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Effect of photo activated disinfection on osseointegration of immediate implants placed in infected sockets

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The technique of immediate implant placement was first described by Lazzara in 1989. This one-step surgical procedure reduces treatment time, improves esthetic outcomes, increases comfort during healing and has proven to be a predictable strategy with a high success rate in absence of periapical lesions. In contrast with the traditional protocol, the immediate placement of an implant after tooth extraction also maintains the horizontal and vertical dimensions of the osseous tissues and keeps the implants at the same angulation as the pre-existing natural teeth. Furthermore, using implants to replace endodontically compromised teeth has been proposed when periapical surgery is inadvisable. Even though some local and systemic factors could contraindicate dental implant placement, recent investigations verify that the presence of a periradicular infection may not be an inconvenience for immediate implants if the surgical sites are appropriately cleaned and decontaminated. The presence of active infection in the extraction site is considered one of the main contraindications to immediate implant insertion in the socket because of the increased possibility of infection spreading to peri-implant tissues during the healing period. Photodynamic therapy is based on the idea that nontoxic photosensitive agent called photosensitizer, preferentially localizes in premalignant and malignant tissues. The PS is then activated by light with susceptible wavelength and produces singlet oxygen and free radicals, which are cytotoxic for the target cells. This technique will help to reduce periapical infection and so provide more success rate for immediate implant in infected sockets.

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