

Treatment of Peri-implantitis Using A Bone Allograft Combined with AlloSpark-GF® & A Resorbable Membrane

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PRESENTATION & DIAGNOSIS

1 **2** A 65-year-old male patient presented for treatment of bone loss and peri-implant inflammation associated with an implant at the site of tooth #19. **3** Removal of the screw-retained crown revealed highly inflamed soft tissue lining the sulcus.

GRAFT PREPARATION

A mineralized cortical/cancellous bone allograft was hydrated with allograft-derived growth factors (AlloSpark-GF®) and allowed to absorb prior to placement into the osseous defect.

SURGICAL PROTOCOL

4 Following flap reflection, the moat-like defect was debrided manually and the implant surface was treated with a combination of Er:YAG laser therapy and serial decontamination with molecular iodine, doxycycline and sterile saline. A new, sterile cover screw was placed prior to application of bone grafting. **5** The defect was then obturated with a mineralized cortical/cancellous bone allograft hydrated with AlloSpark-GF®. **6** A ribose cross-linked collagen membrane was placed over the grafted site and **7** primary wound closure was achieved. **8** A post-operative radiograph documented the grafted site.

OUTCOME

9 Following uneventful healing for 4 months, the site was re-opened and complete resolution of the osseous defect was evident. The cover screw was removed and **10** **11** the screw-retained crown was placed, restoring the implant to health and function.

