

## BONE RESORPTION PERI ASSESSMENT AFTER IMPLANT IMPLANTODÔNTICO TREATMENT

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### Abstract

This study aimed to evaluate the peri-implant bone loss, clinical success and the satisfaction of patients undergoing rehabilitation treatment with dental implants in the area of Oral and Maxillofacial Surgery of Piracicaba Dental School - UNICAMP, between January 2008 and December 2009, January 2013 and December 2013. To this end, the medical records of 368 patients undergoing treatment in this period were evaluated and of these, 362 patients were contacted for clinical and radiographic re-evaluation. In total, 26 patients returned for evaluation, which consisted of: clinical examination to assess the presence or absence of mobility of the implant, presence of symptoms, probing depth and plaque index, and radiographic examination by periapical radiography. For all evaluated implants, the probing depth was  $\leq 3$  mm. There was no mobility in all evaluated implants and in no case found a marked peri-implant bone loss. All patients reported satisfaction with the implantodontic treatment.

*Key words: Dental implant, osseointegration, bone resorption.*

### Introduction

For success in implant therapy, bone integration and the adherence of soft tissue must exist<sup>1</sup>. Different factors, however, can interfere with this process, as a poor bone quality, chronic periodontitis, systemic diseases, smoking, parafunctional habits and inadequate<sup>2</sup> prostheses. The objective of this research was to evaluate the marginal bone loss around implants placed in patients who underwent implantodontic treatment at the Faculty of Dentistry of Piracicaba-Unicamp, from January 2008 to December 2009.

### Results and Discussion

Of the 362 patients contacted, 136 refused to participate, 123 were booked and did not attend, 75 had changed their phone or could not be found and 2 patients died. It was, therefore, very difficult to get feedback from the patients to control the results, even if the monitoring provides benefits to the patient and does not generate any additional costs. Another limitation encountered was the fact that many records submitted were incomplete. Clinical evaluation consisted of: radiographic examination through periapical radiograph evaluation of the presence or absence of mobility of the implant, presence of symptoms, probing depth and plaque index. For all evaluated implants, probing depth was less than or equal to 3mm. The loss rate of the implants was less than 4%. All patients reported satisfaction with the implantodontic treatment, although 4 of these patients still don't have the final prosthetic rehabilitation.

### Conclusions

During the work, the difficulty in obtaining the return of patients resulted in limitations in data collection. Despite the limitations, the results provided information on the progress of oral rehabilitation of patients who underwent implantodontic treatment in the area of Oral and Maxillofacial Surgery of the FOP-Unicamp and the predictability of the success of the rehabilitation treatment performed in these patients.

### Acknowledgement

I thank all the patients who agreed to participate in the research, Professor Márcio de Moraes and Clarice M. S. A. Pinto for their cooperation, dedication, lessons and patience and especially my family.

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