



Preventing Peri-implantitis- Is this possible?

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ABSTRACT: The prevalence of perimplant diseases is high and increases visibly. In a recent systematic review of Derks and Tomasi the weighted mean prevalences of periimplant mucositis and peri-implantitis are 43% and 22% respectively. The present state of research does not give us predictable, evidence based treatment strategies for peri-implantitis therefore prevention has to be our goal. We know, that mucositis precedes peri-implantitis and is reversible if treated early. If we want to prevent peri-implantitis we have to look for the etiology and the predisposing factors. Etiological factor of all peri-implant diseases is the biofilm. But local and systemic factors determine development and severity of these diseases. Smoking, diabetes, bad oral hygiene, periodontal disease in the patient's history, lack of keratinized tissue, implant dependent factors, excess of cementum and prosthetic failures are some of them. So prevention of peri-implantitis starts just before the insertion of the implant, is continued by a proper prosthetic treatment

Biography: Gerlinde Durstberger got her graduation in medicine in 1982 and in dentistry in 1995. Since that she is working as Assistant Professor in the University Clinic of Dentistry (Head Prof. Moritz MD, DMD, PhD) in the fields of Oral Surgery and Periodontology. Since 2012 she is Specialist of Periodontology of the Austrian Society of Periodontology Her areas of responsibility are undergraduate- and postgraduate education, patient treatment and she got an ITI Grant for investigations in EMD and osteoclasts



Publication: 1.Characteristics and frequency distribution of bone defect configurations in peri-implantitis
2.Inter- and intra-observer agreement on Miller's classification of gingival tissue recessions
3.Effectiveness of bilayer porous polyethylene membrane for alveolar ridge preservation: A randomized controlled trial.
4.Die Mundhöhle als Keimreservoir
5.Plastische Parodontalchirurgie – Ästhetik & Funktion

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