

## KNOWLEDGE AND ATTITUDE TOWARDS RETROGRADE PERI-IMPLANTITIS AMONG ITALIAN IMPLANTOLOGISTS

Age:  $\leq 30$       31-44       $\geq 45$   
Sex:    M      F  
Years of experience in dentistry:    < 5      5-9      10-19      >19  
Do you perform implant dentistry on a regular basis?      YES      NO  
Number of dental implants placed per year    <20      20- 80      >80

- 1) Where did you learn about retrograde peri-implantitis?
  - a) at the University
  - b) From scientific papers
  - c) From direct experience
  - d) For colleagues' experience
  - e) I've never heard of it
- 2) What are the causes of RPI? (more than one answer is allowed)
  - a) Bone overheating during implant drilling
  - b) presence of residual cystic cells
  - c) residual infection/inflammation of the tooth replaced by the implant
  - d) marginal peri-implantitis becoming retrograde
  - e) periapical endodontic lesions of neighbouring teeth
- 3) Which is the radiographic representation of RPI?
  - a) a radio-opaque area at the apical aspect of the implant
  - b) a radiolucent area at the apical aspect of the implant
  - c) a radiolucent line at the lateral side of the implant
- 4) What are the symptoms of RPI? (more than one answer is allowed)
  - a) Dull percussion
  - b) Persistent pain
  - c) Implant mobility
  - d) Suppuration and/or presence of fistula
  - e) None
- 5) How would you treat an implant affected by RPI? (more than one answer is allowed)
  - a) surgical debridement
  - b) surgical debridement + bone substitute/GBR
  - c) surgical debridement + bone substitute/GBR + apicoectomy of the implant
  - d) implant removal
- 6) Have you have ever treated a RPI case?
  - a) yes
  - b) no