Periodontics and Implants – A Short Talk

Periodontium is a Greek word, peri means around and odont means tooth is a specialized tissue which surrounds the teeth. It is basically composed of gingiva, cementum, alveolar mucosa, periodontal ligament, and alveolar bone. The primary function of periodontium is to support all types of masticatory load and absorb it. Loss of tooth is very common in every human which can be due to involved various factors as follows:

- Improper oral hygiene
- Tobacco smoking
- Drug induced
- Age related
- Microbial infection
- Diabetes mellitus
- Cardiovascular diseases
- Stress and obesity.

Few other involved factors for periodontitis are female hormonal alteration, pregnancy, hematological disorders, and osteoporosis. Periodontitis is seen as the direct consequence of bacterial invasion leads to destruction of connective tissue and is regarded as an infectious ubiquitous disease. It is, however, not possible to draw cause-and-effect inferences from these studies; the implication of the "red complex" as pathogens is an "association."[1]

Oral implants in the field of dentistry are new surgical treatment modality and nowadays very popular for oral rehabilitation in majority of patients. Placement of dental implant should never be considered as urgency for the best chance of success. Four types of dental implants are used based on design as follows:[2]

1. Subperiosteal form
2. Blade form
3. Ramus frame
4. Endosseous form (most widely used with three major macro aspects)
   - Screw threads
   - Solid body press-fit designs (cylindrical and conical)
   - Porous-coated designs.

Although it has become the treatment of choice for most of the dentists, still, the complications arising from dental implant placement are the biggest challenge. The complications which arise in the placement of implants are as follows:
- Bleeding from implant site
- Any oral infections/infection of peri-implant tissue
- Lack of osseointegration during healing
- Smoker and diabetic patients
- History of osteoradionecrosis
- History of bleeding disorder
- Any immune suppression disease
- Host-related factors such as age, gender, and oral hygiene.

The reports of its prevalence vary, but it is noted that the presence of periodontal disease is a risk factor. The issue of peri-implantitis was raised in the house of lords in 2014.[3] Complaints relating to implants are on the rise with the general dental council. Placement of implants in patients with periodontal disease is not a treatment that should be done without a full periodontal assessment and stabilization of periodontal disease first. This review considers the risk of placing implants in patients with aggressive and chronic periodontitis.

The specialty of periodontics and its role has changed dramatically, and it has developed a high level of expertise in regeneration of bone and connective tissues through periodontal plastic surgeries such as periodontal regeneration and soft tissue augmentation. However, an interdisciplinary relationship with periodontists and maxillofacial surgeons together nowadays is the primary providers of implant surgery.

REFERENCES

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