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Suzuki-Resnik - PERI-IMPLANT DISEASE PROTOCOLS - 2024

**PROTOCOL 1:** < 3mm probing depths

No Plaque or No Bleeding on Probing (BOP)

***Treatment:***

* Maintain Regular Home Care
* 3 - 6 month hygiene recall

**PROTOCOL 2: *(Peri-Implant Mucositis)***

< 3mm probing depths

Plaque presence / Bleeding on Probing (BOP)

Or

***Treatment:***

3 – 5 mm probing depths

Plaque presence / Bleeding on Probing (BOP)

* Follow **Treatment Regimen A**
* Increase Hygiene Recall Frequency (~ 3 months)
* Increase Home Care Education
* If no resolution, proceed to Protocol 3

**PROTOCOL 3: *(Peri-Implantitis)***

> 5 mm probing depths

Plaque presence / Bleeding on Probing Crestal Bone Loss > 2 mm

***Treatment:***

* Follow **Treatment Regimen A, B, C, & D**
* Increase Hygiene Recall Frequency (~ 3 months)
* Increase Home Care Education
* Rx

**PROTOCOL 4: (Failure)**

Implant Mobility Pain upon function

Bone loss > 50% of implant length Uncontrolled exudate

***Treatment:***

* Follow **Treatment Regimen E**

**TREATMENT REGIMEN**

# Treatment Regimen A: MECHANICAL CLOSED DEBRIDEMENT (Acceptable Instrumentation)

* Resin, Titanium, Graphite, Carbon-Fiber, and Gold-tipped
* Prophy Cup/Brush
* Air-Polisher with Glycine Powder (Hu-Friedy), Prophy Jet (Dentsply)
* Cavitron (use blue implant tip)
* Laser (Millenium)
* Rx: Chlorhexidine (0.12%, 0.2%) or cetylpyridinium chloride
* Check Occlusion

# Treatment Regimen B: ANTISEPTIC THERAPY

* Subgingival antiseptic irrigation (0.12%, 0.2% Chlorhexidine) is added to the mechanical therapy

o Irrigate intracrevicularly to disrupt and dislodge the biofilm, then thoroughly debride the implant surface with a curette. Irrigate a 2nd time to rinse out the debris and further detoxify the subgingival area. Pressure is then applied for one minute to obtain intimate soft tissue/restoration contact.

\* Alternative Antiseptic; diluted sodium hypochlorite (NAOCl).

- Diluted (.25%) NAOCl solution = one teaspoon (5ml) of standard 6% household bleach (Clorox) and diluting it with 4 oz (125ml) of water.

\* Check Occlusion, possible occlusal guard

# Treatment Regimen C: ANTIBIOTICS

* Add systemic and/or local antibiotic treatment

*Systemic* : **Amoxicillin**, **Metronidazole (500 mg, tid for 8 days)**

*Alternative:* Clindamycin, Augmentin, Tetracycline, Bactrim, & Ciprofloxacin

*Local* : **Tetracycline**

*Alternative*: Doxycycline, Minocycline spheres (Arestin®)

# Treatment Regimen D: SURGERY (Access, Open Debridement, Bone Graft, Closure)

Step 1: Access Flap, Open Debridement with Hand Instruments, Implantoplasty (Salvin Bur Kit) Step 2: Detoxify With:

* 1. Apply **0.12% or 0.2% Chlorhexidine** with cotton pellet for 60 sec. (rinse with saline)

+

* 2a. Apply **20-40% Citric Acid** with cotton pellet or spatula or titanium brushes (Salvin) for 60 sec.(rinse with saline)

*OR*

* 2b. Apply **Tetracycline Paste** with titanium brushes (Salvin) for 60 sec. (rinse with saline)
  + - Other Detoxification Agents: EDTA, Hydrogen Peroxide, 0.25% NAOCl
    - Laser - ND:YAG (Millenium)

Step 3: Bone Graft with Mineralized/Demineralized (70%/30%) + Autograft (if indicated) Step 4: Cross-Linked Collagen (Extended Collagen)

Step 5: Tension-Free Closure with Vicryl (PGA) or PTFE sutures

**Treatment Regimen E: IMPLANT REMOVAL**