



## Re: implant poking through gums

- > photographs
- > for that purpose; he was also a photographer operating under a different
- > professional last name, which didn't bother me since he was up front about
- > it and it made sense that he would want to keep his dentistry and his
- > photography separate. He said he would give me a copy of the photos but
- > never did.
- >
- > Since it was obvious that I was going to need continued care when I got to
- > France, he looked in his list of periodontists with the proper training in
- > Paris and referred to me to an old school chum of his whom he described
- > as,
- > "a crazy kind of guy" (henceforth, CKOG). This old school chum is a big
- > fan
- > of a technique that involves taking a piece of bone from the patient's
- > chin,
- > for example, and simply installing it in the relevant spot that needs
- > bone.
- > Accordingly, he told me I had to contact the periodontist in Rhode Island,
- > ask for my money back and give it to him so he could rip out the implant
- > and do it all over his way.
- >
- > I needed some of my old records and, in any case, wasn't too sure about
- > the
- > advice he was giving me. I wrote to the guy in Rhode Island and eventually
- > received X-rays. Meanwhile, I went to CKOG for cleanings and also started
- > buying chlorhexidine over the counter, which one can do in Paris, and
- > using
- > it. The gortex barrier kept protruding further and further through the gum
- > and eventually I understood that this was because the gum was getting
- > thinner.
- > Finally, I went to the CKOG and asked him about it. His response was to
- > take
- > a pair of pliers and just try to rip out the barrier, which he largely
- > succeeded in doing, but not completely, and a few weeks later it was
- > infected.
- > By then, I had received a letter from the guy in Rhode Island, containing
- > my
- > xrays and a letter telling me how glad he was that I had not allowed his
- > friend, who he now realized was just as crazy as he had been in dental
- > school,
- > to remove the implant. He provided me the name and coordinates of another
- > periodontist in Paris. I went to him and he fixed the problem: the
- > infection
- > was only on one side of the gortex that and could be removed without
- > complications. After I healed from the new surgery, the gum over the
- > implant was thin but it did cover it.
- >
- > When I returned to the US in 1995, I went to Berkeley, CA, and found a
- > dentist
- > through some phone referral service. I told the dentist that I wanted to
- > have

Re: implant poking through gums

## Re: implant poking through gums

> a tooth put on the thing. He told me that he didn't think there was enough  
> bone support and recommended against it. When I moved to Bowling Green,  
> KY,  
> my dentist there agreed with that opinion. When I moved again, the dentist  
> also agreed with that opinion. However, he apparently forgot that he had  
> done  
> so, since a year or so later, when he got interested in putting a tooth on  
> it,  
> he told me that there was plenty of bone support. For that inconsistency,  
> and  
> also because he did something to the canine #27 that caused pus to start  
> gushing out of the gum the next day, without telling me that there was any  
> risk of a reaction like that, I decided to find another dentist and soon  
> found  
> a practice consisting of a regular dentist and a periodontist.  
>  
> This new periodontist told me that there was definitely enough bone  
> support  
> but that the implant was pointed in the wrong direction. He also told me  
> that  
> the implant was poking through the gum but that there wasn't much risk of  
> infection. I took a look at it when I got home and I could see a kind of  
> grey  
> disk a couple of millimeters wide, that I hadn't realized was exposed  
> bone,  
> instead of oddly colored gum tissue. During a subsequent visit, we  
> discussed  
> the implant again and he explained a little more to me. There is,  
> apparently,  
> plenty of bone support in the sense that the implant is not just standing  
> like the Washington Monument in the middle of a valley: it is solidly  
> supported  
> by bone on all sides. However, the implant itself is only about 6 mm long  
> and goes right up to the sinus. Due to the complications of dealing with  
> the  
> sinus, he wouldn't want to get involved in removing and replacing the  
> implant,  
> although he doesn't necessarily think there would be anything wrong with  
> someone else doing it. On the other hand, the tooth that would be placed  
> on  
> the implant would probably be more like 9 mm long, since it is a canine.  
> He told me that in general, one wants the implant to be about 1.5 times  
> as long as the tooth that it will support, whereas in this case the ratio  
> is reversed. In that sense, it seems to me, there is not enough bone  
> support.  
> I don't know what the implications are of having something like that  
> break,  
> particularly right next to the sinus, but I think it is risk I should not  
> take. So, I'm against this procedure, based on what I think I know about  
> it.  
>

Re: implant poking through gums

## Re: implant poking through gums

- > Last time I went to him for my regular cleaning, he told me that the
- > problem with the misdirection of the implant could be solved by using
- > what he described as an angled abutment. So, now he thinks there is enough
- > of a plan to proceed.
- >
- > I have various reasons for not being convinced:
- > (1) The one I mentioned above about the recommended ratio between the size
- > of the canine and the size of the implant. It occurs to me that I don't
- > HAVE to have a 9 mm tooth put on it just for cosmetic reasons and that
- > perhaps a tooth of ordinary size, would be perfectly alright. So what
- > if
- > my mouth is asymmetrical? That might improve the ratio of the lengths
- > to
- > about 1, which might be more tolerable.
- > (2) Another complication is that I no longer have a record of the exact
- > size
- > of the implant, although I am pretty sure it is a Branemark implant.
- > The
- > periodontist eyeballed it to one of two possibilities but says he can't
- > tell without trying out the abutment to see which fits better. That
- > would
- > involve ordering two abutments, trying one and sending the other back
- > if
- > the first one fits and, if not, trying the other and, I think, paying
- > for both of them. That sounds like about \$400 to measure a screw and I
- > would hope there is a better way to do it, especially since we don't
- > really
- > know if either of the conjectural sizes is correct. I am unable to
- > locate
- > my old periodontist from Rhode Island. First of all, he retired shortly
- > after giving me the implant. Second, I've gone to perio.org and entered
- > the town where I had the work done and can no longer find the practice
- > in
- > a 50 mile radius.
- > (3) I am chronically unemployed and have no medical insurance. I'm
- > basically
- > living on charity. Even if I could convince someone to pay for the
- > work,
- > which is a possibility, do I really need a cosmetic false tooth more
- > than
- > I need a colonoscopy, which I've never had, and which is recommended to
- > people my age?
- >
- > I agree that I need to do something about the implant poking through the
- > gum. Now that he has a plan to install a tooth on it, he's changed his
- > mind
- > and decided that there really is a risk of infection. I do believe that
- > there
- > is and, in any case, I think that as long as it is untreated, the area of
- > exposed bone is likely to get larger. That is probably undesirable. So I
- > do

Re: implant poking through gums

Re: implant poking through gums

- > think it makes sense to try to cover up the exposed bone using a gum
- > graft.
- > That probably costs a lot less and, for the same total expenditure, also
- > lets
- > me get a colonoscopy.
- >
- > Let's assume I'm right about that. This still leaves the question of what
- > to do with the implant itself. I don't know what the implications are of
- > leaving it under the gum, pointing up as it does now. Maybe that would
- > result
- > in thinning of the gum and having it eventually poke through once more. If
- > that
- > is a problem, maybe it is a good idea to grind it down, but maybe not,
- > since
- > it is conceivable that there could be more bone loss in the future that
- > would
- > leave the implant sticking up again, so the effort of grinding it down
- > would
- > have been wasted. Maybe removing it is a good idea (except for cost).
- >
- > Another possibility that I am seriously considering is registering as a
- > patient at a dental school. I could be mistaken, but I think my case has
- > enough unusual features that it would be of interest to people teaching
- > periodontics and implants as an example for their students. They would
- > consult with each other about the best way to do it, the work would be
- > supervised and it would cost a lot less.
- >
- > At the moment, I'm only using Listerine and brushing to protect the
- > exposed
- > bone from infection, since that is all that the periodontist recommended.
- > --
- > Ignorantly,
- > Allan Adler <ara@xxxxxxxxxxxxxxxxxxxxxxxx>
- > \* Disclaimer: I am a guest and \*not\* a member of the MIT CSAIL. My actions
- > and
- > \* comments do not reflect in any way on MIT. Also, I am nowhere near
- > Boston.

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• **References:**

◆ **[implant poking through gums](#)**

◇ From: Allan Adler

- Prev by Date: **[Re: WISDOM part 2](#)**
- Next by Date: **[Re: Penicillin Question](#)**
- Previous by thread: **[implant poking through gums](#)**
- Next by thread: **[Re: New York -- Singer Britney Spears...](#)**

Re: implant poking through gums

- Index(es):

- ◆ *Date*

- ◆ *Thread*