

Hubungan antara Lebar Mukosa Berkeratin dengan Brushing Discomfort dan Kesehatan Jaringan Peri-Implan secara Klinis dan Radiolografis = Relationship between Keratinized Mucosa Width around Implant and Brushing Discomfort with Peri-implant Tissue Health : Clinical and Radiographic Evaluation

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Abstrak

Latar Belakang. Pentingnya peranan protektif keratinized mucosa (KM) yang adekuat ($>2\text{mm}$) di sekitar implan sebagai soft tissue seal dalam menjaga barrier terhadap penetrasi bakteri yang dapat menyebabkan penyakit peri-implant masih menjadi perdebatan karena adanya inkonsistensi hasil. Tujuan. Untuk mengetahui hubungan lebar mukosa berkeratin di sekitar implant dengan brushing discomfort (BD) dan kesehatan jaringan peri-implan secara klinis dan radiografis. Metode. Penelitian cross-sectional ini mengevaluasi 17 pasien dengan 31 implan di klinik spesialis periodontia RSKGM FKG UI. Sampel di bagi menjadi kelompok KM adekuat dan inadequat. Pasien di periksa secara klinis dengan skor mPI, DI dan GI pada bagian bukal permukaan implan, radiografis periapkcal untuk mendapatkan data marginal bone level (MBL). BD di nilai menggunakan visual analogue scale (VAS). Hasil. Perbandingan antar dua kelompok dengan skala numerik di uji dengan independent t-test. Terdapat perbedaan skor mPI (0,01), DI (0,03) dan GI (0,05) di antara dua kelompok. Sedangkan untuk brushing discomfort (0,88) dan MBL (0,46) tidak terdapat perbedaan yang signifikan. Kesimpulan. Inadekuat KMberkaitan dengan peningkatan akumulasi plak, debris dan inflamasi mukosa di sekitar implant.

.....Background. The importance of the protective role of adequate keratinized mucosa (KM) around an implant as a soft tissue seal in maintaining a barrier against bacterial penetration that can cause peri-implant disease is still being debated due to inconsistent results. Aim. To determine the relationship between the width of the keratinized mucosa around the implant with brushing discomfort and peri-implant tissue clinically and radiographically. Method. This cross-sectional study evaluates 17 patients (31 implants) at the periodontic specialist clinic, RSKGM FKG UI. The sample group was divided into adequate and inadequate KM groups. Patients were clinically examined using score mPI, DI and GI on the buccal site of the implant, and periapical radiographs were taken to evaluate marginal bone level (MBL). Brushing discomfort was assessed using a visual analogue scale (VAS). Results. The comparison between the two groups with a numerical scale was tested using an independent t-test. There were significant differences in (0.01), DI (0.03), and GI (0.05) between the two groups. However, there was no significant difference for brushing discomfort (0.88) and MBL (0.46). Conclusion. Inadequate KM is associated with increased accumulation of plaque, debris, and mucosal inflammation around the implant.