**Preventing Peri-implantitis- Is this possible?**

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The prevalence of perimplant diseases is high and increases visibly. In a recent systematic review of Derks and Tomasi the weighted mean prevalences of peri-implant mucositis and peri-implantitis are 43% and 22% respectively. The present state of research does not give us predictable, evidence based treatment strategies for peri-implantitis therefore prevention has to be our goal. We know, that mucositis precedes peri-implantitis and is reversible if treated early.

If we want to prevent peri-implantitis we have to look for the etiology and the predisposing factors.

Etiological factor of all peri-implant diseases is the biofilm. But local and systemic factors determine development and severity of these diseases. Smoking, diabetes, bad oral hygiene, periodontal disease in the patient's history, lack of keratinized tissue, implant dependent factors, excess of cementum and prosthetic failures are some of them. So prevention of peri-implantitis starts just before the insertion of the implant, is continued by a proper prosthetic treatment and ends up with a regular supportive therapy to detect and treat mucositis early.

To summarize, it can be stated that in case of a planned implant therapy, the dentist and the patient have to be aware of the risk factors and depending on an individual risk assessment all factors which are influenceable, should be eliminated to have long-term success in implant therapy- without peri-implantitis.

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