Initial Therapy of Peri-implantitis by Anti-microbial Photodynamic Therapy



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The microbiological infection of the peri-implant tissue is still one of the most difficult implant complications today. Due to scar formation of the soft-tissue the infection defence mechanism are reduced in comparison to periodontal tissue. The implant surface with a rough structure, once exposed to oral cavity offers an ideal environment for bacterial growth. The microbiological load and the clinical symptoms are comparable to periodontal disease. The anti-microbial photodynamic treatment shows high levels of antimicrobial reduction for all relevant bacterial strains.

From 2003 till 2006, during regular implant recall, 25 patients showed clinical signs of peri-implantitis including bleeding on probing. The initial treatment concept included hygienic instruction, supragingival cleaning and determination of mechanical reasons. 5 patients received the implant treatment after cancer rehabilitation with skin graft and suffered on super infection with Candida albicans. After the mechanical cleaning for all patients a thiazin based photosensitizer (HELBO®Blue, HELBO, Grieskirchen, Austria) was applied into the pocket and at the skin graft left for one minute. Then the dve was rinsed with water and activation of the photosensitizer was performed with non-thermal laser light of 660 nm for one minute for each area following the recommended protocol. The photodynamic reaction leads to a singlet oxidation at the membrane of the bacteria and performs a selective cell death. In the osseoseparation group vertical bone defects were augmented after 3 to 5 days with additional local photodynamic treatment of the surgical site.

Initial findings	Mucositis bleeding on probing +	Mucositis with Candida infection	Osseoseparation with bone loss > 4 mm	Total
Patients	14	5	6	25
Implants	26	12	14	52
Results				
Non infected implants after 6 months	25 / 96.2%	8 / 66%	9 / 64.3%	42 / 80.8%
Progression of bone loss	1 / 3.8%	None	2 / 14.3%	3 / 5.8%
Implant failure	None	None	3 / 21.4%	4 / 7.7%
Number of treatments	1.2	6.2	3.2	

The anti-microbial photodynamic treatment offers a bacteria reduction without administering local anaesthesia and can be repeated without any side effects. This non-invasive method allows an early treatment of peri-implantitis prior to radiological signs of bone loss. In severe cases like superinfection by candida albicans multiple appointments are necessary. The initial treatment allow a nearly complete regression at an early stage. In late cases of periimplantitis a recovery is possible for over 80% of the infected implants.

Implant Treatment With Retro-molar Block Graft



Fig. 1: Epicrestal implant placement with XiVE® implants after retro-molar block graft



Fig. 2: Uneventful healing after 3 months prior to second stage surgery



Fig. 3: Second stage surgery with reconstruction of Fig. 4: Contouring of papilla to neighbouring teeth with peri-implant soft tissue by W-incision temporary reconstruction



temporary reconstruction



Fig. 5: Healthy situation one year after prosthetic delivery and instruction for oral hygiene

Mucositis Treatment by aPD1



Fig. 6: Recall after three years with separated radioopaque structure at crestal bone level



Fig. 7: Mucositis with bleeding after applying dental floss twice a day no foreign material within sulcus cleaning peri-implant tissue





and HELBO®TheraLite Laser



Fig. 9: Illumination for one minute with 3d-pocket probe Fig. 10: Final situation with stained tissue and recemented implant crown after therapy

Healing and Recall



Fig. 11: Recall after six weeks without symptoms of infection but mobile bone sequester visible



Fig. 12: Radiological control with loss of upper bone



Fig. 13: Healthy soft tissue after six months without further signs of infection or bone loss



HELBO-System with Photosensitizer and probes for HFI BO®Theral ite I aser



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