

Reduction Of Dental Implant Failure Risk Through Prevention Of Postoperative Infections

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Abstract

Introduction: Postoperative infections remain a significant concern in dental implant procedures, impacting patient outcomes and healthcare costs. This systematic review aims to evaluate the effectiveness of various interventions in reducing the risk of implant failure due to postoperative infections. Through the analysis of recent interventional studies and clinical trials, the review seeks to provide insights into the most effective strategies for infection prevention in surgical practice.

Methods: A comprehensive search strategy was implemented across multiple electronic databases to identify relevant studies published within the last five years up to 2022. Inclusion criteria encompassed interventional studies focusing on the prevention of postoperative infections and their impact on dental implant failure rates. Study selection and data extraction were conducted independently by two reviewers, following standardized procedures. The risk ratios and percentages with their confidence intervals were calculated to compare the effectiveness of interventions across studies.

Results: Eight interventional studies and clinical trials met the inclusion criteria. These studies examined a range of interventions, including systemic antibiotic prophylaxis, local antiseptic application, and innovative implant coatings. The results varied, with some studies demonstrating significant risk reductions, such as a 70% reduction in infection risk with antiseptic-coated implants, while others reported more modest effects, such as a 35% reduction with systemic antibiotic prophylaxis.

Conclusions: The review highlights the diverse landscape of interventions for preventing postoperative infections and reducing dental implant failure risk. While some strategies show promising results, the effectiveness varies across studies, emphasizing the need for tailored approaches in different surgical contexts. Overall, the findings underscore the importance of ongoing research to optimize infection prevention strategies in surgical practice.

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Introduction

The incidence of dental implant failures due to postoperative infections poses a significant challenge in the field of surgical implants, affecting both patient outcomes and healthcare systems worldwide. Studies have shown that the rate of implant failure can vary widely, depending on the type of implant and surgical procedure, with reported rates ranging from 1% to 15% [1]. These infections not only lead to increased morbidity and mortality but also contribute to the rising costs of medical care, with the management of implant-associated infections estimated to add an additional 20% to 50% to the total cost of treatment [2]. The mechanisms behind these failures are complex, involving both bacterial colonization of the implant surface and the host's immune response, which can be significantly influenced by various factors including the surgical environment, implant material, and patient-related factors such as comorbidities and immune status [3].

Antibiotic prophylaxis has been widely advocated as a strategy to mitigate the risk of postoperative infections and, consequently, implant failures. A meta-analysis of randomized controlled trials highlighted that antibiotic prophylaxis could reduce the risk of implant-related infections by up to 45% in certain surgical procedures [4]. However, the efficacy of antibiotics varies among different types of surgeries and implants, with some studies reporting a reduction in infection rates by over 50% in orthopedic implant surgeries while others show less impact in dental implant procedures [5]. The choice of antibiotic, timing of administration, and duration of therapy are critical factors that influence the outcome of prophylactic strategies [6].

The rise of antibiotic resistance presents an ongoing challenge to the effectiveness of prophylactic antibiotic use. The World Health Organization reports that antibiotic resistance is one of the biggest threats to global health, leading to longer hospital stays, higher medical costs, and increased mortality [7]. This concern is particularly acute in the context of implant surgeries, where resistant bacterial strains can severely

limit the options for prophylaxis and treatment [8]. Strategies to combat resistance, including the development of new antibiotics and alternative methods for infection prevention, are urgently needed to ensure the continued success of implant surgeries [9]. Given these challenges, there is a growing interest in identifying and implementing the most effective strategies for preventing postoperative infections and reducing the risk of implant failure. This includes not only the use of antibiotics but also the exploration of alternative approaches such as antiseptic coatings on implants, development of materials with inherent antimicrobial properties, and the use of prophylactic measures beyond antibiotics [10]. The effectiveness of these strategies varies, highlighting the need for ongoing research to establish best practices for different types of implants and surgical procedures.

The aim of this systematic review was to evaluate the effectiveness of various strategies for the prevention of postoperative infections in reducing the risk of dental implant failure. This review sought to synthesize the available evidence from medical literature, focusing on the use of antibiotics as well as alternative preventive measures.

Methods

To conduct this systematic review, a comprehensive search strategy was developed with the aim of identifying all relevant studies that investigated the effectiveness of interventions for preventing postoperative infections and their impact on implant failure rates. The search was

conducted across multiple electronic databases, including PubMed, Embase, Cochrane Central Register of Controlled Trials (CENTRAL), and Web of Science, to ensure a broad capture of the literature. The search terms used were a combination of MeSH terms and free text terms related to "implant failure," "postoperative infections," "antibiotic prophylaxis," "surgical site infection," "implant," and "infection control." The search strategy was tailored to each database to maximize the retrieval of pertinent studies. The inclusion criteria for this review were strictly defined to ensure the relevance and quality of the included studies. Only interventional studies conducted in the last five years up to 2022 were considered for inclusion. These studies needed to specifically address the prevention of postoperative infections and their impact on implant failure rates in surgical patients. Both randomized controlled trials (RCTs) and non-randomized controlled trials (nRCTs) were included to encompass a wide range of evidence. Studies were required to be published in peer-reviewed journals and available in English. The primary outcomes of interest were the rate of postoperative infections and implant failures as reported in the studies.

The exclusion criteria were applied to omit studies that did not meet the predefined relevance and quality thresholds. Studies that did not focus on interventional strategies for preventing postoperative infections, case reports, review articles, commentaries, and studies published in languages other than English were excluded. Additionally, studies focusing on pediatric populations or animal models were also excluded from this review, as the aim was to synthesize evidence applicable to the adult population undergoing implant surgery.

The study selection process involved several steps to ensure rigorous review and selection of relevant studies. Initially, all identified records from the database searches were collated, and duplicates were removed. Two reviewers independently screened the titles and abstracts of the remaining records for eligibility based on the inclusion and exclusion criteria. Discrepancies between reviewers at this stage were resolved through discussion or, if necessary, consultation with a third reviewer.

Following the initial screening, full texts of potentially eligible studies were obtained and independently assessed for inclusion by the same two reviewers. This assessment was based on a more detailed examination of the methods and outcomes of each study to ensure they met the inclusion criteria. Studies that did not fulfill all the criteria were excluded at this stage, and reasons for exclusion were documented. Finally, data extraction was performed by the reviewers using a standardized data extraction form. This form was

designed to capture key information from each study, including study design, participant characteristics, details of the intervention and control conditions, outcome measures, and results related to the effectiveness of interventions in preventing postoperative infections and reducing implant failure rates. The entire process was conducted in adherence to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure the transparency and reproducibility of the review.

Results and discussion

The results of this systematic review are based on eight interventional studies and clinical trials that met the inclusion criteria. These studies, conducted between the last five years and 2022, encompass a variety of interventions aimed at preventing postoperative infections to reduce the risk of implant failure. The sample sizes across the included studies ranged considerably, from as few as 50 participants to over 1,000, reflecting a broad spectrum of clinical settings and surgical procedures.

The interventions investigated in these studies varied significantly in approach, including the use of systemic antibiotic prophylaxis, local antiseptic application, and innovative implant coatings with antimicrobial properties. Among these, three studies focused on the systemic administration of antibiotics prior to surgery. One notable study within this group reported a significant reduction in postoperative infections, with a risk ratio (RR) of 0.45 (95% CI: 0.25-0.80), suggesting that antibiotic prophylaxis could nearly halve the risk of infection leading to implant failure [11].

Local interventions, such as the application of antiseptics directly to the surgical site or the use of implants coated with antimicrobial agents, were the focus of four studies. These studies demonstrated a varied effectiveness, with one study on antiseptic-coated implants showing a promising reduction in infection rates, evidenced by a risk ratio of 0.30 (95% CI: 0.10-0.90), indicating a 70% reduction in the risk of postoperative infections [12]. However, another study investigating similar interventions reported a more modest effect, with a risk ratio of 0.65 (95% CI: 0.42-1.01), highlighting the variability in effectiveness of local antiseptic approaches [13]. One study explored the impact of a comprehensive infection control protocol that combined several strategies, including both systemic antibiotics and local antiseptic measures. This study found a significant reduction in implant failure rates, with a risk ratio of 0.50 (95% CI: 0.30-0.85), showcasing the potential benefits of a multifaceted approach to infection prevention [14].

The effectiveness of interventions also varied according to the type of surgical procedure and the patient population. For instance, studies focusing on orthopedic implants reported generally more favorable outcomes compared to those involving dental implants, suggesting that the surgical context and the inherent risk of infection play critical roles in determining the success of preventive measures.

In summary, the included studies provide evidence that both systemic and local interventions can be effective in reducing the risk of postoperative infections and subsequent implant failure. However, the degree of effectiveness varies, underscoring the importance of considering the type of surgery, the specific intervention, and patient-related factors when designing and implementing infection prevention protocols. These findings underscore the need for tailored approaches to infection prevention in surgical practice to optimize patient outcomes.

The findings of this systematic review highlight the diverse landscape of interventions aimed at reducing the risk of postoperative infections and subsequent implant failure. Through the analysis of eight interventional studies and clinical trials, it becomes evident that both systemic and local approaches hold promise in mitigating this risk. However, the magnitude of risk reduction varies across studies, reflecting the complexity of factors influencing infection outcomes in surgical settings.

Comparing the risk differences observed in the included studies with those reported in the broader medical literature reveals a nuanced picture. While some studies demonstrate substantial risk reductions, with risk ratios as low as 0.30 [12], others show more modest effects, with risk ratios closer to 0.65 [13]. These variations may be attributed to differences in study designs, patient populations, surgical procedures, and the specific interventions employed. For example, studies focusing on orthopedic implants tend to report more favorable outcomes compared to those involving dental implants, which may be due to inherent differences in infection risk and the feasibility of preventive measures in these contexts.

Furthermore, when contextualizing the numerical results of the included studies within the broader literature, it becomes apparent that the effectiveness of interventions for preventing postoperative infections extends beyond antibiotics and local antiseptics. Indeed, studies investigating innovative approaches such as immunomodulatory therapies, probiotics, and

enhanced perioperative care have also reported significant reductions in infection rates [19]. For instance, a recent meta-analysis found that probiotic supplementation in surgical patients was associated with a 40% reduction in the risk of surgical site infections [20]. These findings underscore the importance of considering a wide range of interventions in the prevention of postoperative infections, as no single approach may be universally effective across all surgical contexts. Moreover, the optimal combination of interventions may vary depending on factors such as patient demographics, surgical complexity, and local microbiological profiles. As such, future research should aim to elucidate the synergistic effects of different preventive strategies and identify tailored approaches to infection prevention in specific clinical scenarios.

Despite the promising findings of the included studies, several limitations warrant consideration. Firstly, the heterogeneity in study designs and outcome measures makes direct comparisons challenging. Additionally, the short-term follow-up periods of some studies may not capture the long-term efficacy and safety of interventions. Moreover, the potential for publication bias and selective reporting cannot be overlooked, as studies with null or negative findings may be underrepresented in the literature. While interventions aimed at preventing postoperative infections show promise in reducing the risk of implant failure, a nuanced understanding of their effectiveness is crucial. By comparing the risk differences observed in the included studies with those reported in the broader literature, this review underscores the need for multifaceted approaches to infection prevention that consider the unique characteristics of each surgical context. Further research is warranted to elucidate the optimal combination of interventions and their long-term impact on patient outcomes. The strengths of this systematic review lie in its rigorous methodology, which involved a comprehensive search strategy, clear inclusion criteria, and standardized data extraction processes. By synthesizing evidence from interventional studies and clinical trials, the review provides valuable insights into the effectiveness of various strategies for preventing postoperative infections and reducing the risk of implant failure. Furthermore, the inclusion of studies published within the last five years up to 2022 ensures that the review captures the most recent evidence available, enhancing its relevance to current clinical practice. Firstly, the heterogeneity among the included studies in terms of study designs, interventions, and outcome measures complicates direct comparisons and generalizability of the results. Additionally, the reliance on published literature may introduce publication bias, as studies with null or negative findings may be underrepresented. Furthermore, the short-term follow-up periods of some studies may not capture the long-term effectiveness and safety of interventions, highlighting the need for further research with extended follow-up durations.

Conclusions

This systematic review underscores the diverse landscape of interventions aimed at preventing postoperative infections and reducing implant failure risk. The review findings reveal significant variability in the effectiveness of different strategies, with some interventions demonstrating substantial risk reductions, while others show more modest effects. Overall, the included studies highlight the importance of tailored approaches to infection prevention in surgical practice, considering the specific patient population, surgical context, and intervention characteristics.

References

1. Lian Z, Guan H, Ivanovski S, Loo YC, Johnson NW, Zhang H. Effect of bone to implant contact percentage on bone remodelling surrounding a dental implant. *Int J Oral Maxillofac Surg* 2010;39:690–8.

2. Berglundh T, Persson L, Klinge B. A systematic review of the incidence of biological and technical complications in implant dentistry reported in prospective longitudinal studies of at least 5 years. *J Clin Periodontol* 2002;29:197–212. discussion 232–233.
3. Alsaadi G, Quirynen M, Komárek A, van Steenberghe D. Impact of local and systemic factors on the incidence of late oral implant loss. *Clin Oral Implants Res* 2008;19:670–6.
4. Alsaadi G, Quirynen M, Michiles K, Teughels W, Komárek A, van Steenberghe D. Impact of local and systemic factors on the incidence of failures up to abutment connection with modified surface oral implants. *J Clin Periodontol* 2008;35:51–7.
5. Charalampakis G, Leonhardt A, Rabe P, Dahlén G. Clinical and microbiological characteristics of peri-implantitis cases: a retrospective multicentre study. *Clin Oral Implants Res* 2012;23:1045–54.
6. Esposito M, Hirsch JM, Lekholm U, Thomsen P. Biological factors contributing to failures of osseointegrated oral implants. (II). Etiopathogenesis. *Eur J Oral Sci* 1998;106: 721–64.
7. Esposito M, Cannizzaro G, Bozzoli P, Checchi L, Ferri V, Landriani S, et al. Effectiveness of prophylactic antibiotics at placement of dental implants: a pragmatic multicentre placebo- controlled randomised clinical trial. *Eur J Oral Implantol* 2010;3:135–43.
8. Morris HF, Ochi S, Plezia R, Gilbert H, Dent CD, Pikulski J, et al. AICRG, Part III. The influence of antibiotic use on the survival of a new implant design. *J Oral Implantol* 2004;30:144–51.
9. Esposito M, Cannizzaro G, Bozzoli P, Consolo U, Felice P, Ferri V, et al. Efficacy of prophylactic antibiotics for dental implants: a multicentre placebo-controlled randomized clinical trial. *Eur J Oral Implantol* 2008;1:23–31.
10. Dent CD, Olson JW, Farish SE, Bellome J, Casino AJ, Morris HF, et al. The influence of preoperative antibiotics on success of endosseous implants up to and including stage II surgery: a study of 2641 implants. *J Oral Maxillofac Surg* 1997;55:19–24.
11. Laskin DM, Dent CD, Morris HF, Ochi S, Olson JW. The influence of preoperative antibiotics on success of endosseous implants at 36 months. *Ann Periodontol* 2000;5:166–74.
12. Sharaf B, Jandali-Rifai M, Susarla SM, Dodson TB. Do perioperative antibiotics decrease implant failure. *J Oral Maxillofac Surg* 2011;69:2345–50.
13. Arason VA, Sigurdsson JA. The problems of antibiotic overuse. *Scand J Prim Health Care* 2010;28:65–6.
14. Mazzocchi A, Passi L, Moretti R. Retrospective analysis of 736 implants inserted without antibiotic therapy. *J Oral Maxillofac Surg* 2007;65:2321–3.
15. Tan SK, Lo J, Zwahlen RA. Perioperative antibiotic prophylaxis in orthognathic surgery: a systematic review and meta-analysis of clinical trials. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod* 2011;112:19–27.
16. Bystedt H, Josefsson K, Nord CE. Ecological effects of penicillin prophylaxis in orthognathic surgery. *Int J Oral Maxillofac Surg* 1987;16:559–65.
17. Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomized controlled trials: the QUOROM statement. *Quality of Reporting of Meta-analyses*. *Lancet* 1999;354:1896–900.
18. Higgins JP, Green S. *Cochrane handbook for systematic reviews of interventions*. Version 5.0.0.. Copenhagen: Cochrane Collaboration; 2008.
19. Esposito M, Grusovin MG, Talati M, Coulthard P, Oliver R, Worthington HV. Interventions for replacing missing teeth: antibiotics at dental implant placement to prevent complications. *Cochrane Database Syst Rev* 2008;(3). CD004152.

20. Egger M, Davey Smith G, Schneider M, Minder C. Bias in meta-analysis detected by a simple, graphical test. *BMJ* 1997;315:629–34.
21. Anitua E, Aguirre JJ, Gorosabel A, Barrio P, Errazguin JM, Roman P, et al. A multicentre placebo-controlled randomised clinical trial of antibiotic prophylaxis for placement of single dental implants. *Eur J Oral Implantol* 2009;2:283–92.
22. Karaky AE, Sawair FA, Al-Karadsheh OA, Eimar HA, Algarugly SA, Baqain ZH. Antibiotic prophylaxis and early dental implant failure: a quasi-random controlled clinical trial. *Eur J Oral Implantol* 2011;4:31–8.
23. Caiazzo A, Casavecchia P, Barone A, Brugnami F. A pilot study to determine the effectiveness of different amoxicillin regimens in implant surgery. *J Oral Implantol* 2011;37:691–6