

Group D

Reactor Report

Implants - Peri-implant (hard and soft tissue) interactions in health and disease: The impact of explosion of implant manufacturers

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Introduction

The Initiator Paper for Workgroup D by Ivanovski (*Journal of the International Academy of Periodontology* 2015; 17/1 Supplement) thoroughly reviews the topic of peri-implant (hard and soft tissue) interactions in health and disease and the explosion of implant manufacturers. All of the major issues regarding this important topic are covered and I have very few comments with regards to the general content of this review. Below I have noted some specific issues that should be considered by the group in their deliberations:

Comment 1: With regard to implant shape and size it is worth noting a recent systematic review that addresses the long-term evidence of the same success rate of short implant length between 6–8 mm (Karthikeyan *et al.*, 2012)

Comment 2: In the section covering “*Macrogeometry of threads at the implant collar*” it would be useful to have some discussion on transmucosal one-piece implants, which have been developed for immediate loading or restoration and that have no interface between fixture and abutment near the alveolar ridge crest (Carinci, 2012)

Comment 3: In the section covering “*Clinical relevance of implant surface modification*,” ultraviolet treatment, photofunctionalization to re-activate the surface and prevent aging of implant surface should be considered (Att and Ogawa, 2012).

Comment 4: In the section on “*Peri-implant disease*” we should consider referencing both American Academy of Periodontology and European Federation of Periodontology position statements and guidelines. (American Academy of Periodontology, 2013, European Workshop on Periodontology, 2008). In addition, genetic factors as contributing factors to peri-implant diseases should be considered.

Comment 5: In the section covering “*The ‘explosion’ of implant manufacturers*” the increased usage of milled custom abutments using various materials for aesthetics and the convenience of easily making implant restorations through the development of advanced CAD/CAM technology should be considered (Alikhasi *et al.*, 2013; Kutkut *et al.*, 2013; Oderich *et al.*, 2012; Magne *et al.*, 2011; Hjerpe *et al.*, 2011)

References

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