level after placement and restoration.
- Peri-implantitis is an unsuitable term to describe all CBL.
- The term peri-implantitis is here defined as an infection with suppuration associated with clinically significant progressing CBL after the adaptive phase.
- In contrast, peri-implant mucositis is defined as inflammation of the peri-implant mucosa without discernibly progressing CBL.
- Bone remodeling including CBL is influenced by inflammation.
- Implant-, clinician-, and patient-related factors as well as foreign body reactions may contribute to CBL. Implant factors: material, surface properties, and design (e.g., ease of plaque removal); clinician factors: surgical and prosthodontic experience, skills, and ethics; patient factors: systemic disease and medication, oral disease (e.g., untreated or refractory periodontal disease, local infections), behavior (e.g., patient compliance with oral hygiene and maintenance, smoking), and site-related factors (e.g., bone volume and density, soft tissue quality); and foreign body reactions (e.g., corrosion byproducts, excess cement in soft tissues).
- A radiograph does not give an absolutely accurate picture of the bone-implant contact or the crestal bone situation. However, the periapical radiograph is an important clinical tool to be used at implant placement, implant loading, and repeatedly thereafter.
- Radiographs taken longitudinally may assist the clinician to monitor changes in crestal bone levels.
- Peri-implant examinations that include bleeding on probing and probing depths do not by

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themselves function as indicators of CBL around oral implants.

- The presence of purulent exudate in combination with clinically significant progressing CBL necessitates therapeutic intervention.
- Established dental implant therapies used today are successful with high predictability. However, implant outcomes may be at risk due to a number of factors including patient behavior, clinician expertise, and the amount of follow-up care. The prevalence of implant success is calculated in general populations of patients that are treated and evaluated under specific and sometimes stringent conditions. These evaluations depend upon a large number of variables including patient follow-up and examination over long periods of time. For these reasons, the percentage of success in the populations may vary widely. In the case of individual patients, a comprehensive examination is required that allows evaluation of the risks for their specific

situation. Therefore, the outcome for the individual may be different from the outcomes calculated for large populations.

- When oral implants are placed and restored according to current established protocols, an implant success rate above 95% over 10 years has been reported in numerous recent studies. The incidence for peri-implantitis or implant failure is less than 5% under such conditions.
- In the presence of significant patient-related risk factors or suboptimal clinical performance, lower implant success rates may be encountered.
- Based upon the history and development of implant therapy, excellent clinical outcomes can be expected to continue.

REFERENCE

 Albrektsson T, Buser D, Sennerby L. On crestal/marginal bone loss around dental implants. Int J Prosthodont 2012; 25:320–322. Copyright of Clinical Implant Dentistry & Related Research is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.