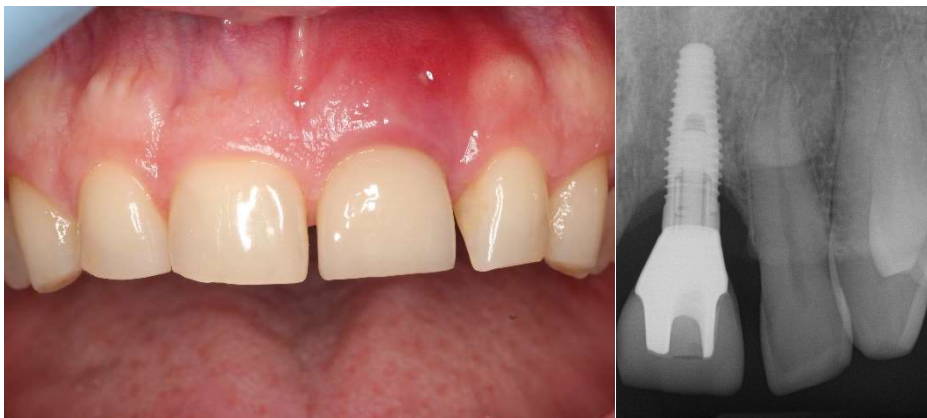


Implant Complications Part I: Cement Happens

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The case described below is that of Lester, a 40-year-old male who had had implant #9 restored about a year ago by his general dentist. He reports it not feeling right since it was restored and recently had an infection for which he was placed on an antibiotic and referred to me by his general dentist.



The photograph and radiograph above are of the #9 dental implant and surrounding areas. Notice the soft tissue erythema and edema at the facial aspect of the #9 implant. The radiograph suggests bone loss around the #9 implant as well. Exploratory surgery was recommended to determine the etiology and most appropriate corrective therapy.





A mucoperiosteal flap was elevated around the #9 implant and revealed a mass of excess cement at the facial area that was not removed after the implant was restored. The mass of excess cement caused severe inflammation, moderate bone loss as well as ongoing discomfort.

It was decided to treat and retain the #9 ailing implant with corrective therapy. The excess cement was completely removed and the corrective therapy was accomplished without complication.

The #9 implant will be monitored yearly in our office from this point forward as its long-term stability is still in question even with the appropriate corrective therapy.

Complications associated with dental implants have been dramatically rising since around the year 2010. There are many factors associated with this rise in dental implant complications to include restorative issues (prosthetic over-contouring, prosthetic biologic width invasion, prosthetic fit/quality, occlusal overload/interferences, excess cement retention, and lack of regular maintenance), surgical issues (a wide range of clinical experience levels of practitioners placing/restoring implants, poor position, inadequate keratinized tissues, surgical trauma, poor patient selection, and poor implant/abutment selection), biologic issues (bacterial contamination, history of or current/active periodontal disease, and diabetes), and environmental issues (smoking, alcohol consumption, and accumulation of metallic particles and associated corrosive byproducts with a strong host response).

It is important to note that any type of peri-implant corrective therapy is challenging and that most dental implant complications can be rather drastic. The corrective therapies often require extensive measures and may still leave the dental implant compromised. It behooves us all to pay the utmost attention to detail throughout the entire process of implant therapy in the hopes of avoiding complications altogether.