Aim:

The aim of the present work is to present a clinical case regarding peri-implantitis surgical treatment with a xenograft/L-PRF block.

Clinical Case Presentation:

A healthy non-smoker male was diagnosed with peri-implantitis (PI) at implant 14 (Nobel Replace®, 4.3x13, Nobelbiocare, Switzerland) (PD=8mm; BOP (db+dp) and radiographic peri-implant defect exposed (Cl Id) (Schwarz et al. 2007) and titanium surface decontaminated with a titanium curette and air-flow glycine. Implant surface was rinsed with fibrinogen and PI defect carefully filled with the block. Finally L-PRF membranes covered the defect and flap was sutured leaving the implant submerged. After 15 days sutures were removed and controls performed at week 1, 2 and months 1, 2, 3 and 9 (clinical and radiography performed).

Discussion:

According to the authors knowledge this is the first presented case of PI treatment with a xenograft/L-PRF block. Peri-implantitis regenerative treatment still needs further investigation (Schwarz et al. 2010). Presently there is no treatment protocol accepted by the general clinical and research community. An effective decontamination that will not cause implant surface changes is crucial for treatment success and glycine air-flow presents those characteristics (Schwarz et al. 2016, Sahrmann et al. 2015). According to the authors knowledge this is the first presented case of PI treatment with a xenograft/L-PRF block. Peri-implantitis regenerative treatment still needs further investigation (Schwarz et al. 2010). The present work is the first presented case of PI treatment with a xenograft/L-PRF block.