mikrobiološka raščlamba te više nije bilo parodontnih patogena, a klinička mjerenja su pokazala da je smanjena dubina sondiranja, da ne postoji krvarenje ili gnojenje i da je nastala zona keratinizirane gingive od 2 mm oko usatka 25.

Therapy of Advanced Periimplantitis - Case Presentation Clinical and Microbial Results after 10 Months

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With the ever increasing number of placed implants it is inevitable that the number of complications connected with such therapeutic procedure will also increase. One of the complications which is hardest to treat and which consequently can lead to loss of the implant, is bacterial caused periimplantitis. This case presentation describes the successful therapy of advanced periimplantitis. The male patient, aged 58 years, was referred to the periodontist because of problems in the oral cavity in the form of unpleasant breath and suppuration around the tooth and implant. During the periodontal examination it was observed that both implants on places 22 and 25 were affected by periimplantic mucositis and bleeding and suppuration occurred during probing. With regard to the implant in area 25 the problem of complete loss of keratinised gingiva was also present. On the basis of the clinical and X-ray findings, and positive microbial test for periodontopathogens, periimplantitis was diagnosed around both implants. Initial periodontological therapy was carried out in four visits. The patient received instructions on the maintenance of oral hygiene and antiseptic therapy was included, rinsing with chlorhexidine and application of chlorhexidine gel directly into the pockets around the implants. As after this therapy the suppuration did not stop antibiotic therapy was included, with rinsing of the pockets with iodine. After successful control of the infective process, further therapy involved a periodontological surgical operation in order to correct the loss of keratinised gingiva around implant 25 and to obtain new attachment. After lifting the flap the surface of the implant was cleaned with sterile cotton wool soaked in chlorhexidine, and from the palate a connective transplant was taken and placed on the bone and the exposed thread of the implant. Gengigel (hyaluronic acid) was placed over the transplant for better healing of the wound. Five months after the operation microbial analysis was repeated. Periodontal pathogens were no longer present and clinical measurements showed reduced probing depth, absence of bleeding and suppuration, and the occurrence of zones of keratinised gingiva of 2 mm around implant 25.

Najčešći razlozi neuspjeha u implantoprotetičkoj terapiji

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Želja djelomično ozubljenih pacijenata za što većom udobnošću i estetikom u protetičkoj terapiji često je u vezi s ugradnjom usadaka. Usadak zamjenjuje ili nadopunjuje prirodni zub kao nosač fiksnog ili mobilnoga protetičkog rada. Zato je implantologija protetički orijentirana disciplina stomatologije u kojoj protetičar vodi plan usadnje i snosi odgovornost za provedenu IP terapiju koju primarno ostvaruje u suradnji s kirurgom, a vrlo često i u timu s parodontologom i ortodontom. Svima je pritom cilj osigurati pacijentu što bolju estetsku i funkcijsku sanaciju te postići optimalnu funkcijsku trajnost IP terapije. Zbog toga je opravdano govoriti o implantološkoj protetici. Moguće komplikacije u vezi su s pojedinim dijelovima implantatnoga sustava, a mogu nastati kliničkim radom ili su u vezi sa samim pacijentom. Svrha je rada prikazati temeljem kliničkih slučajeva najčešće pogrješke koje su uzrokom nezadovoljavajućih estetskih razultata: od izbora vrste i veličine usatka, do smjera i dubine ugradnje, od ne uzimanja u obzir stanja susjednih zuba, parodonta, koštane podloge i postojećih protetičkih radova do loše suradnje pacijenata na održavanju optimalnih higijenskih i statičkih uvjeta.