Periimplantology

During recent years, some challenging developments have occurred in periodontology. If one reviews the programmes and contents of the many periodontal conferences, it becomes clear that implantology has an increasing impact on our field.

Implant therapy has a long tradition in Europe. The first immediate implants were placed in 1975 (Immediate Implant type Tuebingen), but unfortunately the clinical reports were not published in English and thus not noticed in the global scientific village. Those first years in the 1970s and ’80s were characterised by great optimism and enthusiasm among the researchers and clinicians, as it became obvious that endosseous implants (aluminum oxide ceramic implants and titanium implants) were healing into the bone and becoming firmly anchored. This was defined as ‘osseointegration’. In recent years, the influence of implant therapy has increased, and today the question of whether to keep the tooth or place an implant has become of crucial importance, especially in relation to periodontally affected teeth.

From a semantic point of view, the term ‘implantology’ does not make much sense, although it is regularly used. Originating from the Greek word ‘logos’, denoting a subject of study or interest, the real nucleus of this field is questionable. Is it the biomaterial and the mechanics, or the interface? In other medical fields the ‘study’ is related to a certain organ, but not to a treatment concept (van Steenberghe D, EFP-News 2005;10 (2):4). With regards to periodontology, in Germany the term ‘periodontium’ was first used in 1908, derived from the French term ‘débris épithéliaux paradentaires’ from Malassez. In 1921, O. Weski defined the ‘paradentium’, later periodontium, as a functional unit and organ surrounding the tooth.

This year, while discussing the increasing importance of periimplant diseases, in analogy to periodontology Jean Louis Giovannoli and myself coined the term ‘periimplantology’, which is defined as the study of all the tissues surrounding the implant and related to the fixation of the implant in the body. This term also includes the interface and thus is of crucial importance for the fixation of the device in the body.

Periimplantology is today already a field of increasing clinical importance, since the prevalence of peri-implant diseases is increasing (like periodontium, this term is a ‘co-production’ from France and Germany). Diagnostic and therapeutic strategies to handle periimplant diseases are still matters of intense research, and are only in the developmental stages. Many clinicians are frustrated when they realise that successful treatment strategies are sparse, and even after the insertion of thousands of these devices, we don’t yet have a wide range of different options.

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