Peri-implantitis is a disease that affects the tissues surrounding dental implants. It is characterized by inflammation and bone loss around the implant. This can lead to the failure of the implant, which is a significant concern for patients and dentists alike.

It is estimated that up to 40% of dental implants may fail due to peri-implantitis. The disease is most commonly caused by poor oral hygiene and bacterial infection. However, there are other factors that can contribute to its development, such as smoking, diabetes, and certain medications.

The treatment of peri-implantitis can be challenging and may require a combination of therapies. These may include scaling and root planing, antibiotics, and sometimes surgery. It is important for patients to maintain good oral hygiene and to follow their dentist's instructions to help prevent the development of peri-implantitis.

In summary, peri-implantitis is a serious condition that can affect the success of dental implants. It is important for patients to be aware of the risk factors and to take steps to prevent its development.
blood pressure and waist circumference. A higher prevalence of gum bleeding was significantly associated with higher LDL cholesterol levels and systolic blood pressure. According to the authors, the study is the largest of its kind to assess dental disease in coronary patients, and it demonstrates the largest of its kind to assess dental disease.

The findings suggest common risk factors for dental disease and coronary heart disease, and raise the question of whether self-described dental health can now be considered a useful marker of CVD risk.

The observed regional variations in the prevalence of periodontal disease “might partly be explained by regional differences in CV risk factor prevalence; for instance smoking.” However, the authors concede that such differences in prevalence “indicate a complex relationship in which demographic, genetic and socioeconomic disparities are likely contributing factors.” Smoking and less education also were associated with periodontal disease.

Lead author Dr. Ola Vedin from the University of Uppsala, Sweden, said, “The evident and consistent relationship between self-reported dental status and CV risk in this population could point toward periodontal disease being a risk factor for incident CHD.” However, he added, the observation that poor dental health among chronic coronary patients is linked to a heavier cardiovascular risk burden does not prove a causal link between the two conditions. Vedin said, “It is still a matter of debate whether periodontal disease is an independent risk factor for coronary heart disease. Some studies point to a moderate association while others are contradictory. Our findings show an association between self-reported periodontal disease and several cardiovascular risk factors and as such lend support to a possible association between the conditions.” But he was not ready to advocate rigorous dental hygiene measures as a strategy to reduce cardiovascular risk.

Smoking and less education were significantly associated with higher LDL cholesterol levels and systolic blood pressure and waist circumference. A strategy to reduce cardiovascular risk disparities are likely contributing factors.” Smoking and less education also were associated with periodontal disease.

According to the authors, the study is the largest of its kind to assess dental disease in coronary patients, and it demonstrates the largest of its kind to assess dental disease.

Vedin said, “It is still a matter of debate whether periodontal disease is an independent risk factor for coronary heart disease. Some studies point to a moderate association while others are contradictory. Our findings show an association between self-reported periodontal disease and several cardiovascular risk factors and as such lend support to a possible association between the conditions.” But he was not ready to advocate rigorous dental hygiene measures as a strategy to reduce cardiovascular risk.

Some studies point to a moderate association while others are contradictory. Our findings show an association between self-reported periodontal disease and several cardiovascular risk factors and as such lend support to a possible association between the conditions.” But he was not ready to advocate rigorous dental hygiene measures as a strategy to reduce cardiovascular risk.

The findings suggest common risk factors for dental disease and coronary heart disease, and raise the question of whether self-described dental health can now be considered a useful marker of CVD risk.

The observed regional variations in the prevalence of periodontal disease “might partly be explained by regional differences in CV risk factor prevalence; for instance smoking.” However, the authors concede that such differences in prevalence “indicate a complex relationship in which demographic, genetic and socioeconomic disparities are likely contributing factors.” Smoking and less education also were associated with periodontal disease.

Lead author Dr. Ola Vedin from the University of Uppsala, Sweden, said, “The evident and consistent relationship between self-reported dental status and CV risk in this population could point toward periodontal disease being a risk factor for incident CHD.” However, he added, the observation that poor dental health among chronic coronary patients is linked to a heavier cardiovascular risk burden does not prove a causal link between the two conditions. Vedin said, “It is still a matter of debate whether periodontal disease is an independent risk factor for coronary heart disease. Some studies point to a moderate association while others are contradictory. Our findings show an association between self-reported periodontal disease and several cardiovascular risk factors and as such lend support to a possible association between the conditions.” But he was not ready to advocate rigorous dental hygiene measures as a strategy to reduce cardiovascular risk.