

Table 2: Clinical applications (peri-implant health, mucositis, implantitis), case definition, and diagnostic considerations

| Implant health category | Inflammation/soft tissue, probing depth (PD), bleeding on probing (BOP), suppuration (exudate) | Bone loss (BL) | Notes/clinical application All implant categories: recommend baseline probing depth and radiograph at placement, restoration, and at one-year <u>postload</u> of implant-borne restoration/prosthesis. |
|--|--|------------------------------------|---|
| Peri-implant health | Absence of inflammation, BOP, swelling, and suppuration | No BL < 2.0 mm | Absence of BL beyond the crestal bone level changes from remodeling at one year. Monitor and recall at least every six months. |
| Peri-implant mucositis | Inflammation, BOP, plaque pathological factor | No BL < 2.0 mm | Record Gingival Index 1–3: mild, moderate, severe Treat, reevaluate, and recall in three months. |
| Peri-implantitis | Inflammation, BOP, plaque pathological factor; note any increase in PD from previous exam | Subsequent progressive BL > 2.0 mm | Early: PD > 4 mm, BL < 25% of implant length Moderate: PD > 6 mm, BL 25%–50% of implant length Advanced: PD > 8 mm, BL > 50% of implant length Treat and recall three in months. |
| Peri-implantitis in absence of previous examination | Inflammation, BOP, and/or any suppuration; PD ≥ 6 mm and/or recession | Radiographic BL ≥ 3.0 mm | Make baseline PD and radiograph. Diagnosis of peri-implantitis. Treat and recall three months. |

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* Based on the AAP/EFP Proceedings of the World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions' 19 review papers and four consensus reports from 2017 (1,4-6)