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Implants are more common today than ever before. Even dentists who don't provide implant treatment commonly see patients who have implants. This has changed the face of dental practice across the world. Clinicians who do not offer root canal treatment still need to assess and diagnosis the status of root canal treated teeth. The same is true of dental implants and their complications fall upon all clinicians to recognize and diagnose.

Implant complications are numerous but peri-implantitis seems to persist as perhaps the most problematic one. It can result in pain, infection, and implant loss, which are all significant events to our patients. Despite the severity of these sequelae, peri-implantitis is often poorly understood by clinicians. While a thorough review and understanding of peri-implantitis would be ideal for all clinicians who manage implant patients, there are four points about peri-implantitis that are important to know.

First, peri-implantitis is common. There are numerous estimates of prevalence which vary greatly but a general summary is 15 per cent of implants will suffer from peri-implantitis in their first 10 years. That's a lot! And it means practitioners are going to see many cases in their office.

Second, peri-implantitis does not respond well to non-surgical treatment. This is important for clinicians to be aware of as sometimes they will treat peri-implantitis as they would periodontitis, with debridement and oral hygiene enforcement. While this can be an appropriate initial treatment, often it is prolonged for months or years ineffectually.

Third, peri-implantitis is aggressive. Estimates are not definitive but research suggests it progresses much faster than periodontitis and in a non-linear accelerating pattern. This means that the worse it gets, the faster it may progress. Much like detecting caries early, peri-implantitis is also easier and more predictable to treat when the lesion is minor. Thus, early detection and treatment is important.

Finally, there are three major risk factors identified for peri-implantitis: a lack of oral hygiene, nonattendance to regular professional maintenance, and a history of periodontitis. Each of these risk factors has been independently associated with a 500 per cent increased risk of peri-implantitis. Knowing them is important for prevention in patients with implants and management of patients who have already been inflicted with peri-implantitis.

If you are interested in more reading regarding peri-implantitis, a great article to start is a review done by the AAP and EFP last year: <https://aap.onlinelibrary.wiley.com/doi/10.1002/JPER.16-0350>

Hopefully this provides a brief but salient review of peri-implantitis as management of this complication is, and will be, critical for all clinicians. **OH**

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