



As I write in mid-April from Bern in Switzerland, we have been living in quasi lockdown for a month now. The coronavirus is on everyone's mind and is the main, sometimes the only item on the news each day. It is having an impact on all of us everywhere: the way we live with all the necessary restrictions on our freedom and, very likely, the way we will continue to live over the coming months at the very least.

This is a unique situation, one that has already profoundly changed the way that knowledge is communicated and shared. Digital media have taken over center stage, allowing us to stay in contact with one another both on a private as well as a professional basis. The question is already being raised, once the situation has normalized at some point in the future, whether we will go back fully to the previous focus on face-to-face communication or whether digital communication, which requires no travel and therefore a lower time and cost commitment along with the accompanying benefits in terms of CO₂ emissions, will retain its importance and become the communication mode of choice in certain situations.

One of the discussions we are currently having is about the future of the Forum Implantologicum and in which form it should continue. Currently the journal is sent out as a print publication as well as being available to Fellows and Members online on our website. One very important aspect of this are the nine languages into which each issue is translated to make the content and its key messages more accessible to a wide international audience. A decision has already been taken that this issue will be the only one to be published and sent out in 2020. With the postponement of the World Symposium 2020 until next year, the ITI is currently having to bear high associated costs, and publishing only one issue of the Forum Implantologicum in 2020 will help to bring down our remaining cost commitment a little for this year.

We have, however, put together an excellent issue for you that deals with one of the most frequently experienced types of



complication related to dental implants – peri-implant infection, commonly referred to as peri-implantitis and also described by some as a pandemic! We have treated our main topic in four articles, each of which looks at the reasons for peri-implantitis from a different aspect.

In her article, Lisa Heitz-Mayfield provides a 360° definition of peri-implantitis and talks about the evidence for patient-related and local risk factors. She presents a novel risk-assessment tool geared towards preventing peri-implantitis and highlights the factors involved in minimizing and managing the risks.

Together with Giovanni Salvi, Anton Sculean, Jean-Claude Imber and Andrea Roccuzzo, Mario Roccuzzo discusses the importance of keratinized peri-implant mucosa for effective long-term maintenance care and the long-term stability of peri-implant tissues. The team reviews recent literature and proposes clinical guidelines for when to increase the width of keratinized mucosa before implant placement.

I have also contributed to the discussion in collaboration with Alberto Monje as main author in an article that focuses on surgical predisposing factors that are associated with peri-implantitis. We have concentrated in particular on local factors that include the presence of sub-mucosal cement, lack of keratinized mucosa, and malpositioning of implants that impedes correct oral hygiene as well as exposure of the micro-rough surface to the peri-implant sulcus and biofilm apposition. It is strongly believed that surgical errors are a main contributing factor for the development of peri-implantitis.

Our final article by Lyndon F. Cooper discusses the prosthetic impact on peri-implantitis and how it can be prevented. He looks in turn at prosthesis, abutment and cement factors, and the long-term view when evaluating, managing and preventing peri-implantitis.

Our focus topic should certainly give you ample food for thought but we have also asked four experts to give us a concise opinion about hybrid-designed implants. This implant design with a machined implant surface in the neck region and a microrough surface for endosseous anchorage was established in implant dentistry in 1986 with the Straumann Tissue Level Implant. It is interesting to read the various opinions of world-renowned experts. In addition, we have a "meet the researchers" for you as well as a report on the new WIN initiative on women in implant dentistry. Among our regular articles are photo tips as well as an article to help you come to grips with clinical videography.

Although our current situation is difficult and extremely challenging on a daily basis, this packed issue of Forum Implantologicum will not only distract but, even better, inform you in areas that are central to the way we practice implant dentistry.

Happy reading and stay safe!

J. 18w

Daniel Buser Editor-in-Chief

Volume 16/Issue 1/2020