



Table S1. Summary of studies on implant survival rate in patients with OPMD.

Study	Study type	No. of patients age/mean age	Gender	No. of implants	Type	OPMD Biopsy	PIM PI	OPMD in the peri-implant environment	Bone loss (mm) for each implant	Implant survival Follow-up (months)	Treatment	OSCC	Outcome
Oral Lichen Planus													
Esposito et al. (2003) [29]	Case Report	2 72 78	F	4	Erosive	Yes	Nm	Nc	4× minimal crestal	100% 21	Topical steroids after implant placement for two weeks	Nm	Implant success
Öczakir et al. (2005) [16]	Case Report in a case series study	1 74	F	4	Nm	Nm	No	No	4× Not measured	100% 72	No	Nm	Implant survival
Reichert (2006) [17]	Case Report	3 63 68 79	F	4 1 5	Reticular Reticular Atrophic	Nm	1× PIM	Yes	2× 3–4 mm, 2× Nm 1× first thread of the implant 5× 1–3 mm	100% 36	No	Nm	Implant survival
Czerninski et al. (2006) [18]	Case Report	1 52	F	3	Severe manifestations	Nm	No	No	2× crestal	Nm 36	No	Yes	Risk for malignancy
Gallego et al. (2008) [19]	Case Report	1 81	F	2	Erosive Plaque	Yes	No	No	2× Nm	Nm 36	No	Yes	Risk for malignancy
		18		56	Erosive	Yes		Nc		100%		Nm	

[illegible]

		15 OLP patients without dental implant								12–24	Dexamethasone 0.4%/Triamcinolone 8mg		
Marini et al. (2013) [20]	Case Report	1 51	F	2	Plaque	Nm	No	No	2× Nm	50% 48	Prednisone, 30 mg daily (before Implantation)	Yes	Risk for malignancy in the presence of OLP and dental implant
Moergel et al. (2014) [31]	Retrospective	3 54 69 80	F	Nm	Nm	Yes	No	No	Nm	Nm 6–51 mean 21.33 (time to cancer)	Nm	Yes	Potential risk factors for carcinomas in the vicinity of dental implants
Lopez-Jornet et al. (2014) [37]	Cross-sectional	16 mean age 64.5 (44–76)	10F 6M	56	11 Reticular-Papular 5 Atrophic-Erosive	Yes	PIM 10/56 PI 14/56	Nc	10/56	96.42% (success) 42 (12–120)	Topical corticosteroids (0.01% Triamcinolone acetoniode) 3t/day	Nm	Implant survival
		16 mean age 42 (29–79)	8F 8M	50	Nm		PIM 9/50 PI 8/50	Na	8/50	92% 48 (24–48)			
Raiser et al. (2016) [21]	Case Report	2 55 70	F	Nm	Nm	Nm	No	Nc	1xPatient: substantial 1x Patient: horizontal	Nm Nm	Nm	Yes	Primary malignancy of the peri-implant mucosa

Aboushelib et al. (2017) [32]	Retrospective	23 mean age 56.7	12F 11M	First set of implants: 55	Nm	Yes	PIM on 19 implants	Nc	55× Nm	42× initial resorption of crestal bone (0.26 mm ± 0.32)	First set of implants: 23.6%	First set of implants: No	Nm	Implant survival Implant success
				Second set of implants: 42							First set of implants: 3	Second set of implants: 100%		
Anitua et al. (2018) [33]	Retrospective	23 mean age 58	20F 3M	66 (Reticular : 40; Erosive: 26)	15 Reticular 8 Erosive	Yes	Nm	No	66× mean bone loss 0.96 mm mesially, 0.99 mm distally	Reticular: 100% Erosive: 96.2% 25/26 →98.48%	Deflazacort 30 mg 2 days preoperative, 15 mg 3 days postoperatively, 7.5 mg for another 3 days	Nm	Implant survival Marginal bone loss	

Fu et al. (2019) [22]	Case Report	1	F	4	Erosive	Yes	PIM: No PI: Nm	No	4× 3–4 mm	100%	36	Before implantation: oral corticosteroids After implantation: Amoxicillin 1 g 1 h before implant placement and continuing for 7 days (1 g/12 h), chlorhexidine mouthwash twice daily for 14 days, topical corticosteroids (0.01% triamcinolone acetonide 3t/days until remission)	Nm	Implant survival	
		65													
Khamis et al. (2019) [34]	Retrospective cohort	controlle d lichen planus patients: 20	Nm	20	Reticular, Plaque,Papular, Atrophic/Erosiv e, Bullous, Ulcerative	Yes	Nm	No	20× controlled: 0.75 mm	100%	48	Diode soft tissue laser sessions, systemic corticosteroids 4 weeks before implant placement and continued 4 mg/48 hrs	Nm	Marginal bone loss Implant survival	
															22

		non- controlle d lichen planus patients: 22							22× non- controlled: 2.53 mm	48	Diode soft tissue laser sessions, systemic corticosteroids 4 weeks before implant placement and 12 weeks after implant placement		
		healthy: 17		17					17× healthy: 0.79 mm	$\frac{100\%}{48}$			
Noguchi et al. (2019) [26]	Case report	1 78	F	4	Nm	Yes	PI on 1 Implant	Yes	Nm	$\frac{\text{Nm}}{24}$	Nm	Yes	Risk for malignancy
Martin- Cabezas et al. (2021) [27]	Case report	1 83	F	3	Erosive	Nm	PI on 3 Implant s	No	≥3 mm on each implant	$\frac{100\%}{12}$	Initial and surgical peri-implant therapy	Nm	Influence of peri-implant healing Implant survival
Leukoplakie													
Moergel et al. (2014) [31]	Retrospectiv e	12 mean age 68.41	6F 6M	Nm	Nm	Yes	PI 1×	No	Nm	$\frac{\text{Nm}}{29-120}$ mean 65.25 (time to cancer)	Nm	Yes	Potential risk factors for carcinomas in the vicinity of dental implants
Proliferative Verrucous Leukoplakia													
	Case Report	1	F	Nm	Na	Yes	Nm	No	Nm	100%		No	Quality of life

Capodiferr o et al. (2005) [23]		63									60	Cryosurgery, laser surgery, diathermic ablation, excisional surgery		
Erythroplakia														
Moergel et al. (2014) [31]	Retrospectiv e	2 70 73	1F 1M	Nm	Nm	Yes	Nm	No	Nm	Nm	<u>Nm</u> 48–97 mean 72.5 (time to cancer)	Nm	Yes	Potential risk factors for carcinomas in the vicinity of dental implants
Oral Lupus Erythematosus														
Ergun et al. (2010) [24]	Case Report	1 49	F	6	Na	Nm	Nm	Nm	Nm	<u>100%</u> 24		Nm	No	Implant supported oral rehabilitation
Todorovic et al. (2017) [25]	Case Report	1 66	F	10	Na	Nm	No	Nm	No	<u>100%</u> 36		Nm	No	Oral rehabilitation with implant- supported fixed dentures
Drew et al. (2018) [28]	Case report	1 28	F	15	Na	Nm	Nm	Nm	Nm	<u>93.3%</u> 18		Intravenous immunoglobulin every 4 weeks	Nm	Survival rate of implants and suprastructur e
Mozzati et al.	Retrospectiv e	5	2F 3M	12	Na	Nm	PIM: No PI: Nm	No	12 × 0.49 mm ± 0.18 mm	100%		Preoperative: Professional oral	No	Consisting of a calcium

(2021) [35]	50.70 mean	58.47 mean	hygiene, Amoxicillin 1g every 12 hours for 5 days Bioactivation of implants with plasma Postoperatively: oral hygiene with 0.2% chlorhexidine solution for 14 days	ions deposition over the implants
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