

# PLACEMENT OF IMPLANTS IN INFECTED SITES: A REPORT OF 67 CONSECUTIVE CASES

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**Introduction:** The placement of implants in infected sites offers mainly two advantages: it minimizes the number of surgical procedures by combining extraction, implant placement and bone grafting in one appointment, and secondly, the treatment of an infected area may have a greater regenerative potential compared with a healed one. The disadvantage of the technique is the potential for implant contamination during the initial healing period due to remnants of the infective process. This communication is intended to report the replacement of 67 hopeless cases treated during the infected phase.

**Materials and Methods:** Medical conditions affecting normal healing were reviewed and if present, the procedure was contraindicated. The patient was placed on antibiotics for at least 5 days prior to surgery in most cases. Antibiotic selection was based on prior usage of antibiotics and severity of the infection. Flapless extractions were done in all unirradical teeth and a mucoperiosteal flap was raised on molars. The areas were completely debrided and the sockets rinsed profusely with sterile saline solution. Screwed-type implants were exclusively utilized. Wide diameter implants were always preferred to minimize the gap between the bony socket and the implant wall.

## Results:

Signs/Symptoms	Pain	Swelling	Redness	Suppuration
# of Cases	44	61	65	35

  

Antibiotic Used	Amoxicillin (1.5 grs/day)	Amoxicillin/Clavulante (1.5 grs/day)	Clindamycin (450-900 grs/day)	Cephalexin (2 grs/day)	None
# of Cases	36	7	17	1	8

  

Location	Anterior	Premolar	Molar
# of Cases	19	21	27

  

Implant System	Camlog	Frialit-2	Replace	3i
# of Cases	42	16	8	1

  

Surgical Issues	Minimal Residual Bone	Bone Graft	Membranes
# of Cases	51	47	0

**Discussion:** Immediate post-extraction implant placement is well accepted due to preservation of esthetics, shorten total treatment time, maintenance of socket walls, reduced surgical time and expense, and better axial implant placement. Hopelessly infected teeth in which the infectious process cannot be fully controlled even in the presence of antibiotics unless the tooth is removed are frequently found. Following this technique, bone resorption due to the lack of buccal alveolar bone after extraction is minimized specially in the presence of endo-perio lesions with suppurative exudates. Furthermore, the severe inflammatory process usually present, can contribute to the regenerative potential of the alveolar bone, once the tooth is eliminated. It is well accepted that the events of healing occur somewhat later than the inflammatory process, but there is a considerable amount of overlap. It is worth stressing that the purpose of this communication is not the evaluation of a particular implant system, bone graft material or of a specific antibiotic regimen for the treatment of the infection, but rather to document the possibility of placing immediate implants in areas with infections providing proper bacterial control is instituted. Following strictly the described protocol, a 96% success rate has been documented (2 implants were lost), over an average of 26 months of observation (range 12-60 months).

## Case Presentation:

