May 29, 1998

I am writing to you as Editor of the *AAID Journal* to ask your help in eliminating the use of the pseudonym “peri-implantitis” to denote inflammation or infection around an implant. There is no such word, and authors who use this false word, which has appeared in several journals within the past year, apparently do not realize that it is grammatically incorrect. An implant (metal) is neither an organ nor a tissue. We certainly would not ever consider the terms “bulletitis” or “rockitis” if such were in the body.

When the American Academy of Implant Dentistry was formed in 1951, much discussion ensued over all the new terms to be used to disseminate our knowledge. We finally decided on “implant histoclasia” or “peri-implantoclasia” as appropriate terms to denote conditions around or in the presence of an implant.

These terms were submitted by our nomenclature committee to Mosby, who accepted them and published them in their 1963 glossary.

For some unknown reason, this terminology has disappeared from recent glossaries. I believe that further discussion on this point needs to take place, that the correct terminology should be made available to the profession so that this confusion may be corrected, and that the correct terminology should be made aware of what is correct. The definitions that follow are taken from the 1963 edition of *Current Clinical Dental Terminology.*

peri-implantoclasia: A general term defining disease surrounding and/or involving implanted foreign materials. Peri-implantoclasia is a catabolic condition surrounding an implant with or without sepsis or suppuration. (Implantodont.)

exfoliative p.: A condition wherein the implant is exfoliating, exposing the struts, and causing localized tissue inflammation. (Implantodont.)

generation p.: A condition in which the supporting bone structure has resorbed under either vertical or lateral stresses. This may be due to pressure atrophy from excessive masticatory pressures, excessive increase in the vertical dimension, or insufficient metal coverage of the supporting bone structures. (Implantodont.)

trumatic p.: A condition in which constant abuse or an injury has lodged, distorted, fractured, or disturbed an implant. (Implantodont.)

ulcerative p.: An inflammatory condition that presents various degrees of ulceration; characterized by hyperplasia, hyperemia, edema, and pain. Suppuration may exist from the abscesses. Etiology can be that of oral sepsis, loose screw, latent surgical infection, galvanic action of improper metal, and other causes. (Implantodont.)

necrotic u. p.: An inflammatory and infectious condition that presents various degrees of necrosis, ulceration, hyperplasia, hyperemia, edema, slough, and tendency to bleed easily. The etiology is usually that of oral sepsis, combined with food impaction and large deposits of salivary calculus. (Implantodont.)

REFERENCE


Arthur C. Jermyn, DDS
AAID, Editor Emeritus
Jermyn Specialties
15914 Overview Road
Poway, CA 92064-2128

Dr Jermyn was the Academy’s first editor. He coined the terms “implant histoclasia” and “peri-implantotoclasia” and used them frequently in his articles.

Time and usage influence alterations in our vocabularies, glossaries, and nomenclatures. Despite the objections of traditionalists, etymologists, and purists, living languages undergo change that offers evidence of growth and viability.

To me, a stent is not a splint is not a template. To practical clinicians, there does not seem to be a problem with substituting one of these nouns for another. Generally, I am as inflexible as my colleague, Dr Jermyn.

In this case, however, I do not think there is anything objectionable about the noun “peri-implantitis.” It is not the implant that is inflamed; such inflammation would be called “implantitis.” The pivotal prefix “peri-” tells the clinician that the inflammation is to be found in the supporting tissues around the implant (“peri-: Around, about, near. Cf. Circum-”).

“Peri-implantoclasia” might be an acceptable term to describe an advanced stage in the cascade of events seen during the progressive demise of an implant.

To wit, from the 26th edition of *Stedman’s Medical Dictionary:*°


Incidentally, the 1963 glossary,° cited by Dr Jermyn, refers to our discipline as Implantodontics. Today, that’s a real no-no.

REFERENCES


A. Norman Cranin, DDS
Editor, *Journal of Oral Implantology*