

From The Editorial Desk

Implants In Medically Compromised Cases: A Viewpoint

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The success rates of some dental implant systems are between 90% and 95% at 10 years for medically health patients. However, long-term outcomes for implant therapy can be altered by local or systemic diseases, as well as other factors. Some local and systemic factors are seen as absolute or relative contraindications to implant therapy. Treatment of partial and total edentulism with dental implants has evolved into a conventional process for the majority of patients and is expected to play a noteworthy role in oral rehabilitation in the future. Before any form of endosseous implant therapy is considered in any patient, the medical history must be thoroughly reviewed and, if appropriate, a physical examination performed. An existing systemic disease or ongoing systemic therapy may complicate or contra-indicate implant dentistry. An increased knowledge of the underlying disease process has improved the management of patients suffering from bone metabolism abnormalities, diabetes mellitus, xerostomia, and ectodermal dysplasias. Among scientific literature there is an enormous variety of studies that analyse the most common systemic diseases presented by patients undergoing dental treatment, correlating it with adequate and safe clinical practices and existing little information which associate these diseases with dental implants surgery. Absolute contraindications to implant rehabilitation include recent myocardial infarction and cerebrovascular accident, valvular prosthesis surgery, immunosuppression, bleeding issues, active treatment of malignancy, drug abuse, psychiatric illness, as well as

intravenous bisphosphonate use. Any of these conditions bar elective oral surgery, and require judicious monitoring by the physician as well as the dental provider. Noncompliance to the suggested protocol may, in the worst possible case, result in patient mortality. One important category into which a number of possible complications may fall is the inadequate systemic screening of patients prior to implant and biomaterial insertion. Without wishing to enter into the whole human pathology, it is no longer appropriate to limit the general contraindications of implantology to the traditionally considered malfunctions of the pancreas, liver or hematopoietic system and to ignore the devastating long-term effect of smoking or inadequate dietary habits. Over the years the number of these compromising situations has decreased, and will continue to do so, as a better understanding of metabolic and pathologic processes is forthcoming, as well as a willingness by dentists and physicians to explore those perceived contraindications that may not be justified. Beside absolute contra-indications, there are also conditions which compromise the success of an implant treatment, such as radiation of the jaw or long-term smoking. Concerning the effect which medical conditions have on the life-expectancy of the implant, little is known. A wide research and understanding on this aspect of implantology is awaited for future prospects.

