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Immediate placement in infected sockets - Myth or reality

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Odontogenic infections occur as periapical inflammation, i.e. acute periapical periodontitis or a periapical abscess. Traditionally, before placing dental implants, the compromised teeth are removed and the extraction sockets are left to heal for several months. Early restoration of the masticatory function, phonetics and aesthetics are some of the current goals of immediate implant placement. However, placing implants in infected sites have always been questioned and debated for the longest time. Clinical experience has led most clinicians to avoid the immediate placement of endosseous dental implants at infected sites and to consider infection a contraindication for immediate implantation. A published systematic review emphasized the paucity of available literature discussing this subject. It also stressed the need for studies incorporating designs that eliminate confounding variables, including implant placement immediately compared with placement in intact ridges. Considering only the human case series, the protocol of most studies in literature includes socket debridement, curettage, the use of systemic antibiotics and postsurgical chlorhexidine rinses varying from 1 to 8 weeks. Many performed GBR procedures. Some studies included peripheral intra socket osteotomy, PRGF coating of implant, combination of bone, xenograft and platelet-rich plasma, antibiotic solution irrigation of the socket, socket irrigation with chlorhexidine 0.12% and the use of an erbium laser using photo acoustics to reduce the bacteria in osteotomy sites that were infected by apical pathology. These adjunct procedures often alter socket environment, destroy the periosteal cells present along the socket wall that are crucial for bone formation and regeneration. This presentation will rationalize and describe step by step treatment protocol for immediate implant placement in six maxillary anterior teeth with infected sockets without the use of any adjunct procedures, to achieve good esthetics, form and function.

Biography

Aeklavya Panjali is a graduate from New York University. He received his Post-graduate training in Dental implants from Germany in 1992. In 2004, he continued his training in Implant Dentistry at New York University and is currently pursuing a Master's degree in Science (Oral Implantology). He is a Fellow of the Academy of General Dentistry and Diplomate of the International Congress of Oral Implantologists. He is an active member of several dental organizations and has served on the Board of Advisors to Den-Mat. He has been lecturing on dental implants nationally and internationally since 1996. He has trained over 700 dentists in US and over a thousand dentists worldwide. He is also developing a new, no drill osteotomy technique for surgical implant placement. He owns and operates an active private practice in Watertown, as well as in midtown Manhattan, with emphasis on Implant Dentistry.

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