How to treat Peri-implantitis

R brush Clinical Case

- Peri implantitis treatment solution
- Create New surface
- Titanium Alloy

Patient Information

Patient: 51 years old male
Medical status: healthy
Dental history: implants placed on #25, 26 & 27
Chief complaint: "I have some discomfort around the left maxillary area."

Diagnosis

3 Brånemark type external implants were placed in the left maxillary posterior area with sinus graft (left). 8 years later, an advanced chronic periimplantis with severe bone loss around the implant was found in the middle implant area (right).

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The 3 unit SCRP (Screw & Cement Retained Prosthesis) was removed through the screw holes. Soft tissue around the bridge looked fine.

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A severe defect (8mm vertical defect and no buccal and lingual wall) was seen. How can the contaminated rough surface be cleaned and decontaminated mechanically and chemically? Is that possible the contaminated implant surface be reosseointegrated?

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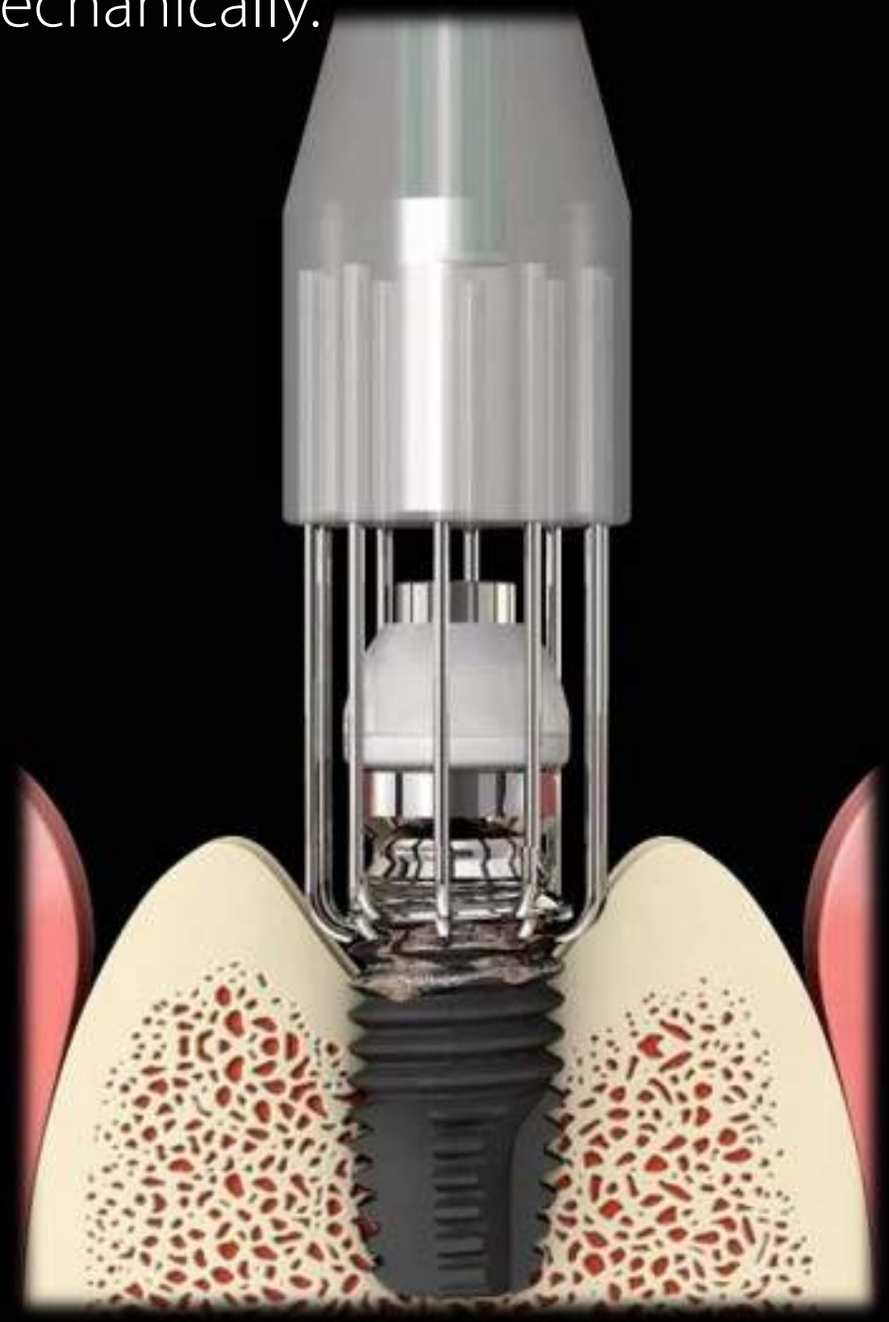
Treating Periimplantitis

R-Brush

A regular size of R-Brush (Neobiotech, Korea) was used to decontaminate the contaminated rough surface mechanically.

Narrow/Regular

Wide



Dr. Heo

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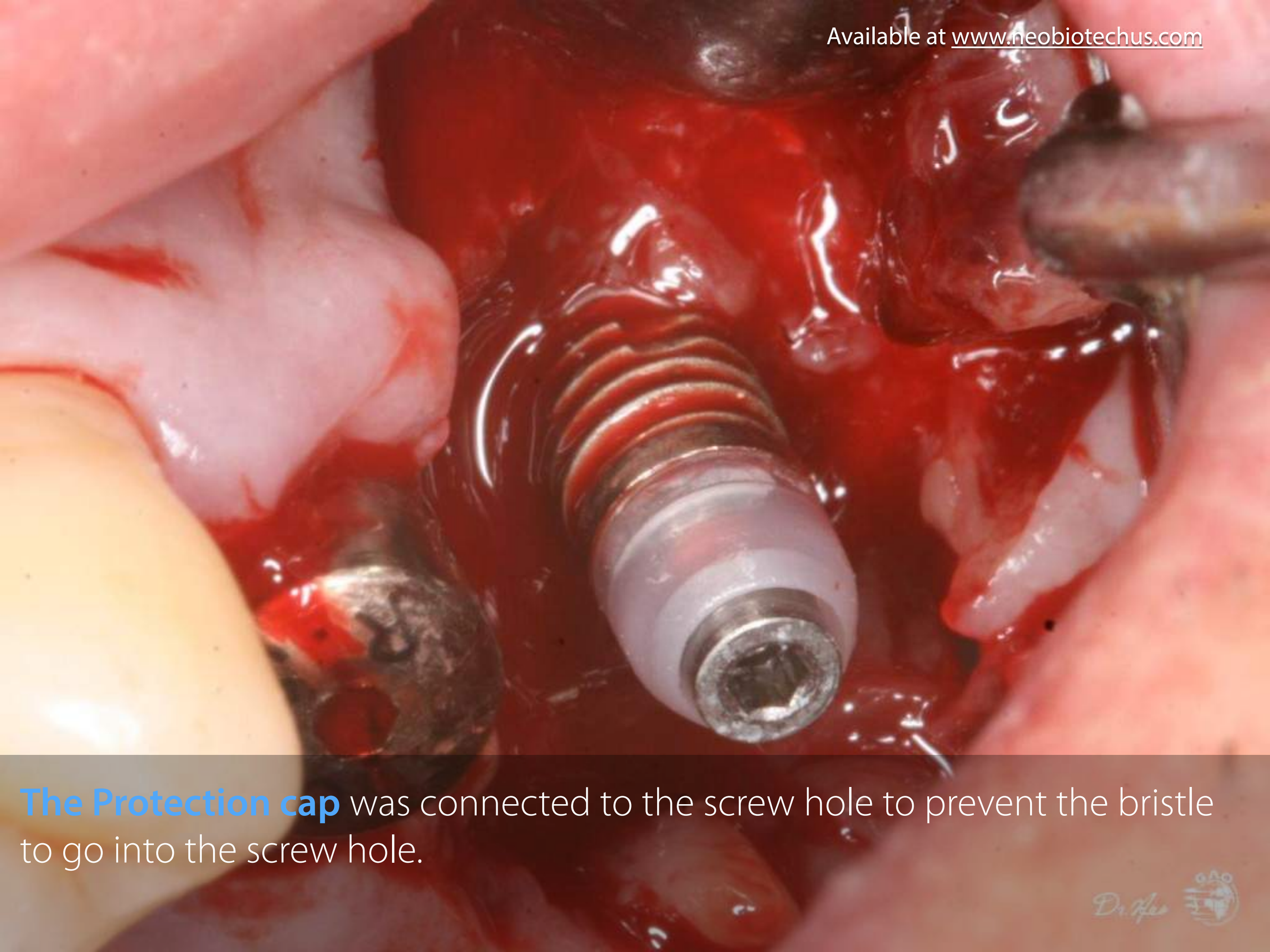
Before using the R-Brush, the original screw from the prosthesis was inserted to a protection cap.



The Protection cap was connected to the screw hole to prevent the bristle to go into the screw hole.

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A regular size of R-Brush was connected to a 1:1 contra-angle and rotated using a speed of around **8000 rpm(or2000rpm)** with copious water or chlorhexidine solution. 30 to 60 seconds were taken to clean one thread. It took about 5 minutes to clean 8 threads.

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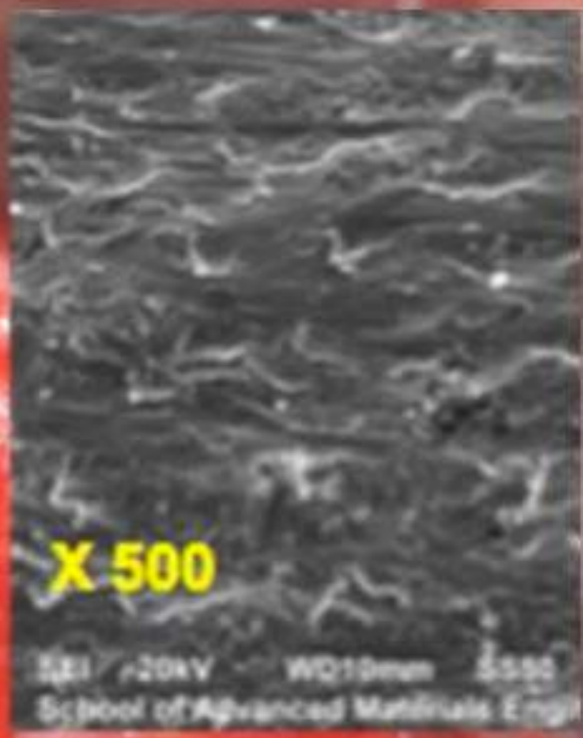

A clean surface like a machine surface was seen. It is known that the R-Brush could eliminate the original surface and **create a new rough surface** which is not like machine surface but like new rough surface having Ra: 1-1.2.

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An allogenicgraft (RegenOss) was used to graft the large defect. The implant itself could be a space maintainer.

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A collagen membrane was used to cover the graft material.

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It was submerged and sutured with a supramid suture material.

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A radiograph right after the surgery.

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A remarkable clinical result was found 4 month after the surgery. A complete hard bone formation around the defect area was seen.

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Radiographic view 4 month after the surgery.

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Buccal view at 4 months after delivery of the old SCRP. The gingiva looks healthy.

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Periapical radiograph shows the result of regeneration of the bone around the periimplantitis area 4 months after the surgery.

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8 months follow-up.

Again, before and after the treatment. This treatment option may be one of the options for treating periimplantitis.

Order Here www.neobiotechus.com Dr.Hao