



## OKLAHOMA CENTER FOR IMPLANTS & PERIODONTICS

We are excited to introduce our first quarterly newsletter and to stay connected with you throughout the year.

On November 14, 2025, we had the privilege of hosting our second annual continuing education course alongside many of our referring doctors and team members, and this initial issue of our quarterly newsletter is dedicated to recapping that event.

Dr. Poore presented on Management of Peri-Implant Disease, providing valuable insights into diagnosis, prevention, and treatment strategies.

Dr. Frank presented an in-depth discussion on Guided



Tissue Regeneration, highlighting current techniques and clinical considerations.

As we step into this new year, we are excited about what lies ahead and look forward to strengthening our communication with you through this quarterly newsletter. Our goal is to share relevant clinical topics, practice updates, and educational opportunities that support you and your patients.

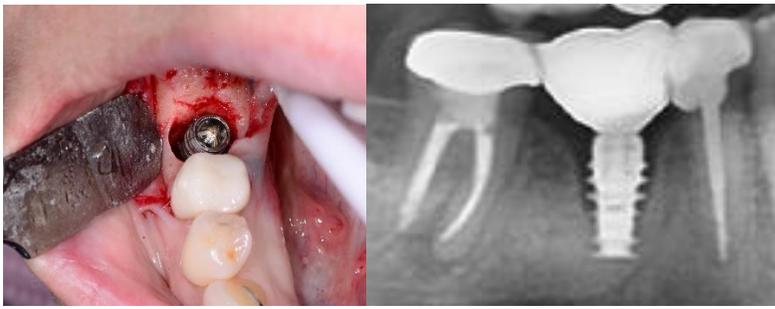
Thank you for being an essential part of our professional partnership.

### **Peri-Implant Disease. Dr. Chris Poore Statistics and Risk Assessment**

With the increasing volume of dental implants being placed, peri-implant disease is being encountered more frequently in clinical practice. Studies report approximately 43–47% of implant patients experience peri-implant mucositis, while 20–22% demonstrate peri-implant bone loss.

Risk assessment should be ongoing. Systemic and behavioral factors such as diabetes, smoking, and a history of periodontitis are well-established contributors. Recent evidence has also highlighted the influence of surgical and prosthetic variables, including three-dimensional implant malposition, abutment height, unfavorable emergence profiles or angles, and soft tissue discrepancies.





### Treatment and Management

Initial therapy for peri implant disease focuses on patient education, risk factor modification, and non-surgical treatment. This often includes removal of the implant restoration (another benefit of screw retained crowns), isolated SRP, placement of a healing abutment, and periodontal re-evaluation after 6–8 weeks. If inflammation resolves, the restoration can be replaced and hygiene reinforced. If disease persists, surgical intervention may be indicated.

Surgical options, including flap debridement, osseous therapy, and regenerative procedures, can be effective when appropriately selected. Outcomes depend on defect morphology, implant surface characteristics, and the patient’s ability to maintain long-term peri-implant health.



### Decontamination Methods

Implant surface decontamination remains one of the greatest challenges in peri-implantitis therapy. Mechanical and chemical approaches are commonly used, often in combination. Current consensus indicates that no single method has demonstrated consistent superiority.

### Prevention and Maintenance

Prevention and maintenance remain the foundation of success. Consistent submarginal biofilm control, three-month maintenance for higher-risk patients, and routine monitoring with gentle probing, soft tissue evaluation, and vertical bitewings allow clinicians to catch changes early and help maintain peri-implant health over time.



## Guided Tissue Regeneration (GTR) in Modern Dentistry. Dr. Frank Kajiwarra

Guided Tissue Regeneration (GTR) is a cornerstone regenerative approach in modern periodontology and implant dentistry. By selectively excluding fast-growing epithelial and connective tissue cells, GTR creates a biologically favorable environment for regeneration of periodontal ligament, cementum, and alveolar bone.

### Clinical Indications

GTR is primarily indicated in situations where periodontal regeneration is biologically achievable, and defect morphology supports space maintenance. Common indications include:

- Deep intrabony periodontal defects (especially 2- or 3-wall defects)
- Class II furcation defects (mandibular molars and selected maxillary sites)
- Localized gingival recession (when combined with soft tissue grafting)
- Ridge preservation and ridge augmentation procedures
- Peri-implant bone defects and guided bone regeneration (GBR)

Careful case selection—considering defect anatomy, patient compliance, and systemic health—is critical to success.

### Therapeutic Goals

The primary goal of GTR is **true periodontal regeneration**, not merely repair. This includes:

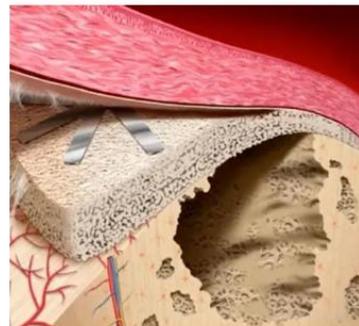
- Formation of new alveolar bone
- Regeneration of periodontal ligament fibers
- New cementum deposition on previously diseased root surfaces
- Long-term stability of clinical attachment levels

Secondary goals include reduction in probing depths, improved tooth prognosis, and preservation of natural dentition.

### PASS Principles for Predictable Regeneration

Successful GTR outcomes rely on adherence to the PASS principles: (image on right)

- **P – Primary wound closure:** Tension-free flap closure to protect the regenerative site and prevent bacterial contamination
- **A – Angiogenesis:** Adequate blood supply to support healing and tissue maturation
- **S – Space maintenance:** Use of membranes and/or graft materials to prevent flap collapse and allow tissue ingrowth
- **S – Stability of the wound:** Immobilization of the clot and grafted materials to promote undisturbed healing



Failure to achieve any one of these principles significantly compromises regenerative potential.

### Success Rates and Clinical Outcomes

When proper case selection and surgical technique are applied, GTR demonstrates favorable and well-documented outcomes:

- Clinical attachment level gains commonly range from **3–6 mm**
- Radiographic bone fill of **50–80%** has been reported in well-contained defects
- Furcation defect improvement is most predictable in Class II mandibular sites
- In implant-related GBR procedures, reported success rates frequently exceed **90–95%**

Long-term stability is strongly influenced by patient plaque control, smoking status, and maintenance compliance.

### **Key Benefits of GTR**

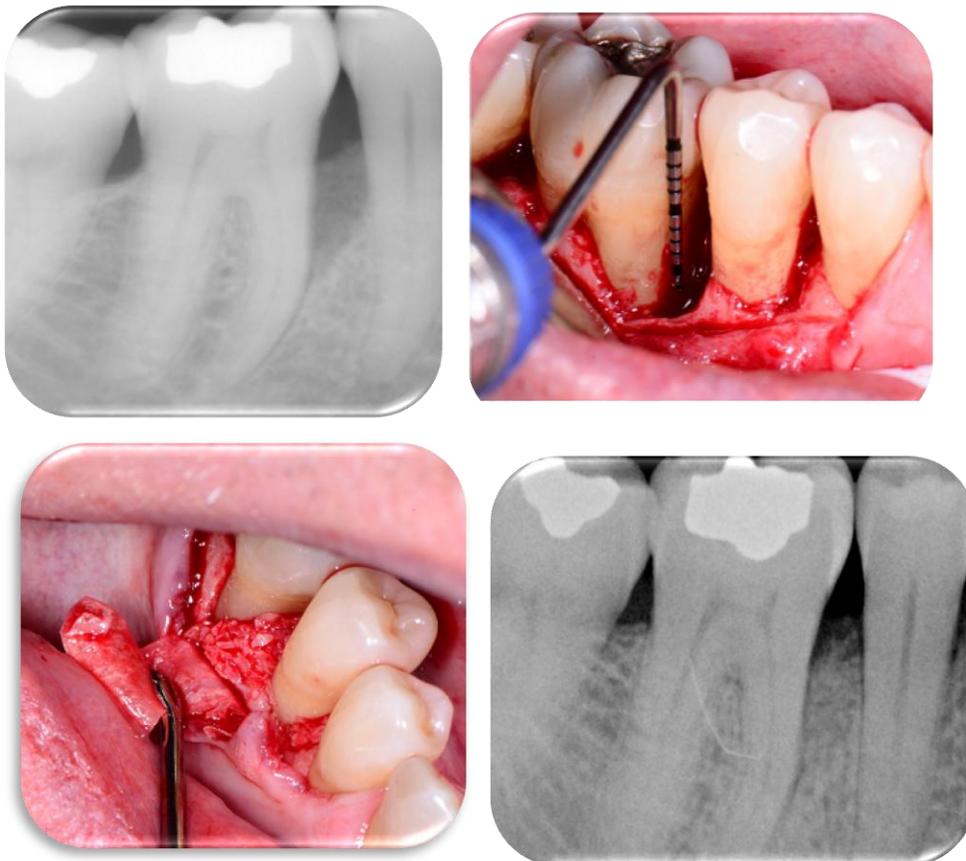
For both clinicians and patients, GTR offers significant advantages:

- Preservation of natural teeth and supporting structures
- Reduced need for extraction and prosthetic replacement
- Improved long-term periodontal stability
- Enhanced esthetic and functional outcomes
- Expanded treatment options in complex periodontal and implant cases

Case 1 images:



Case 2 images:



### **Conclusion**

Guided Tissue Regeneration remains a biologically sound and clinically effective approach for managing advanced periodontal and peri-implant defects. Mastery of case selection, surgical execution, and the PASS principles, may result in predictable regenerative results and elevate the standard of patient care.