



Atypical Pain After Implant Failure

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implant, failure, pain.

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ABSTRACT *Implant failure is the worse situation in implant dentistry but the pain after failure is worst condition. Reconstruction and new implant need time consumption .During this time some complication as such as pain, infection ,bone resorption happen. This article describe an implant failure and the pain after it. We discuss this situation and the cause and management.*

Introduction

Foreign bodies implanted in the region of the oral cavity have been described periodically in the dental literature, but recent reports are rare. This could be due to the more common use of rubber dams and techniques that help to avoid trauma and implantation in tissues. Often the foreign bodies reported are dental materials, metallic projectiles, and glass. Most documented cases present patients with oral pain and signs of inflammation with purulent discharge.[1,2] This article explains a case with a radiographic lesion with pain and without swelling after the failure of an implant following impression.

Case History

On May 2013, a 45 year-old woman with the chief complaint of pain in the site of a failed implant of tooth #37 was referred to the Periodontology department at Ahvaz Jundishapur university. No significant medical history was reported. Dental history included two implant replacements of teeth #36 and #37. The implant of tooth #37 was loosened after one year and was extracted with no surgery by prosthodontics. After 6 months, the patient returned with pain in the area of the previously failed implant. There was no sign of inflammation in the clinical evaluation, however, pain was noted in the palpation of lingual mucosa. A lucency was reported on the periapical radiography of the area (figure 1) that resulted in the following differential diagnosis: granulation tissue formation following the broken implant and foreign body granuloma. Patient underwent explorer surgery under local anesthesia . A putty-wash was observed following the elevation of the lingual flap (figure 2) and the area was thoroughly washed and prepared for implant placement. After six months, This area was evaluated by radiography (figure 3) and a new implant was placed (figure 4) .

Foreign bodies may be deposited in the oral cavity either by traumatic injury or iatrogenically [3]. Tissue reactions are there fore expected. More common lesions include restorative materials, endodontic obturation materials deposited apically, mucosal amalgam and graphite tattoos, myospherulosis, oil granulomas, and traumatically introduced dental materials and instruments [4]. The use of elastomeric impression materials including polysulfide rubber base, polyether, reversible hydrocolloid, and vinyl polysiloxane silicone rubber base in fixed prosthodontic procedures is routine and usually without adverse consequences. However, reports in the literature have indicated pain and swelling after its use, allergic response, localized inflammation and bone loss, and foreign body response to retained impression material [5]. Dental impression materials are manufactured to be biocompatible and have minimal cytotoxic effects. Studies have shown that there is a low probability of allergic or toxic reactions[6,7]. We can therefore suggest that the foreign body implanted within the mucosa may be the result of a material being forced through the tissue that has been traumatized during the impression for preparing the crown.

Conclusion

It is therefore advised that after making the impression, all tissues including exposed bone and traumatized soft tissue must be well irrigated to remove any left residue. Until the time when the tissue is primarily fixed and can act as a barrier which prevents the cement extrusion into the tissue, the cementation should be avoided.

Discussion



Figure 1
Figure 1: 6 months after implant failure with radiolucency in the periapical radiography.



Figure 2a
surgical explorer



Figure 2b

putty wash



Figure 3
6 months after surgery. There was no radiolucency in the periapical radiography



Figure 4a
the implant was placed and new splinted crowns were replaced for 36 and 37.



Figure 4b
the implant was placed and new splinted crowns were replaced for 36 and 37.

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