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Low Laser 908nm (Gallium-Aluminum-Arsenium) Application in Peri Implantitis, Infected Sockets, or Necrotic Bone

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This presentation summarizes the protocol used to successfully overcome infected sockets and immediate placement of implants, as well as, infected implants that need to re-grow surrounding bone from peri-implantitis, or necrotic bone. This protocol is an alternative successful technique to resolve infected implants, infected sockets and necrotic bone, when patients seek fast and a predictable solution to their condition.

Applying a sterilized gauze with tetracycline (powder) of 500 mg. direct to bone (and or implant surface, when required) as a dressing for 15 min. Irrigating with saline solution and tetracycline, (509mg) while reestablishing the new bleeding and cleaning of previously bone. Then applying 908 nm. (gallium-aluminum-arsenium) low laser at 4000 Hertz of a .5 Watts power level with a distance of half an inch (Laserthech, Dentalaser LV, KVT 106 UP) With a diameter of 1.2 mm lens for 30 seconds in dental sockets, and for 2 minutes in necrotic bone areas. When applying the same current to the implant surface for 30 secs., implants are always irrigated with cold saline solution and Tetrex (500 mg.) to prevent overheating of metal and the surrounding bone to the implant surface. Osseo conductive materials are placed to fill the defect that include particles of demineralized bovine or synthetic bon (by MIS™) along with plasma rich in growth factors. Bone Bond ™ (MIS™, Tel Aviv, Israel), synthetic bone (MIS™, or bovine bone (Bio- Oss ®, Geitslicht, Switzerland) with plasma rich in growth factors are placed to reconstruct the bone defect and help make a new bone bed. A Non reabsorbable collagen membrane is not required. This is an easy, fast, and predictable technique for implantologist that deal on everyday basis with periimplantitis, infected sockets, and necrotic bone tissues.

Results: In 98 % of the cases there was normal bone tissue growth around implants, or as bone augmentation in vertical or horizontal manner assessed with panoramic x rays or periapical x rays. The case where the bone did not grow in recent socket extraction site was in a patient that was a heavy consumer of drugs, and there were not enough walls to nourish the new bone bed.

Conclusion: Low laser application of 908 nm is a cost-effective treatment choice to predictably resolve cases of periimplantitis, infected sockets for immediate placement of implants and necrotic bone.

Biography:

Maite Moreno Delgado is a Prosthodontist with a MS. degree from University of Michigan, who returned to Mexico since 1982. She is international member of the American College of Prosthodontist, Academy of OsseoIntegration, ADI (Academy of Dentistry International) and Pierre Fauchard Academy. She has written four books of Dentistry and participated in the Editorial Committee for Dental Tribune. Published one protocole of low laser 908nm eradication of bacterias in dentinal tubules in 2013 (ACP, las Vegas Nevada). Her evidence based new protocole for laser disinfection of peri timpatitis or bone tissue infections and necrosis, may help the practitioner face these conditions in a very cost effective fashion.