



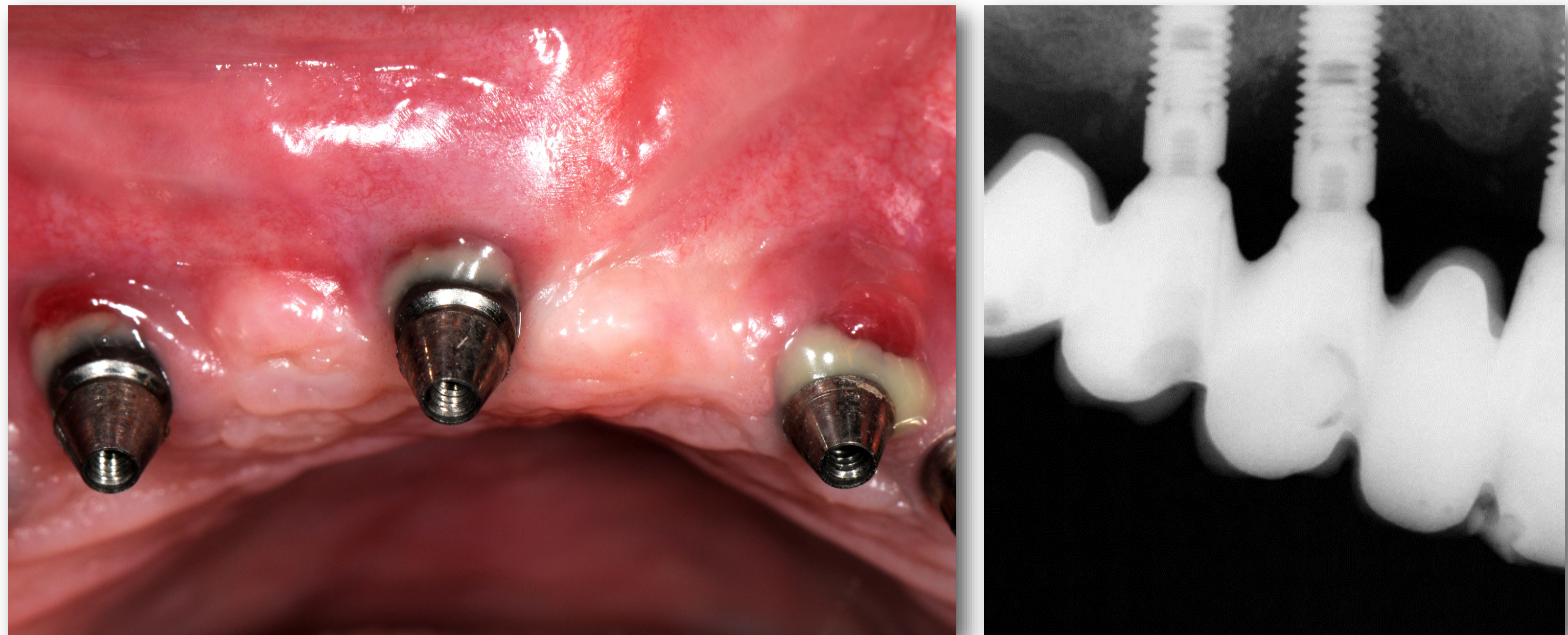
## Treatment of Peri-implantitis with Adjunctiv use of Chloramine

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### Background:

The goal with non-surgical therapy of peri-implantitis is to eliminate or significantly reduce the levels of pathogens to a level allowing healing and a clinically healthy situation.



There are limited number of published study that has used mechanical treatment on peri-implantitis. Recommendations are made that peri-implantitis should be

treated surgical since it is difficult to make access to the infected area. However, non-surgical treatment would be preferred by many patients. Treatment of peri-implantitis in a non-surgical way have been investigated with some adjunctive therapies.

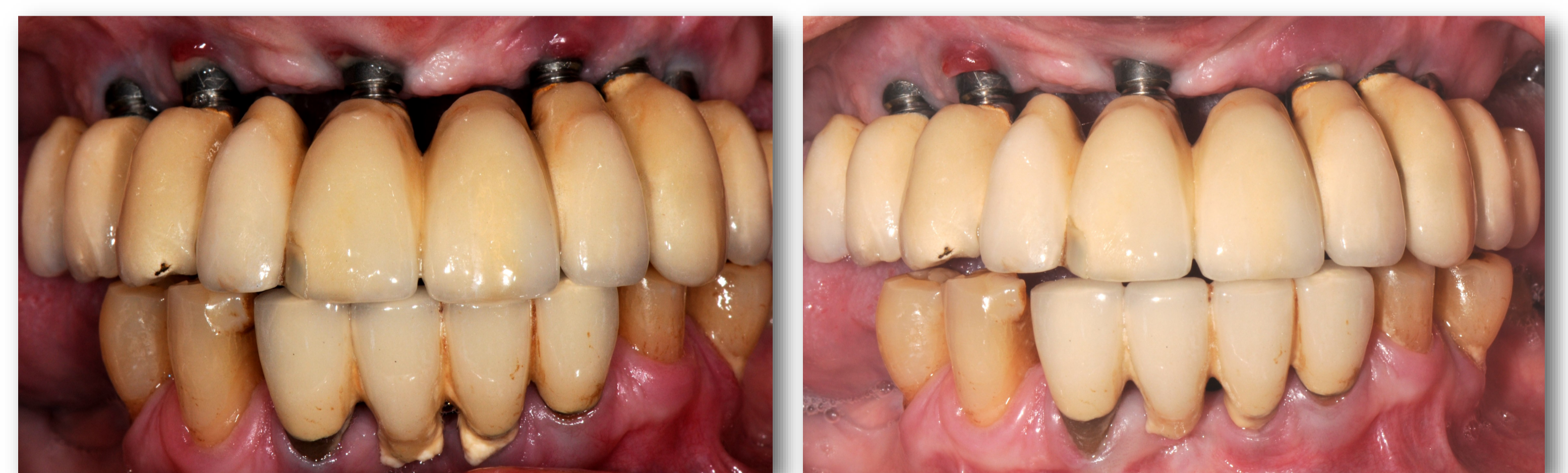
A new adjunctive option has recently been launched to the market, Perisolv™. The active components of Perisolv™ are three amino acids (leucine, lysine, and glutamic acid) and sodium hypochlorite (NaOCl). When amino acids are added to NaOCl, the solutions oxidative effect will react with the necrotic tissue such as modified proteins, which can be found both in the necrotic zone in the pocket epithelium facing the root surface and the biofilm. During treatment, both mechanical and chemical reactions will act in concert to disrupt the biofilm and remove the granulation tissue. The high pH will affect calculus, and have a softening effect, which will make the cleaning process easier to perform.

**Objective:** To evaluate the adjunctive clinical effects of a chloramine to non-surgical treatment of peri-implantitis.

### Result:

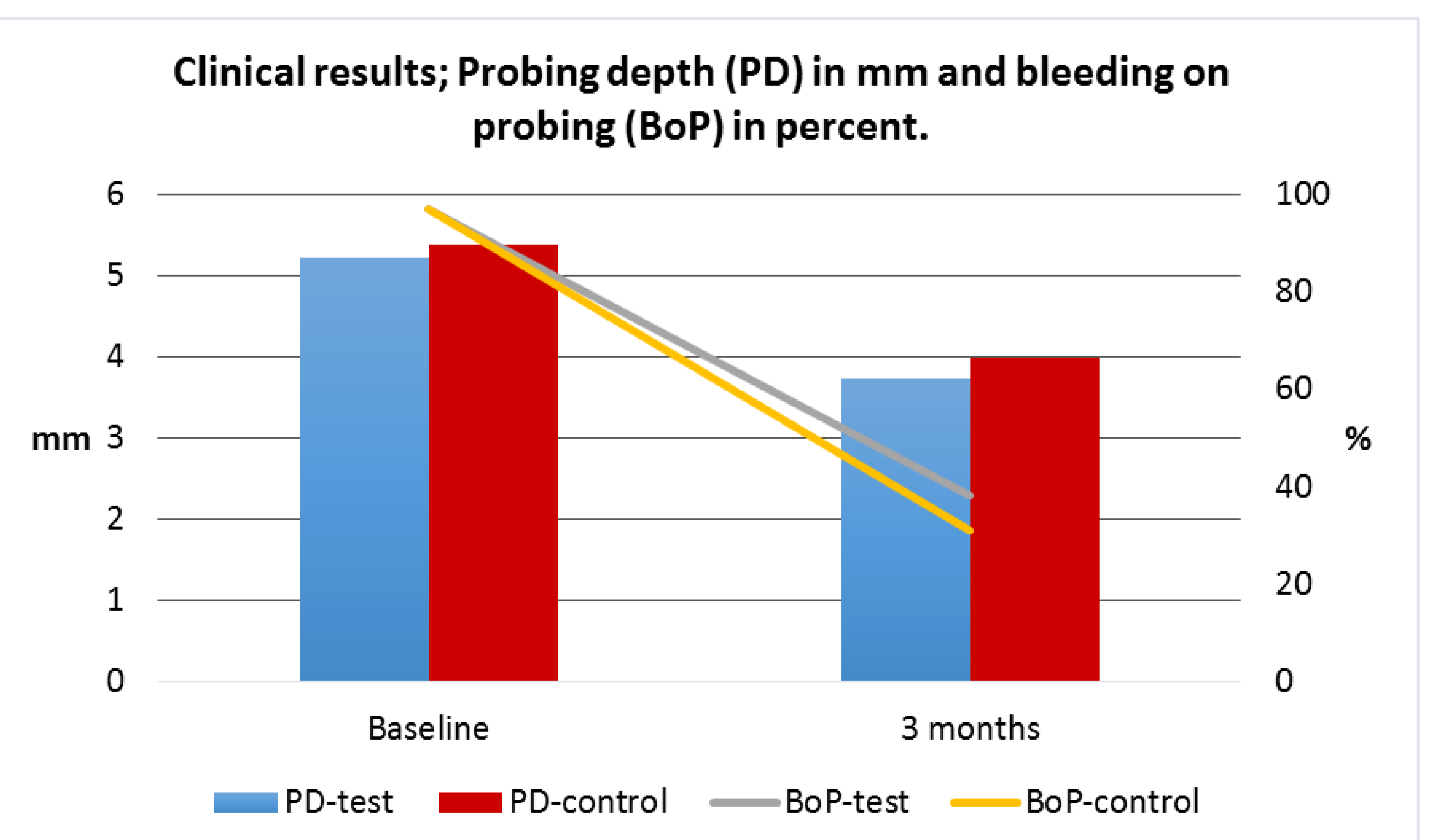
### Material and method:

- I. Eighteen individuals diagnosed with peri-implantitis (clinical signs of inflammation and progressive bone loss), on at least two implants were included.
- II. Clinical variables; probing depth (PD) and bleeding on probing (BoP) were recorded at baseline and at 3-month follow up.
- III. The implants were randomized into two different treatment groups; **test** and **control**. Both implants received supra- and submucosal debridement by ultrasonic instrumentation, supplemented with hand instruments. The implants assigned to the test group also received local applications of a chloramine (Perisolv™) during the mechanical instrumentation.
- IV. The oral hygiene was checked at six weeks.



Before treatment

3 months after treatment



Primary clinical efficacy variable was the change in the number of sites with BoP.

**Conclusion:** In the present randomized clinical trial of peri-implantitis therapy; *non-surgical mechanical debridement with adjunctive use of a chloramine is equally effective in the reduction of mucosal inflammation as conventional non-surgical mechanical debridement up to 3 months.*