

Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.

The abstracts on this page have been chosen and edited by Reena Wadia

Interproximal open contacts

Interproximal open contacts between implant restorations and adjacent teeth. Prevalence – causes – possible solutions

Varthis S, Tarnow D P, Randi A. *J Prosthodont* 2018; DOI: 10.1111/jopr.12980. [Epub ahead of print].

Interproximal contact loss is a common multifactorial implant complication.

This study aimed to determine the prevalence and contributing factors of interproximal contact loss (ICL) between implant restorations and adjacent teeth as well as provide recommendations for prevention and treatment. A literature search on PubMed revealed seven studies showing a high prevalence of ICL between implant prostheses and adjacent teeth. ICL was greater in the mesial aspect compared with the distal. ICL in the maxilla ranged between 18% and 66% versus 37% to 54% in the mandible. ICL might occur as early as three months after prosthetic treatment. Documented possible causes included: tooth migration, crown-related and bone formation/growth-related. The authors explained that the clinical condition will dictate if the implant crown needs to be modified/replaced or the natural tooth restored to re-establish the interproximal contact. Periodic evaluations and the use of screw-retained restorations due to ease of removal is recommended to diagnose and mitigate the problem. An orthodontic retainer or occlusal guard might also help.

DOI: 10.1038/sj.bdj.2018.1133

Chronic periodontitis – 20 years later

Twenty years later: Oral health-related quality of life and standard of treatment in patients with chronic periodontitis

El Sayed N, Baeumer A, El Sayed S *et al.* *J Periodontol* 2018; DOI: 10.1002/JPER.18-0417. [Epub ahead of print].

Satisfaction with oral status was perceived high by most patients treated for chronic periodontitis and a comparably high oral health-related quality of life can be achieved and retained long-term.

This study aimed to assess oral health-related quality of life (OHRQoL) after long-term periodontal treatment in patients with chronic periodontitis (ChP) and compared it with the current clinical outcome and oral health status. Twenty years after therapy, 63 patients were re-examined. The dental and periodontal status and OHRQoL using the Oral Health Impact Profile-G49 (OHIP-G49) were assessed. Up to 75% of patients showed no probing depths >5 mm, bleeding on probing ≤25%, no pain and satisfactory function. A comparatively low perceived oral impact of ChP was represented by an OHIP-G49 score of 18.89 ± 21.66. The most common reported impairment was physical pain. Correlation between oral quality standard and the OHIP-G49 was limited to the physical pain subdomain.

DOI: 10.1038/sj.bdj.2018.1133

Dental implants and bisphosphonates

Dental implant placement in patients on bisphosphonate therapy: a systematic review

Gelazius R, Poskevicius L, Sakavicius D, Grimuta V, Juodzbalys G. *J Oral Maxillofac Res* 2018; **9**: e2.

Patients treated with intravenous bisphosphonates seemed to have a higher chance of developing implant-related osteonecrosis of the jaw compared with those treated intraorally.

This review aimed to consider dental implant placement in patients who have been treated with or are currently on bisphosphonate medication. Following a literature search, nine articles between 2006 and 2017 were identified. Outcome measures included implant failure or implant-related osteonecrosis of the jaw. Five of the studies analysed intraoral bisphosphonate medication, three studies investigated intravenous bisphosphonate medication and one study evaluated both types of medication in relation with implant placement. Patients with intraoral therapy appeared to have a better implant survival rate at 98.8% (five implants failed out of 423) vs patients treated intravenously at 91% (six implants failed out of 68); the control group compared with intraoral bisphosphonate group appeared with 97% success implant survival rate (27 implants failed out of 842), showing no significant difference in terms of success in implant placement.

DOI: 10.1038/sj.bdj.2018.1134

Tooth loss in perio patients - 20 years later

Tooth loss in periodontally compromised patients: Results 20 years after active periodontal therapy

Pretzl B, El Sayed S, Weber D, Eickholz P, Bäumer A. *J Clin Periodontol* 2018; **45**: 1356-1364.

Over 20 years of follow-up, a low number of teeth were lost in mostly severely compromised periodontal patients.

This study assessed tooth loss in periodontally compromised patients 20 years after active periodontal therapy and detected potential influencing factors for tooth loss on a patient level. From the 100 patients who were re-evaluated ten years after active periodontal therapy, 70 could be re-examined 20 years ± 12 months after active periodontal therapy. Tooth loss during 20 years was detected and based on regression analyses the impact of patient-level factors was estimated. Of the 1639 teeth, 201 were lost, resulting in a mean tooth loss rate of 0.14 teeth/patient/year during the 20 years. Mean tooth loss per patient was higher during the second ten years of supportive periodontal therapy compared to the first (1.20 vs. 1.67 teeth/patient). When considering influencing factors: smoking, non-compliance to supportive therapy, age, living as a single person and systemic diseases like diabetes or cardiovascular diseases negatively influenced tooth loss in the long-term.

DOI: 10.1038/sj.bdj.2018.1136