

Impact of diabetes and prediabetes on dental implant success: a comprehensive review

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Abstract

Dental implants are a standard solution for tooth loss, but their success is influenced by systemic conditions such as diabetes mellitus (DM) and prediabetes. These conditions can affect bone metabolism, immune function, and wound healing, all essential for implant integration and stability. This narrative review examines the impact of DM and prediabetes on dental implant outcomes, focusing on osseointegration, peri-implant health, implant survival, and post-surgical complications.

DM, including Type 1 and Type 2, is characterized by chronic hyperglycemia due to insulin dysfunction. Poor glycemic control can lead to delayed bone healing, impaired osseointegration, and higher rates of implant failure and peri-implantitis. On the other hand, well-controlled diabetes does not appear to affect implant success significantly. Prediabetes, marked by elevated blood glucose levels, shows associations with inflammation and endothelial dysfunction, which could also affect implant outcomes.

Osseointegration, the process by which implants fuse with bone, can be compromised in poorly controlled diabetics. Peri-implantitis, a condition marked by inflammation and bone loss around dental implants, is more frequently observed in diabetic patients, especially those with inadequate glycemic control. Additionally, bone augmentation procedures may experience delayed healing in diabetics.



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In summary, although well-managed diabetes has little effect on the success of dental implants, insufficiently controlled diabetes and prediabetes elevate the likelihood of complications, including implant failure and peri-implantitis. Effective glycemic management and close monitoring are essential for improving implant success in these patients. Further research is needed to develop optimal management strategies for diabetic and prediabetic patients undergoing dental implant treatment.

Keywords: Dental implants; diabetes mellitus; prediabetes; osseointegration; peri-implantitis; implant survival; bone augmentation; glycemic control.

Introduction

Dental implantology is one of the most transformative fields within modern dentistry, offering patients enduring solutions for tooth loss (1–7). With the growing demand for dental implants, the clinical community has increasingly focused on understanding various factors that contribute to the success or failure of these procedures (8–16). Among the key systemic factors influencing dental implant outcomes are diabetes mellitus (DM) and prediabetes, which have been shown to significantly affect various aspects of oral health, including bone metabolism, immune function, and wound healing (17–23).

Diabetes mellitus is a multifaceted, chronic metabolic disorder characterized by persistent high blood glucose levels resulting from inadequate insulin production or the body's inability to use insulin effectively (24–30). The global prevalence of diabetes continues to rise, making it essential to explore how this condition impacts the success of dental implants (31–38). Similarly, prediabetes, which represents a stage where glucose levels are higher than usual but not yet classified as diabetic, is also gaining recognition as an essential risk factor for the development of diabetes, with potential implications for oral health, including dental implant success (39–45).

This review aims to synthesize and critically evaluate the existing literature surrounding the effects of diabetes mellitus and prediabetes on dental implant success, focusing on outcomes such as implant integration (osseointegration), peri-implant health, implant survival, and post-operative complications (46–54). This review seeks to provide insights that could inform clinical decision-making in dental implantology (55–61) by understanding the relationships between these conditions and implant outcomes.

Background: Diabetes Mellitus and Prediabetes

Diabetes Mellitus

Diabetes mellitus is generally categorized into two primary types: Type 1 and Type 2. Type 1 diabetes (T1DM) is an autoimmune disorder in which the immune system mistakenly attacks insulin-producing beta cells in the pancreas, resulting in a complete lack of insulin. This condition is usually identified during

childhood or adolescence and necessitates lifelong insulin administration (62–68).

The most prevalent form of diabetes, type 2 diabetes (T2DM), is mainly defined by insulin resistance, where the body's cells fail to respond effectively to insulin (69–77). As the condition progresses, the pancreas cannot produce sufficient insulin to counteract this resistance, leading to elevated blood sugar levels. T2DM is heavily influenced by lifestyle choices, including an unhealthy diet, physical inactivity, and obesity, though genetic factors also contribute significantly (78–84).

The American Diabetes Association (ADA) defines diabetes using several criteria, including:

- Fasting plasma glucose ≥ 126 mg/dL
- HbA1c $\geq 6.5\%$
- Random plasma glucose ≥ 200 mg/dL, especially with symptoms of hyperglycemia

Diabetes, regardless of the type, often results in a variety of systemic complications. These include cardiovascular diseases, kidney dysfunction, neuropathy, and poor wound healing, which can significantly affect the outcome of dental procedures, particularly those involving dental implants (85–91). Chronic hyperglycemia in diabetic individuals leads to altered collagen synthesis, a key factor in wound healing, and impaired bone metabolism, both essential for the successful integration of dental implants (92–98).

Prediabetes

Prediabetes is a state in which blood sugar levels are above the normal range but not sufficiently high to be classified as diabetes. This intermediary stage is defined by:

- HbA1c levels between 5.7% and 6.4%
- Fasting plasma glucose levels between 100 and 125 mg/dL

Although prediabetes itself does not present symptoms and is not considered a disease, it significantly increases the risk of progressing to type 2 diabetes if left untreated. Furthermore, prediabetes is associated with systemic inflammation, endothelial dysfunction, and an increased risk of cardiovascular diseases, all of which may have an impact on oral health, including the success of dental implants (99–107).

Although less frequently studied in the context of dental implantology, prediabetes may lead to subtle changes in immune function, bone turnover, and healing capacity, potentially influencing outcomes in implant procedures (108–116). Consequently, understanding the effects of prediabetes on oral health, including dental implants, has become an emerging area of research (117–123).

Diabetes and Osseointegration

The Role of Osseointegration in Implant Success

Osseointegration is how a dental implant integrates with the surrounding bone tissue. For an implant to be successful, the bone must establish a direct biological connection with the implant's surface, providing mechanical stability and long-term durability (107, 124–131). Osseointegration is a critical factor in determining the success of dental implants. Various biological, mechanical, and environmental factors, including bone

quality, implant surface properties, and systemic health conditions like diabetes, influence it (132–139). The healing process surrounding osseointegration involves complex biological mechanisms, including osteogenesis (bone formation), osteoclast-mediated bone resorption, and angiogenesis (blood vessel formation). These processes proceed without complications in healthy individuals, ensuring successful implant integration. However, in patients with diabetes, these processes may be compromised, leading to delayed healing and impaired osseointegration (140–146).

Impact of Diabetes on Osseointegration

Several studies have examined how diabetes influences osseointegration, with mixed results. In some cases, the effects of diabetes on osseointegration are minimal, especially when blood glucose levels are well controlled (147–155). However, poorly controlled diabetes, particularly with persistent hyperglycemia, has been linked to impaired bone healing, delayed osseointegration, and an increased risk of implant failure (156–162).

A prospective clinical trial comparing diabetic and non-diabetic patients found that while there was no statistically significant difference in implant stability at insertion, diabetic patients experienced delayed osseointegration over a more extended period (163–169). Similarly, a study involving 257 patients (121 diabetics and 136 non-diabetics) revealed no significant difference in early implant failure rates, though poor glycemic control was associated with a slower healing process (170–176).

Research on the effects of hyperglycemia and insulin resistance suggests that diabetes disrupts key cellular mechanisms in bone healing (177–184). For instance, high blood glucose levels interfere with osteoblast function, reducing bone formation around the implant (185–193). Additionally, hyperglycemia causes advanced glycation end-products (AGEs), which alter

the extracellular matrix and impair collagen synthesis, critical for bone remodeling and implant integration (194–200).

Diabetes and Peri-implantitis

Peri-implantitis: Definition and Risk Factors

Peri-implantitis is an inflammatory condition that affects the tissues surrounding a dental implant (Figure 1). Both soft tissue inflammation and the progressive loss of peri-implant bone characterize it. Peri-implantitis is one of the most common causes of dental implant failure and is often associated with poor oral hygiene, bacterial infections, and other host-related factors, including diabetes (201–207).

In patients with diabetes, the risk of peri-implantitis is elevated due to compromised immune function and delayed wound healing (107,139,208–214). Chronic hyperglycemia leads to increased production of pro-inflammatory cytokines and altered immune cell function, both of which contribute to an exaggerated inflammatory response at the implant site (215–221).

The Role of Diabetes in Peri-implantitis

Several research studies have indicated that diabetes notably raises the risk of peri-implantitis. For example, a comprehensive review found that individuals with diabetes are more likely to develop peri-implantitis than those without the condition. The review highlighted that diabetic patients often show greater probing depths, bleeding on probing, and marginal bone loss around implants, all of which are signs of peri-implantitis (139,222–228).

A prospective study comparing prediabetic and healthy patients found no significant differences in peri-implant health markers (229–235). However, a cross-sectional study demonstrated that prediabetic patients had significantly higher levels of inflammatory cytokines and other inflammation markers around their implants than normoglycemic individuals. This finding suggests that even prediabetes may predispose individuals to peri-implant inflammation, although the effects are less pronounced than in patients with fully developed diabetes (236–242).

While peri-implantitis is more common in diabetic patients, the severity of the condition is influenced by the level of glycemic control. Patients with poorly controlled diabetes are at greater risk of developing severe peri-implantitis and other related complications (243–251).

Diabetes and Implant Survival

Implant Survival Rates in Diabetic Patients

The long-term survival of dental implants is a key factor clinicians consider when determining the success of implant treatment. Implant survival is determined by a combination of factors, including the quality of osseointegration, peri-implant health, and the patient's overall systemic health (252–258).

The effect of diabetes on implant survival rates has been studied extensively. Some research has found no notable difference in implant survival rates between diabetic and non-diabetic patients. At the same time,

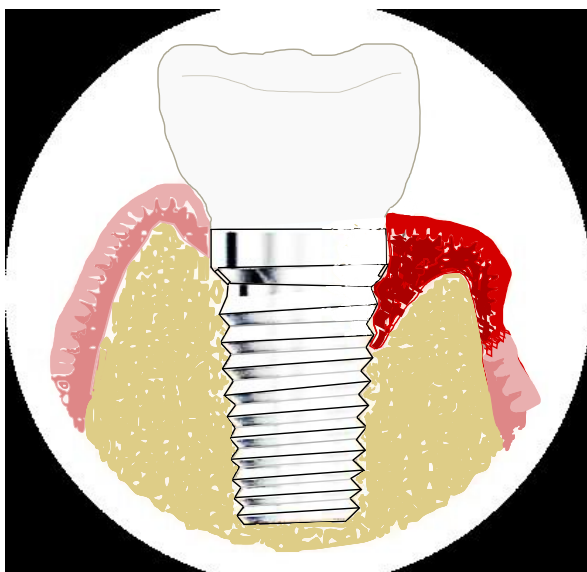


Figure 1. Peri-implant illustration.

other studies indicate that individuals with diabetes, especially those with poor glycemic control, face a higher risk of implant failure (107,259–267).

A meta-analysis of several studies found that diabetic patients have a 39-43% increased relative risk of implant failure compared to non-diabetic patients. However, this increased risk is often contingent on the level of glycemic control. In cases where diabetes is well-managed, implant survival rates are comparable to those of non-diabetic individuals (268–276).

It has also been observed that the failure rate of implants is significantly greater in diabetic patients with poor glycemic control compared to those with well-managed diabetes (277–285). Poorly controlled diabetes is associated with a higher risk of implant failure, emphasizing the importance of maintaining proper blood sugar levels for successful implant outcomes (286–294).

Diabetes and Bone Augmentation

The Need for Bone Augmentation in Implantology

Bone augmentation procedures, such as sinus lifts and guided bone regeneration (GBR), are often necessary to increase bone volume in areas with insufficient bone for implant placement (295–303). These techniques are essential for achieving successful dental implant placement in cases of significant bone loss, which can occur due to various factors, including periodontal disease, trauma, and congenital disabilities (304–310). The success of bone augmentation procedures largely depends on the patient's ability to heal after surgery. Diabetes, particularly poorly controlled diabetes, can impair the healing process by affecting cellular responses to injury and compromising the formation of new bone (311–319). The delayed healing and reduced bone quality in diabetic patients may increase the risk of complications during and after bone augmentation procedures (320–329).

Diabetes and Bone Augmentation Outcomes

Multiple studies have explored the impact of diabetes on bone augmentation procedures. One retrospective analysis of sinus augmentation in diabetic patients found no significant differences in graft survival or implant success compared to non-diabetic patients. However, slower healing was noted in those with poorly controlled diabetes, indicating that high blood sugar levels may impair recovery following surgery (106,330–338).

A separate study examined the use of bone grafts for alveolar ridge augmentation in diabetic patients. The results indicated that diabetic individuals experienced slower bone healing compared to those without diabetes, and those with poorly controlled blood sugar were at an increased risk of graft failure (339–348).

In light of these findings, clinicians must exercise caution when performing bone augmentation procedures on diabetic patients. Proper blood glucose management before surgery, continuous monitoring of glucose levels during recovery, and appropriate post-operative care are vital steps to minimize the risk of complications (349–355) (365–370).

Discussion and Clinical Implications

The literature reviewed indicates that diabetes, particularly poorly controlled diabetes, is associated with a range of complications that can affect the success of dental implants. Key findings from the review include:

- **Glycemic Control is Essential:** Properly managed diabetes does not seem to significantly impact the success of implants, osseointegration, or bone augmentation procedures. On the other hand, poorly controlled diabetes is linked to slower healing, a higher likelihood of peri-implantitis, and an increased risk of implant failure.
- **Increased Risk of Peri-implantitis in Diabetics:** Patients with diabetes, particularly those with inadequate blood sugar control, face a greater risk of developing peri-implantitis, which can ultimately result in implant failure.
- **Bone Augmentation Success is Reduced:** Diabetes can affect the success of bone augmentation procedures, with delayed healing and impaired bone regeneration being more common in diabetic patients.

The clinical implications of these findings highlight the importance of managing diabetes before, during, and after dental implant procedures. The review emphasizes the need to monitor blood glucose levels closely, the potential benefit of preoperative glycemic optimization, and ongoing care to address possible complications.

Conclusion

In conclusion, diabetes mellitus and prediabetes are important risk factors that can impact the success of dental implants. While well-managed diabetes may have little impact on implant outcomes, poorly controlled diabetes heightens the risk of complications, including delayed osseointegration, peri-implantitis, and implant failure.

Moreover, bone augmentation procedures are more challenging in diabetic patients, and careful management is required to ensure their success.

Future studies should aim to improve clinical guidelines for the management of diabetic patients receiving implant therapy with an emphasis on optimizing glycemic control and developing strategies to mitigate the risks associated with diabetes-related complications.

Additionally, the role of prediabetes in implant outcomes warrants further investigation better to understand its potential implications for dental implant success.

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