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Journal of

Oral Science & Rehabilitation

Dear reader,

Launching a new journal is never easy, especially in times in which a multitude of them are being published. The *Journal of Oral Science & Rehabilitation* originated from the efforts of a large group of researchers involved in the development of implant dentistry. Since the mid-1980s, the concept of osseointegration has had a profound influence on treatment planning in dentistry, markedly changing it. It is my view that implant dentistry has been developed to the point that it should be considered an independent dental specialty.

Even though implant dentistry is characterized by surgical aspects that fundamentally involve basic oral science, it should be considered the cornerstone of oral rehabilitation. In fact, while in the past oral rehabilitation aimed to replace missing crowns, implant dentistry has evolved to the restoration of the entire crown–root complex. This, in turn, means that this discipline not only addresses prosthetic issues, but also takes into consideration the biology of the soft and hard tissue.

The title of the journal, which refers to basic scientific knowledge and oral rehabilitation, conveys our attempts to illustrate the complexity of implant dentistry and our wish to develop a platform for researchers and clinicians so that implant dentistry may be considered an all-inclusive discipline that addresses all biological, clinical and aesthetic issues related to patients. The journal will encourage clinicians to play an active role as coordinators of oral rehabilitation, replacing their traditional view of themselves as primarily surgeons. Consequently, this will require a deeper understanding of oral surgery, oral biology, oral rehabilitation and stomatology, and we hope with this journal to contribute to the improvement of knowledge in these fields.

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Editor-in-Chief

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About the *Journal of Oral Science & Rehabilitation*

The aim of the *Journal of Oral Science & Rehabilitation* is to promote rapid communication of scientific information between academia, industry and dental practitioners, thereby influencing the decision-making in clinical practice on an international level.

The *Journal of Oral Science & Rehabilitation* publishes original and high-quality research and clinical papers in the fields of periodontology, implant dentistry, prosthodontics and maxillofacial surgery. Priority is given to papers focusing on clinical techniques and with a direct impact on clinical decision-making and outcomes in the above-mentioned fields. Furthermore, book reviews, summaries and abstracts of scientific meetings are published in the journal.

Papers submitted to the *Journal of Oral Science & Rehabilitation* are subject to rigorous double-blind peer review. Papers are initially screened for relevance to the scope of the journal, as well as for scientific content and quality. Once accepted, the manuscript is sent to the relevant associate editors and reviewers of the journal for peer review. It is then returned to the author for revision and thereafter submitted for copy editing. The decision of the editor-in-chief is made after the review process and is considered final.

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Immediate replacement of failed dental implants owing to periimplantitis

Abstract

Objective

This work aimed at determining whether immediate implant placement to replace infected implants can be a treatment method for periimplantitis.

Materials and methods

Immediate replacement of failed dental implants requires a conservative implant extraction technique capable of preserving as much viable soft and hard tissue as possible. An implant extraction kit was employed to extract safely dental implants failed owing to periimplantitis. The explantation socket was curetted and decontaminated before the immediate placement of new implants. The implants were then followed clinically and radiographically to assess their survival rate.

Results

Seven patients were treated to remove nine implants. The failed dental implants were extracted at a torque of 162 ± 41 N cm. The presence of dental plaque and metallic contamination due to surface cleaning was detected under a scanning electron microscope. The implants were followed for 50 ± 2 months after placement and 43 ± 3 months after loading. No implant failure was registered during this period. The mesial bone loss was 1.0 ± 0.8 mm and the distal bone loss was 1.0 ± 0.8 mm.

Conclusion

The survival of all implants and the minimal marginal bone loss would support this procedure for the immediate replacement of dental implants in sockets affected by periimplantitis.

Keywords

Periimplantitis, implant removal, immediate implant placement, implant survival.

Introduction

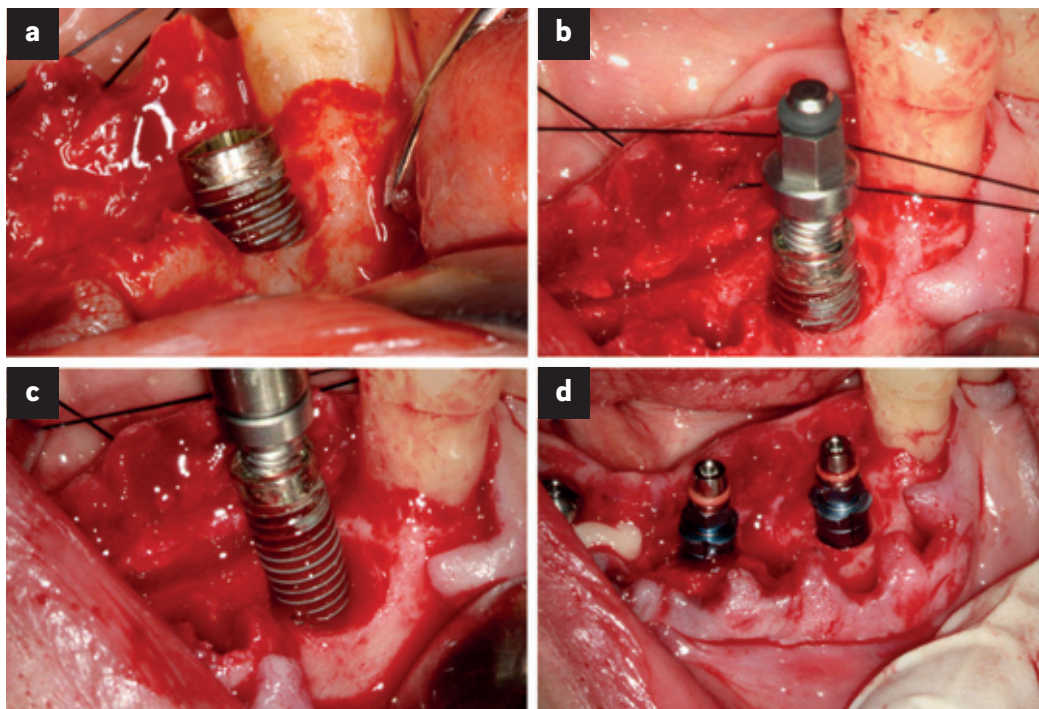
The high predictability of dental implants makes them the first choice for replacing missing teeth.^{1–3} This, in addition to the long-term success of implant-supported fixed prostheses,⁴ results in the wide acceptance of implant therapy among the general population.

New improvements in clinical protocols can increase the predictability of implant therapy further and reduce rehabilitation time and cost. One such improvement is the graftless rehabilitation of missing teeth. Lazzara et al. have introduced the concept of immediate implant placement after tooth extraction.⁵ This procedure results in a reduction in the number of surgical procedures and in the time required to complete oral rehabilitation.^{5,6} Also, immediate implant placement is one of the surgical procedures by which to achieve alveolar ridge preservation.⁴

Published data document the high success rate of immediate implant placement and support the predictability of the technique in the absence of periapical lesions.^{4,7–10} Even in the presence of periapical infection, recent research has shown that immediate placement of dental implants is possible provided there is adequate socket cleaning and decontamination.^{10–12} In a recent randomized clinical trial, Montoya-Salazar et al. studied the influence of periapical infection on the success rate of immediately placed dental implants after tooth extraction.¹⁰ The infected sockets were curetted and decontaminated before implant placement.¹⁰ In the group of infected sockets, all implants placed were successfully osseointegrated and loaded. The three-year survival rate was 94.44% with no significant differences when compared with the noninfected socket group.¹⁰

Periimplant mucositis and periimplantitis are inflammatory diseases of bacterial origin, but bone loss only occurs in the case of peri-

Fig. 1

**Fig. 1**

(a) A nonmobile implant with advanced bone loss due to periimplantitis. **(b)** An extraction ratchet placed into the implant connection. **(c)** Implant removal by application of counterclockwise torque. **(d)** The dental implant placed after careful curettage of the socket.

implantitis.¹³ The prevalence of periimplantitis varies between different studies and a prevalence (implant based) of 6.6–36.6% has been reported.^{14–18} Dental implant extraction may be indicated in cases of advanced bone loss around the implant. In these cases, could immediate implant replacement be considered?

No study has reported on immediate implant placement after the extraction of infected dental implants. This dearth could be related to the need for a predictable technique that permits conservative implant extraction that preserves most of the viable soft and hard tissue. At the same time, the technique should not damage the bony walls of the socket and thereby compromise the osseointegration of the new dental implant. A kit for implant extraction has been developed to fulfill the above-mentioned requirements and to enhance the possibility of achieving adequate implant stability.^{1,19}

A clinical protocol that aims to decrease the bacterial load by curetting and decontamination of the socket, maintain the regenerative capacity of the surrounding alveolar walls, and achieve primary stability would result in favorable outcomes for immediate replacement of failed dental implants. In this article, we analyze the outcomes of this clinical protocol. To that end, failed, nonmobile, infected dental implants were extracted using an implant extraction kit and new

implants were immediately placed in replacement of these. Plasma rich in growth factors was placed in the explantation socket before implant placement. The extracted dental implants were analyzed under a scanning electron microscope and the patients were followed for four years.

Materials & methods

Outcome criteria

In order to achieve the objectives of the study, demographic and anamnesis data were obtained from the patients' records. Implant failure was defined as any implant lost owing to failure to achieve osseointegration or to loss of acquired osseointegration. The patient was the statistical unit for the description of demographic data. The implant was the statistical unit for the statistical description of implant location and removal torque. For the new implants, data on insertion torque, failure and marginal bone loss were collected. Implant length was used as a reference to calibrate the linear measurements on the digital panoramic radiograph. Implant survival rate was analyzed using the Kaplan–Meier method. All the statistical analyses were performed using the SPSS for Windows statistical software package (Version 15.0; SPSS, Chicago, Ill., U.S.).