

# Treatment of patient with peri-implant mucositis and facial cellulitis

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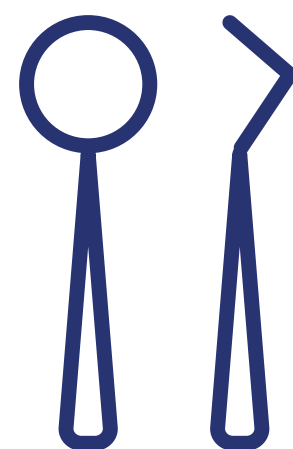
Initial visit



Diagnostic testing



Diagnosis



Treatment



Conclusion

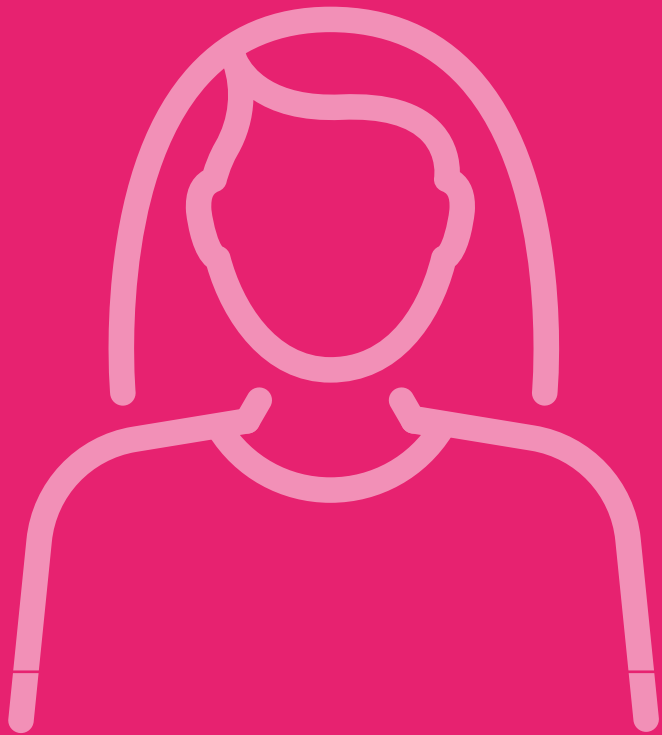
INITIAL VISIT

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Anamnesis

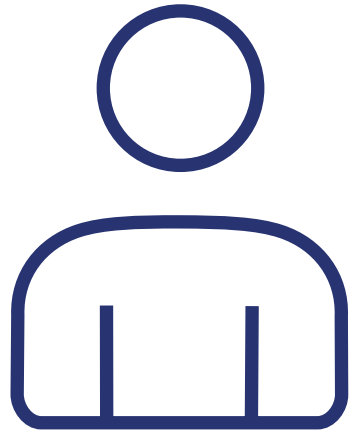
INITIAL VISIT

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**Age:**  
76 years



**Allergies:**  
None reported



**Last visit:**  
Two months ago



**Reason for the visit:**  
Inflammation  
and pain in left  
mandibular region



**Extraoral clinical  
examination:**  
Oedema and erythema in  
the left mandibular region  
with extreme pain on  
palpation



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Intraoral clinical  
examination

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Presence of a bar over two implants surrounded by hard plaque and biofilm. Distal extension of the bar on the left completely surrounded by an inflammatory enlargement of the mucosa, very painful on palpation.



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A significant build-up of hard plaque is observed on the prosthesis.



INITIAL VISIT

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TESTING

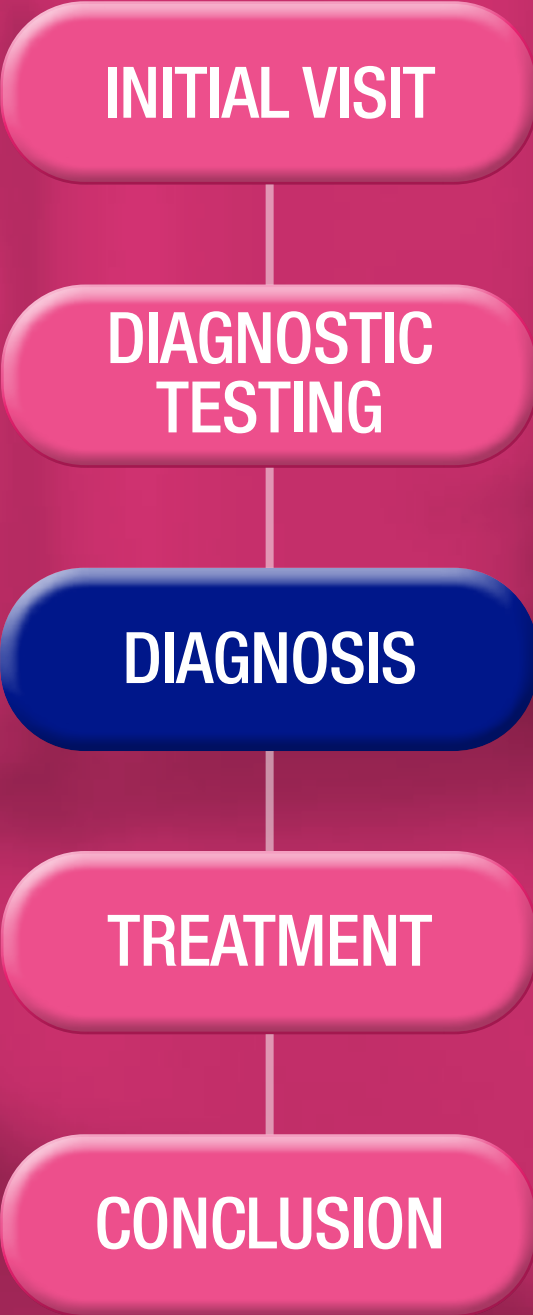
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Peri-implant  
mucositis



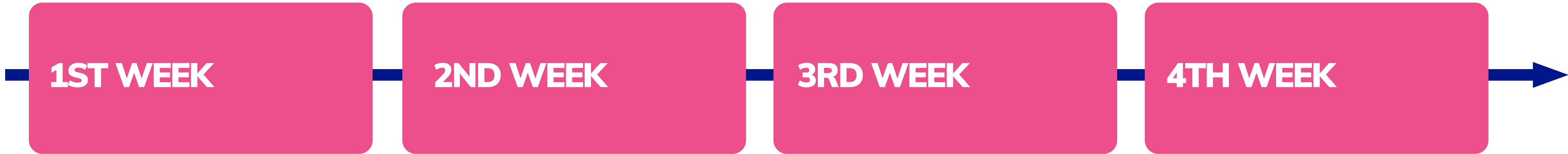
Peri-implant mucositis is diagnosed due to the presence of inflammation of the soft tissues surrounding the implant (redness and swelling) and without additional bone loss.

\*Renvert S, Persson GR, Pirih FQ, Camargo PM. Peri-implant health, peri-implant mucositis, and peri-implantitis: Case definitions and diagnostic considerations. J Periodontol. 2018 Jun;89 Suppl 1:S304-S312. doi: 10.1002/JPER.17-0588. PMID: 29926953.



The patient is prescribed Clindamycin 300 mg capsules, one every 8 hours for 7 days and chlorhexidine rinses (10 ml twice a day for 30 seconds) with a solution containing 0.12% Chlorhexidine + 0.05% CPC (to compensate for limited oral hygiene) for 4 weeks. The patient is also advised to brush using Interprox brushes.

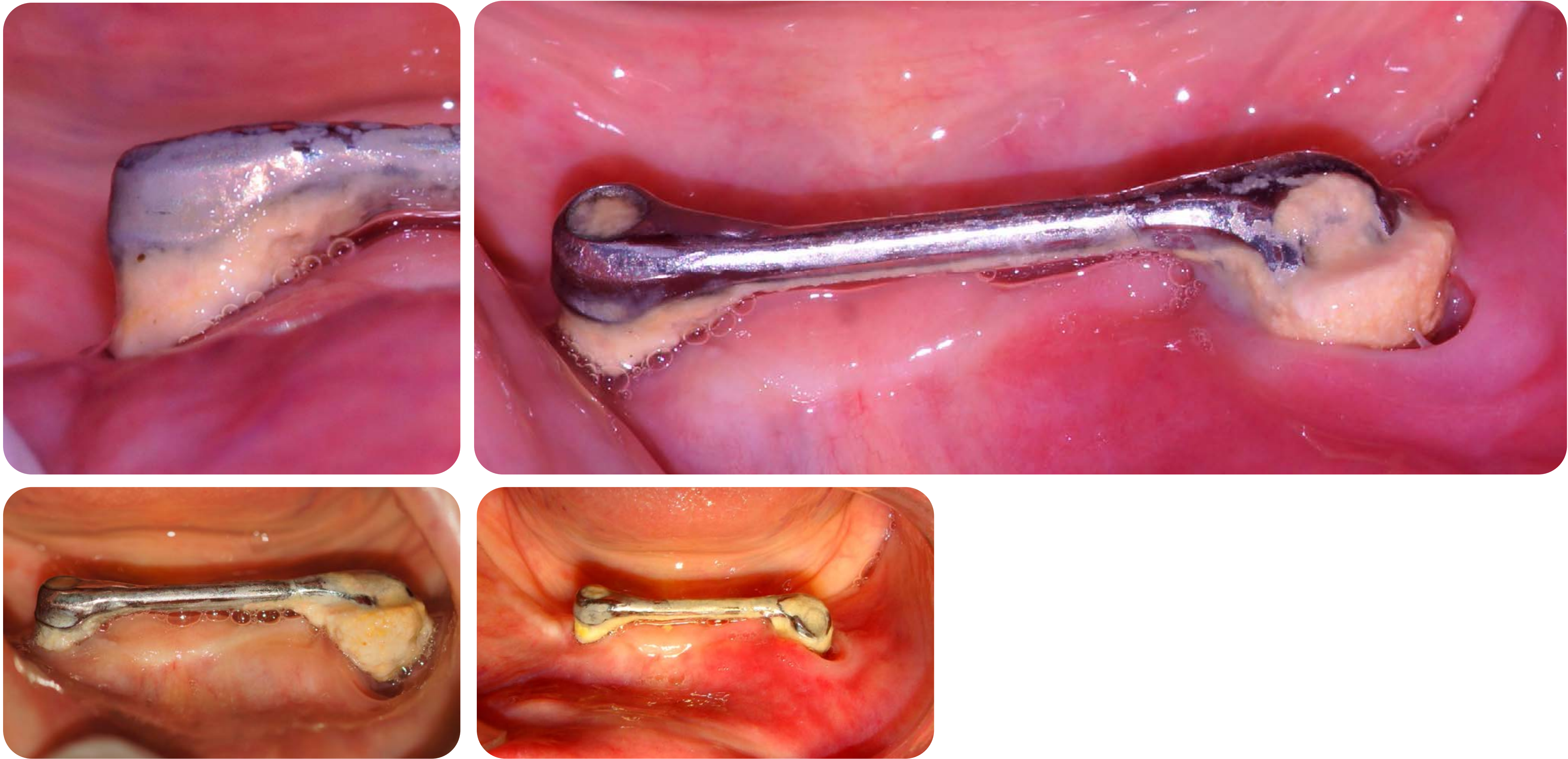
Info



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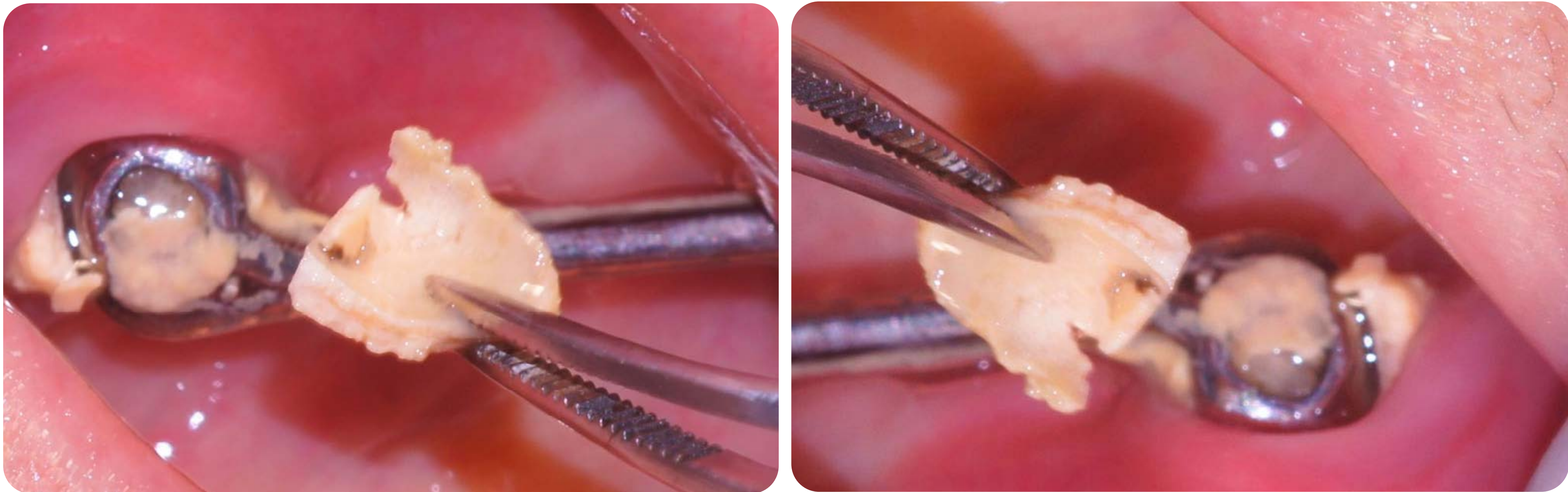
**Clinical Assessment:** Decrease in the inflammatory process, the hard plaque is now accessible.



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**Clinical Assessment:** Decrease in the inflammatory process, the hard plaque is now accessible.



Once the inflammatory process decreased and the hard plaque became accessible, it was removed manually.

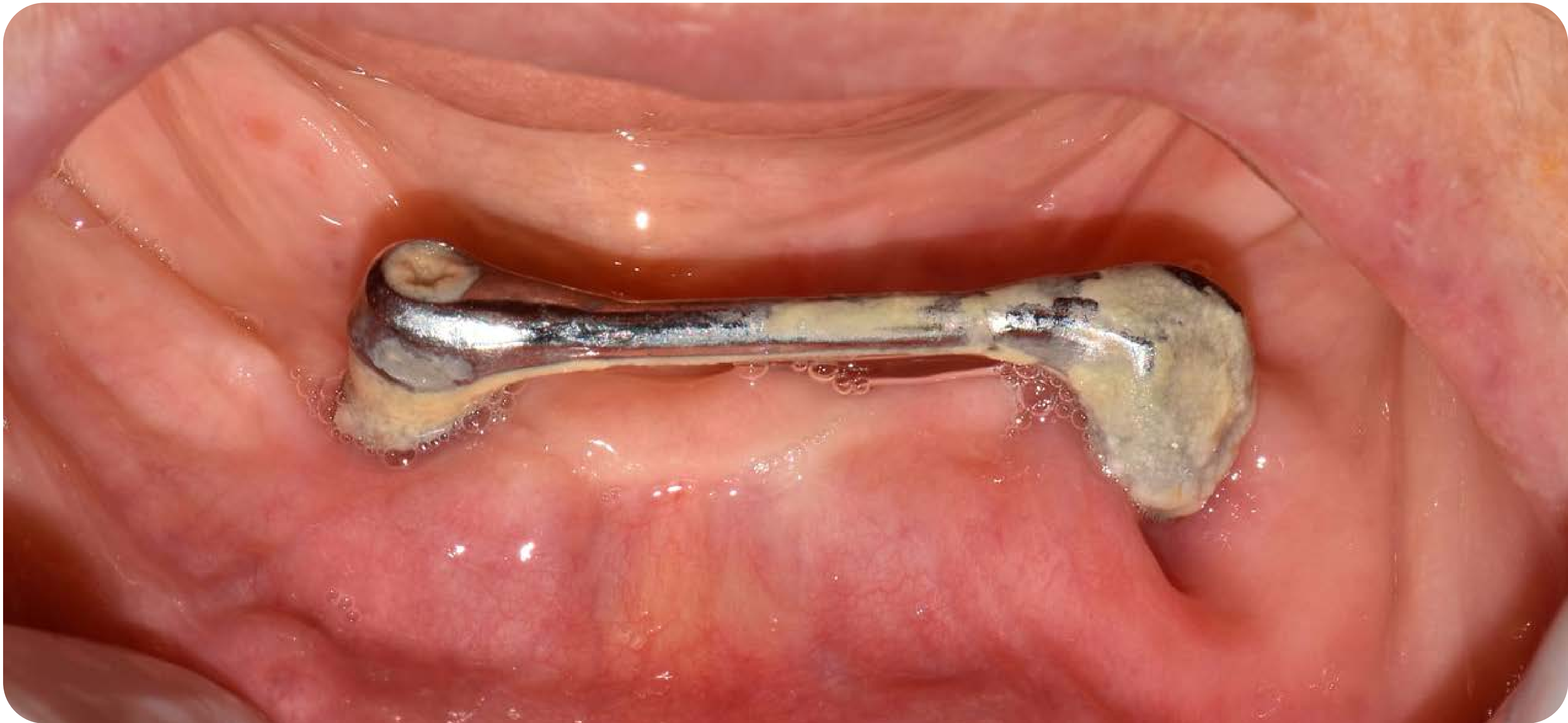


- Motivation and change in behaviour
- Control of the supragingival **biofilm**  [Info](#)
- Control of risk factors
- Oral hygiene instruction  [Info](#)
- Adjuvant chemical agents  [Info](#)





**Clinical Assessment:** Decrease in the inflammatory process, hard plaque is now accessible.

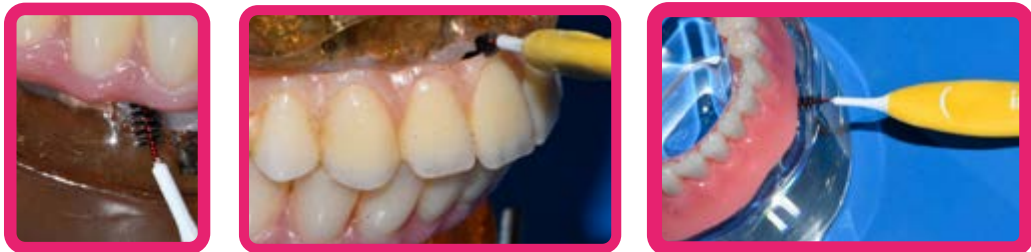


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Use of an interprox brush with 0.12% chlorhexidine gel at the tissue-prosthesis junction.



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Use of dental tape with 0.12% chlorhexidine gel and with the help of a threader to penetrate beneath the abutments.





- Subgingival instrumentation
- Adjuvant chemical agents

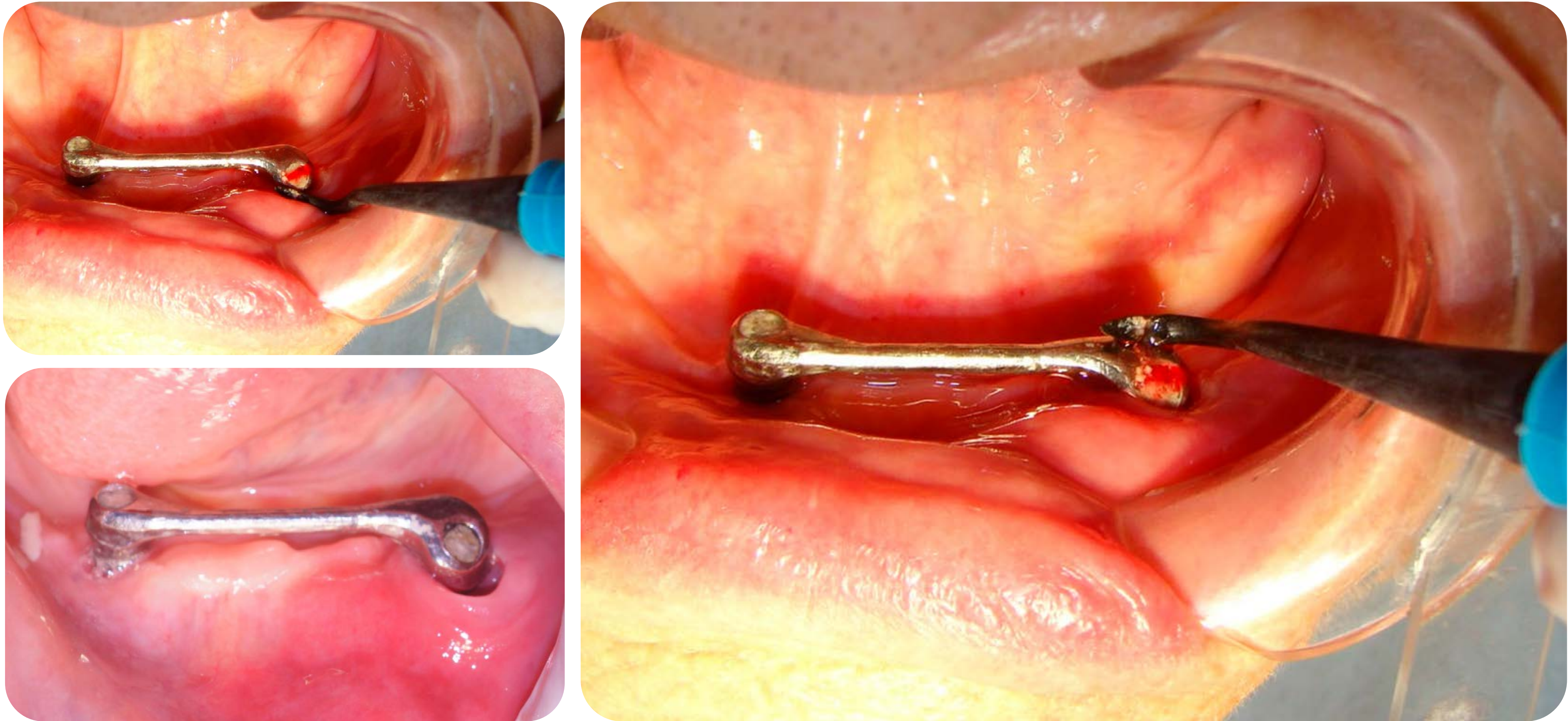
- Deep cleaning with ultrasound and distilled water with **0.12% Chlorhexidine + 0.05% CPC** (to compensate for limited oral hygiene) once a week. This process is performed between 1 to 2 times, until a reduction in the inflammatory process is observed and the implant and bar are completely free of plaque.



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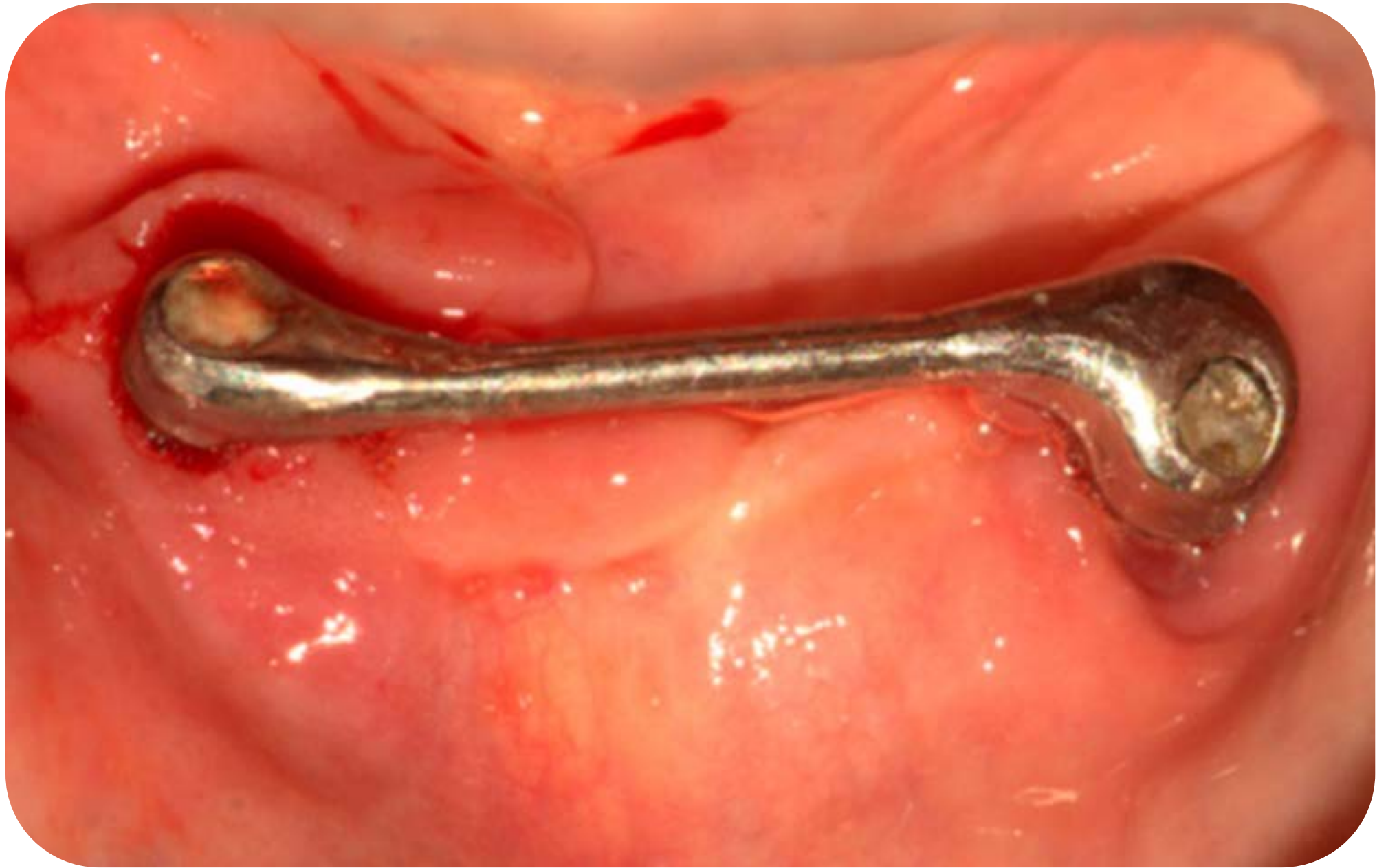
Clinical image second week of treatment.



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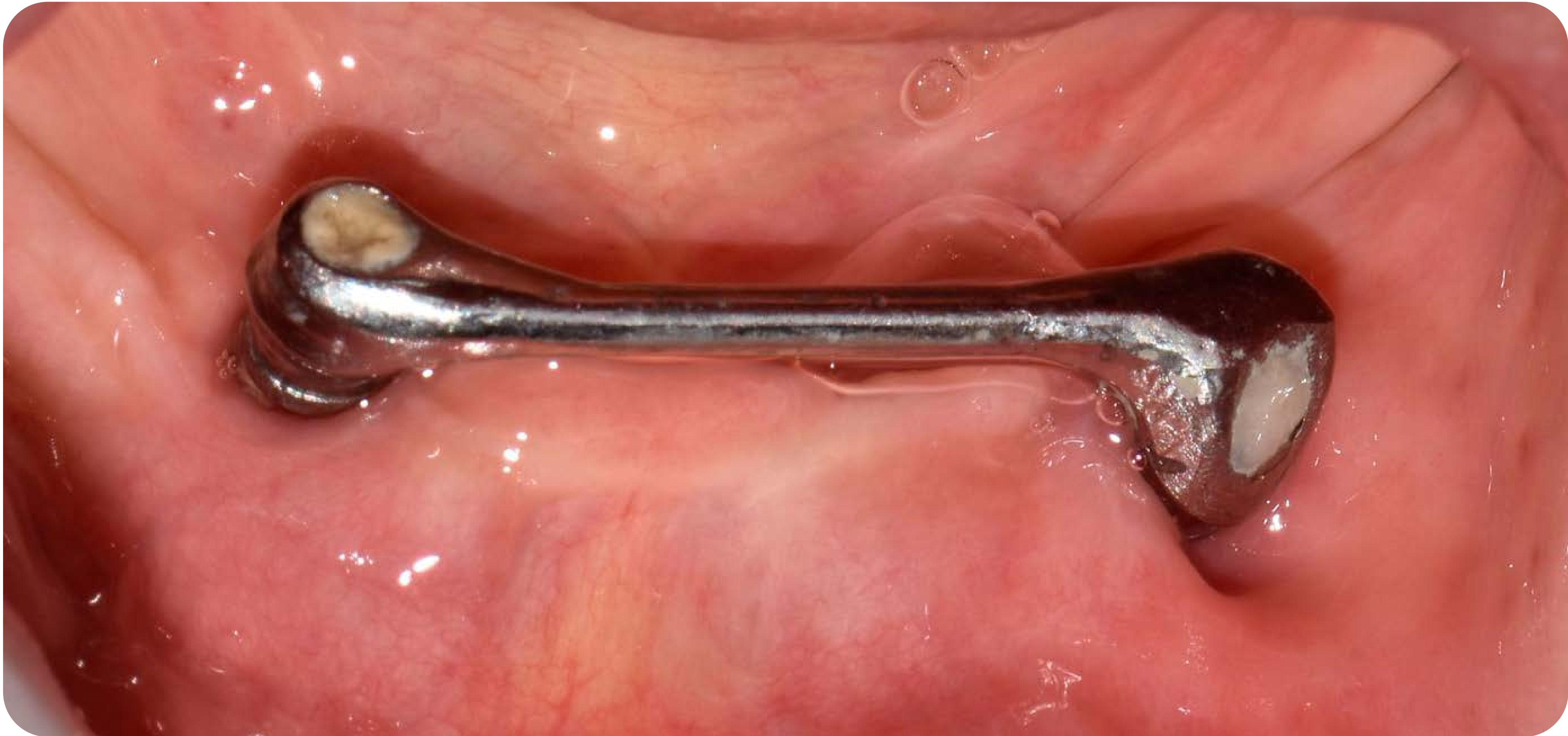


**Clinical Assessment:** Decrease in the inflammatory process.





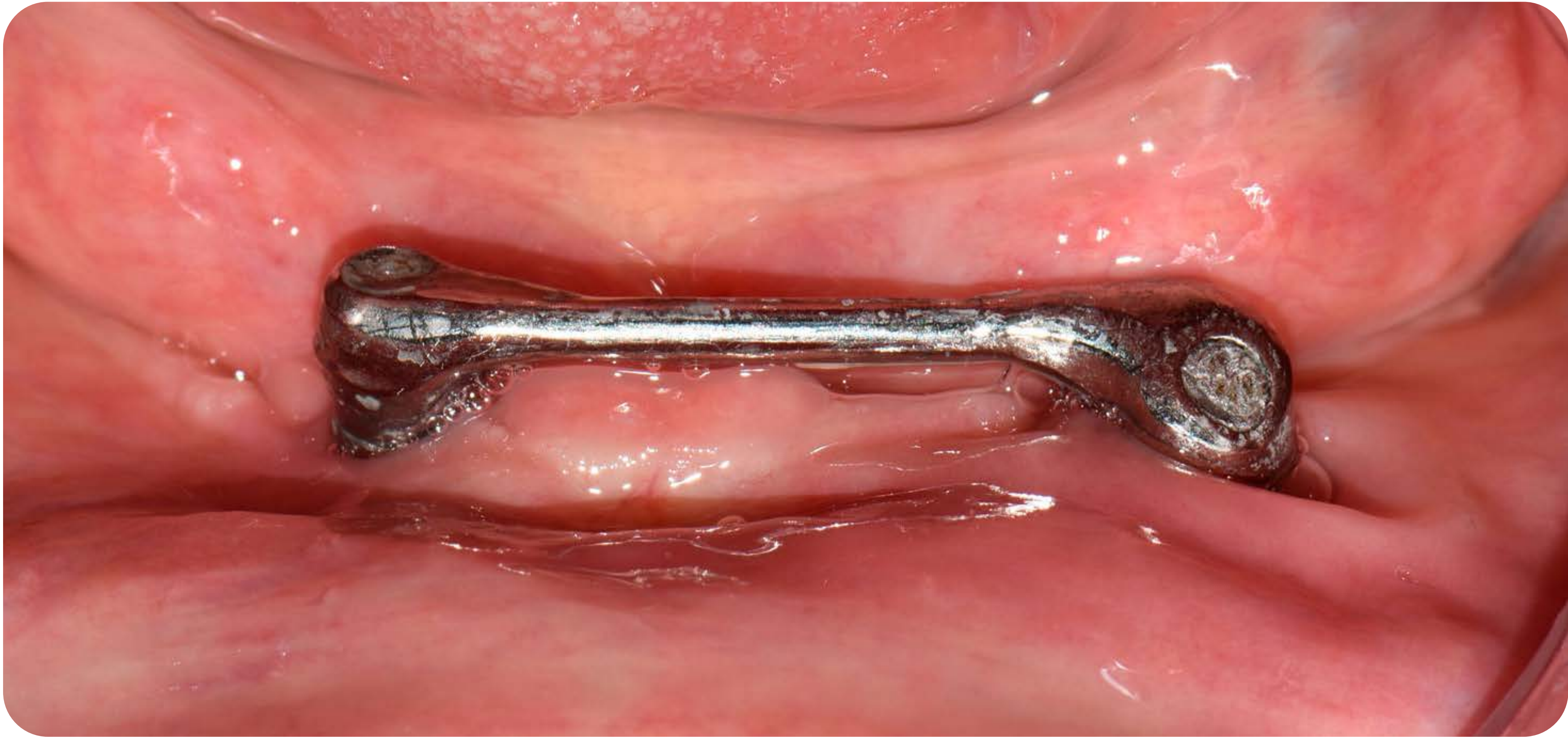
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**Clinical Assessment:** Decrease in the inflammatory process.



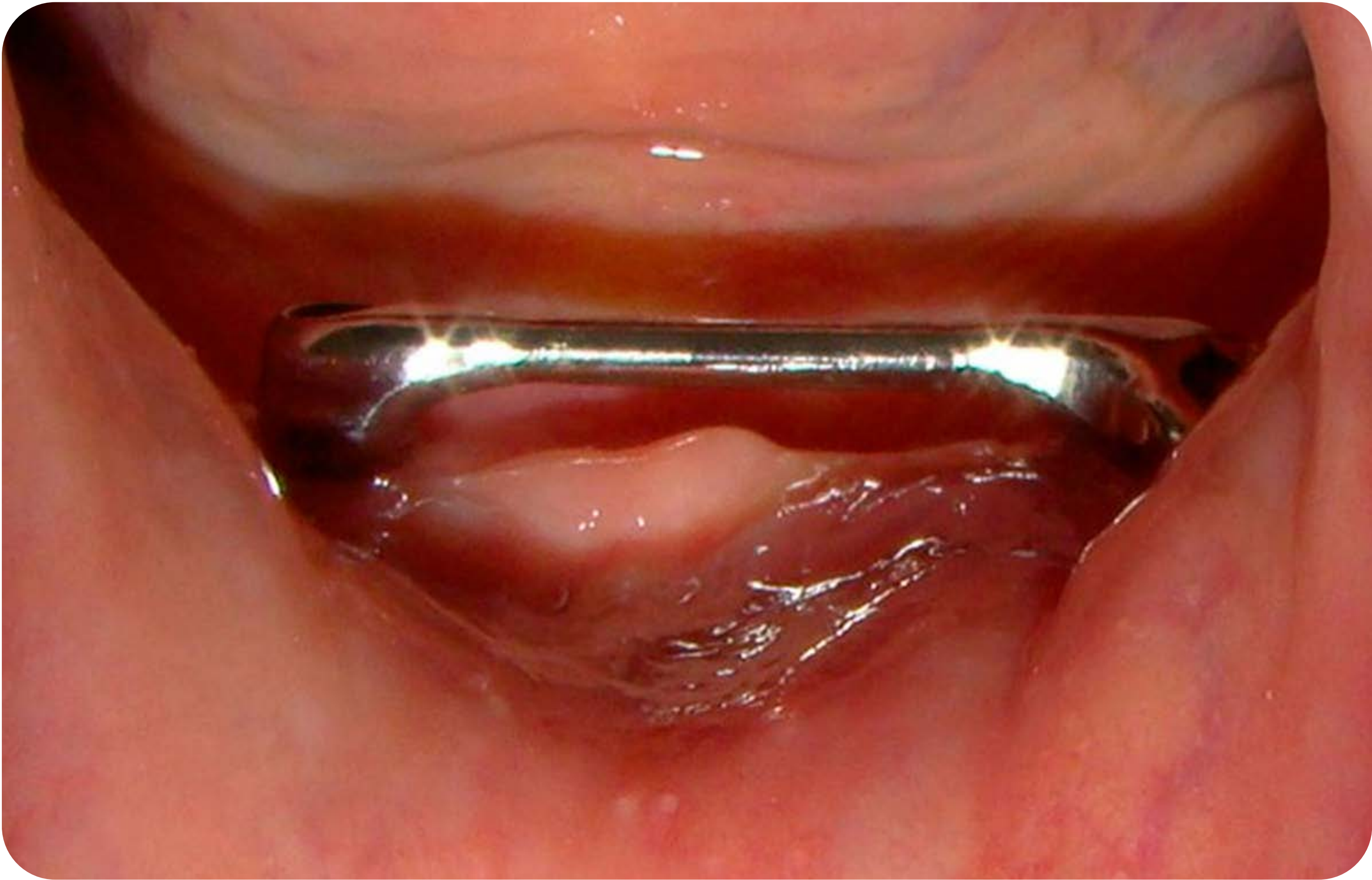


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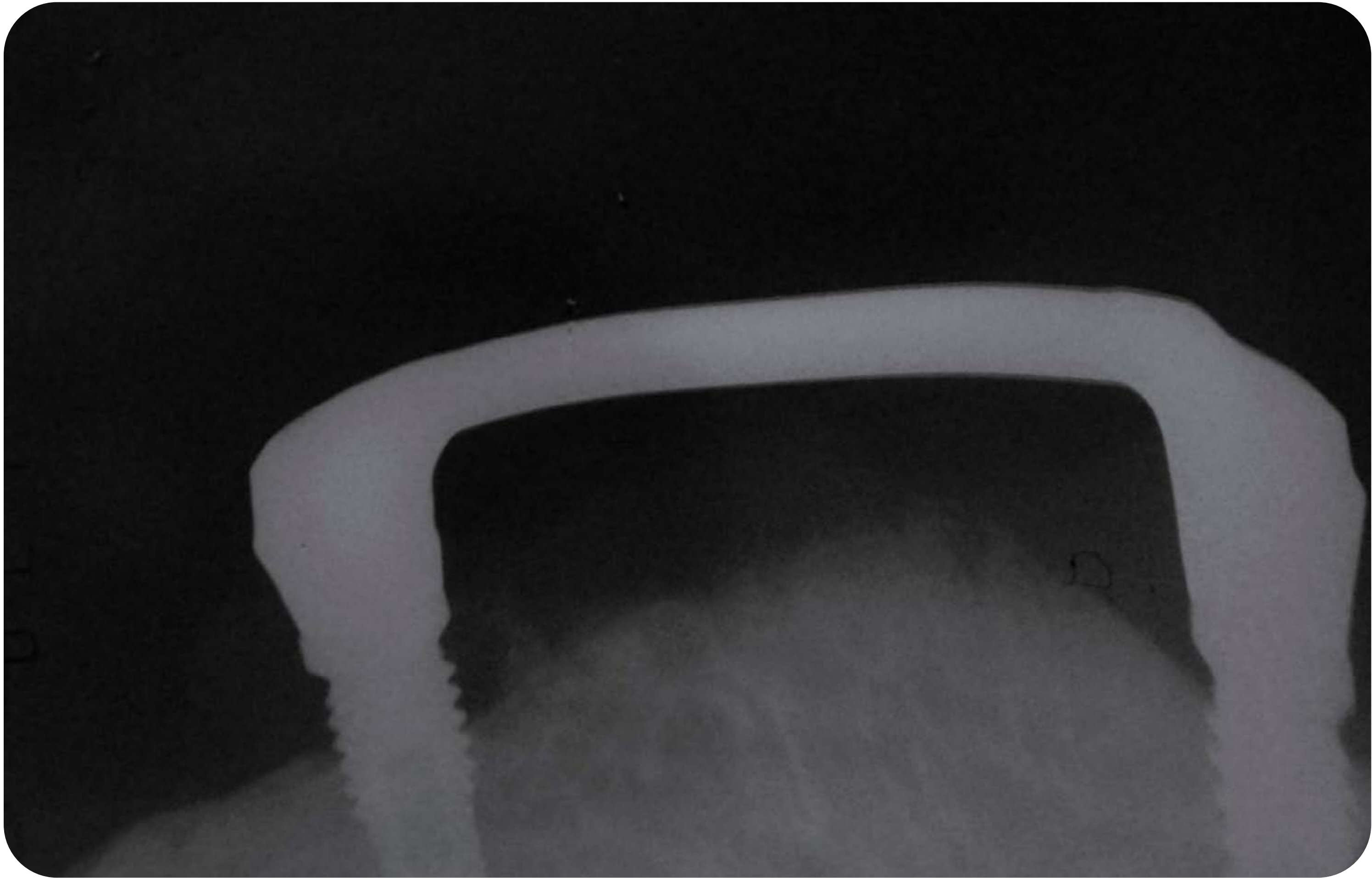


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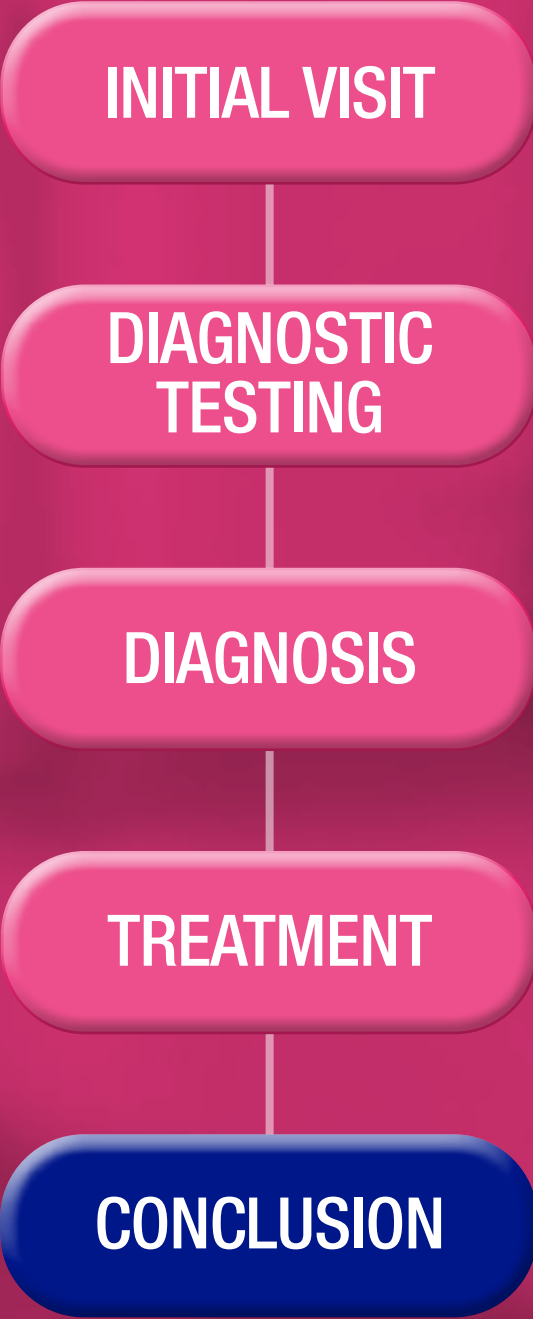




Radiographic monitoring



Mild bone resorption can be observed, with exposure of 3 threads radiographically and no radiolucent images around the implants.



A conservative peri-implant therapy based on teaching the patient to control the quantity and quality of microbial plaque, with the help of cleaning instruments and antiseptics, can enable us to maintain peri-implant health.



**The satisfaction of optimal  
efficacy for all users**

First antiseptic combination based on  
**Chlorhexidine + Cetylpyridinium Chloride**



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