Peri-Implantitis — Implant Infection & Specialist Management

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Peri-Implantitis — Implant Infection & Specialist Management

Dental implants have a high long-term success rate, but they are not immune to disease. Peri-implantitis is an infectious condition affecting the tissues surrounding a dental implant — the gum and underlying bone — closely analogous to periodontitis around natural teeth. Left untreated, it causes progressive bone loss around the implant, threatens implant survival, and in advanced cases can result in implant loss.

Peri-implantitis is increasingly common as the global population of implant patients grows and implants age. It is also significantly underdiagnosed: the early stages are often asymptomatic, and not all general dentists are equipped to recognise or manage it. At Collins Street Specialist Centre, our specialist periodontists diagnose and treat peri-implant disease at every stage, from early inflammation through to surgical management and regenerative intervention.

Understanding the Spectrum: Peri-Implant Mucositis and Peri-Implantitis

Peri-implant mucositis is the reversible precursor to peri-implantitis. Analogous to gingivitis around natural teeth, it involves inflammation confined to the soft tissue (gum) surrounding an implant, with no bone loss. Hallmarks include bleeding on gentle probing and gum redness or swelling. With thorough professional treatment and improved home care, peri-implant mucositis is entirely reversible.

Peri-implantitis is the more severe condition in which inflammation has extended to the bone, causing progressive, irreversible bone loss around the implant. Distinguishing features include: - Bleeding and/or suppuration (pus) on probing - Increasing probing depth around the implant over time - Radiographic evidence of crestal bone loss beyond that expected in the first year of loading - In advanced cases, the implant may become mobile

Unlike periodontitis around natural teeth, peri-implantitis tends to progress in a non-linear fashion and can advance rapidly. This makes early detection and prompt treatment particularly important.

Why Are Implants Vulnerable?

Several features of implant-tissue biology differ from natural teeth and contribute to implant susceptibility:

- The implant surface lacks a true connective tissue attachment (like a tooth has via periodontal ligament fibres); instead, the surrounding tissue forms a soft tissue seal that is less biologically robust - Implant surfaces — particularly those with micro-roughened textures designed to enhance osseointegration — also provide favourable environments for bacterial biofilm once exposed to the oral environment - Implants cannot be effectively treated in the same way as teeth, as the decontamination of implant surfaces is more challenging

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When Might You Have Peri-Implantitis?

Because peri-implantitis is often asymptomatic in early stages, regular monitoring by a dentist or periodontist familiar with implant assessment is important. Signs that may indicate peri-implant disease include:

- Bleeding, redness, or swelling of the gum around an implant - Pus or a salty taste around an implant - Increased tenderness around an implant when touching or chewing - The gum around an implant appearing to recede, making the implant look longer - A change in how the implant feels — wobble or different bite sensation - Pain around an implant (though absence of pain does not exclude disease)

Risk factors that increase susceptibility to peri-implantitis include: - A history of periodontal disease — patients who have had periodontitis are at markedly elevated risk - Poor plaque control around implants - Smoking - Uncontrolled diabetes - Thin gum tissue or insufficient keratinised tissue around the implant - Prosthetic designs that are difficult to clean - Occlusal overload (excessive biting forces) - Prior history of peri-implant complications

If you have dental implants and are experiencing any of the above, specialist assessment is warranted.

What to Expect: Diagnosis and Treatment

Assessment

A peri-implantitis assessment at CSSC includes:

- Periodontal probing around every implant surface (6 sites per implant), noting depth, bleeding, and suppuration - Comparison with prior probing records (if available) to establish change over time - Digital periapical radiographs and/or CBCT imaging to evaluate bone levels around the implant and compare with baseline radiographs - Assessment of the prosthetic components for fit and retrievability - Evaluation of oral hygiene, home care technique, and risk factors

Based on the staging system for peri-implantitis, your specialist will classify the severity of disease and develop a treatment plan. Treatment is stepwise, beginning with the least invasive effective approach.

Step 1: Non-Surgical Decontamination

In early and moderate peri-implantitis, the first phase of treatment is non-surgical decontamination. This involves:

- Thorough supragingival and subgingival debridement using instruments appropriate to implant surfaces (titanium or plastic-tipped curettes, ultrasonic devices with appropriate tips) to avoid scratching

the implant surface - Implant surface decontamination using antiseptic agents (chlorhexidine, citric acid, or hydrogen peroxide-based protocols) - **Laser-assisted decontamination:** The Fotona LightWalker, NV Laser, and VersaWave laser systems allow deep decontamination of implant surfaces and the surrounding pocket environment. Laser energy destroys the bacterial biofilm on the implant surface and within the pocket walls without damaging the implant fixture. Dr James van den Berg has been employing laser therapy in peri-implant management since 2004. - Evaluation and modification of prosthetic design if the restoration is contributing to food trapping or plaque accumulation that makes adequate home care impossible

A reassessment is performed 4–8 weeks after non-surgical treatment to evaluate response.

Step 2: Surgical Intervention

Where non-surgical treatment does not fully resolve the disease — as is often the case in moderate-to-advanced peri-implantitis — surgical management is required. Surgical approaches include:

Resective surgery: For implant sites with primarily horizontal bone loss and limited regenerative potential, the gum is reflected, the bone defect debrided, and the bone architecture recontoured to create a shallower, more maintainable environment. The gum is repositioned at a lower level to reduce pocket depths.

Regenerative surgery: Where bone defects are of a morphology compatible with regeneration (intrabony defects, crater-form defects), bone graft material and/or barrier membranes are placed to encourage bone fill of the defect. The evidence for regenerative peri-implantitis surgery is growing, and selected cases achieve meaningful bone gain. This approach is more technically demanding than resective surgery.

Both approaches require thorough implant surface decontamination under direct vision, which is the central challenge in peri-implantitis management. Laser-assisted surface decontamination during surgery is routinely employed at CSSC.

Step 3: Salvage and Implant Removal

In cases of advanced bone loss where the implant cannot be predictably maintained, implant removal may be the most appropriate course. This is followed by a period of healing and bone reconsolidation before re-implantation is considered — if appropriate given the residual bone anatomy and patient's health status. The decision to attempt implant salvage versus explantation is made on a case-by-case basis by your periodontist, taking into account the degree of bone loss, implant stability, patient risk factors, and patient preferences.

Long-Term Maintenance — The Most Important Step

Peri-implantitis, like periodontitis, is a chronic disease. Even after successful treatment, regular specialist maintenance is essential to prevent recurrence. Evidence strongly demonstrates that implants maintained on a regular supportive care programme (typically every 3–4 months) have significantly lower rates of disease recurrence and implant loss.

During maintenance visits, your periodontist: - Probes and assesses peri-implant tissue health - Compares bone levels with prior radiographs - Performs professional debridement of implant surfaces - Assesses home care and provides updated oral hygiene instruction - Monitors any changes to the prosthetic components

For patients with a history of peri-implant disease, or those at high risk (prior periodontitis, smokers, diabetics), lifelong specialist maintenance is strongly recommended.

Why See a Specialist Periodontist for Peri-Implantitis?

Peri-implantitis is among the most challenging conditions in modern dentistry to treat predictably. The management requires:

- Accurate diagnosis of disease staging and risk profiling - Knowledge of the unique biology of peri-implant tissues - Specialist surgical skills for both resective and regenerative approaches - Access to advanced laser decontamination technology - Understanding of the prosthetic interface and the ability to coordinate with prosthodontic colleagues

At CSSC, the periodontists and prosthodontists work in the same building and communicate directly. If a peri-implantitis case requires modification of the prosthetic restoration — to improve cleanability or reduce occlusal load — the prosthodontic team is immediately accessible. Dr Ahmed El Hadidi's research into DNA mutations and periodontal disease biology is also relevant to peri-implantitis risk stratification, potentially enabling more personalised management strategies.

All CSSC periodontists are AHPRA-registered specialists. Verify any specialist's registration at the AHPRA website.

Our Specialists

Peri-implantitis management at CSSC is provided by the periodontics team on Level 12 & Tower, Manchester Unity Building:

- **Dr Simon Hinckfuss** — Specialist Periodontist and Specialist Prosthodontist. Uniquely positioned to assess both the periodontal and prosthetic aspects of peri-implant disease in a single clinician. - **Dr James van den Berg** — Specialist Periodontist with laser peri-implant decontamination experience since 2004, and over 25 years of specialist implant maintenance expertise. Victoria's most experienced laser periodontist. - **Dr Nupur Kataria** — Specialist Periodontist trained in the diagnosis and non-surgical and surgical management of peri-implant disease. - **Dr Ahmed El Hadidi** — Specialist Periodontist with research interests in precision medicine and periodontal biology, informing personalised approaches to peri-implantitis risk and treatment. - **Dr Peishan Jiang** — Specialist Periodontist with clinical and research interests in peri-implantitis diagnosis, management, and supportive therapy.

Related Treatments

- **[Gum Disease Treatment](/periodontics/gum-disease/)** — Periodontitis and peri-implantitis share biological mechanisms; patients with a history of gum disease should be monitored closely around implants. - **[Dental Implants (Periodontics)](/periodontics/dental-implants-perio/)** — Specialist implant placement reduces the risk of early peri-implant complications. - **[Bone Grafting (Periodontics)](/periodontics/bone-grafting-perio/)** — Regenerative procedures to restore bone lost to peri-implantitis. - **[Gum Grafting](/periodontics/gum-grafting/)** — Where peri-implantitis has resulted in gum recession or soft tissue deficiency around an implant, soft tissue augmentation may be part of rehabilitation. - **[Implant Prosthetics (Prosthodontics)](/prosthodontics/dental-implants-prostho/)** — Prosthetic modification is frequently part of a comprehensive peri-implantitis management strategy.