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Chapter 1 : Concepts in Nonsurgical Periodontal Therapy - Kathleen Hodges - Google Books

This new book presents up-to-date concepts in periodontal therapy by teaching dental hygienists procedures on how to perform a thorough periodontal assessment in an efficient manner. The text is organized into four major sections that present phases of therapy including assessment, planning, implementation, and evaluation.

Traditionally, patients with generalized, moderate-to-severe chronic periodontitis have been treated with resective periodontal surgical procedures. As a result, some patients have suffered marked gingival recession and interproximal soft tissue disfigurement that resulted in root sensitivity, an increased risk of root caries, and, occasionally, compromised aesthetics. Major demographic shifts to an older patient population, as well as increased use of selected medications that depress wound healing and immune mechanisms, have further precluded periodontal surgeries. Potential adjunctive antimicrobial approaches to enhance the outcome of conventional, mechanical, nonsurgical periodontal therapy may include use of chlorhexidine mouthrinses at various concentrations, homecare procedures with hydrogen peroxide and baking soda, and professional, in-office pocket irrigation with a povidone-iodine antiseptic solution. Concepts Surrounding Therapeutic Treatment Incorporation of hydrogen peroxide and sodium bicarbonate into patient homecare procedures was popularized over 25 years ago. In the United States, however, only a 0. Fortunately, similar in vivo plaque inhibitory effects are found with both formulations. Significantly superior treatment outcomes are found in deep periodontal pockets when a 0. This may better protect and preserve the most coronal intact periodontal connective tissues from iatrogenic trauma induced by mechanical periodontal instrumentation performed in inflamed periodontal pockets. Case Presentation A year-old female patient presented for periodontal treatment. Although the patient reported a history of smoking a pack of cigarettes per day for many years, smoking had ceased over 10 years prior to presentation. Clinical photographs and a complete periodontal examination eg, pocket depths, mobility, recession, furcation involvement, masticatory mucosa were performed Figure 1 ; Table B. Diagnostic study models were fabricated in order to formulate an optimum treatment plan. A comprehensive review of the medical history ruled out any systemic involvement. Phase-contrast microscopic examination revealed high numbers of motile rods and spirochetes. Plaque Control Mechanical plaque removal was performed by the patient using a soft toothbrush and interdental cleaner with the aid of disclosing solution to demonstrate areas of plaque. Systemic antibiotics were then administered. In-Office Therapy Full-mouth debridement was performed using an ultrasonic scaler. Removal of visible supra- and subgingival calculus was performed at six appointments, over a total of four hours. Subgingival irrigation was also performed with 0. Follow-Up Therapy The patient was seen for supportive periodontal therapy on a three-month interval for the first 18 months. The patient agreed to be seen on a six-month recall schedule. She also expressed interested in orthodontic treatment to retract and consolidate the anterior segment. When active tooth movement is initiated, she will need to present every three months for supportive periodontal therapy, to ensure that periodontal health is maintained. Conclusion There are several potential caveats for clinicians when treating severe chronic periodontitis. It is important to focus on the disease as a bacterial infection conducive to anti-infective treatment strategies. Reducing gingival tissue inflammation prior to mechanical root instrumentation, by resequencing periodontal treatment procedures may enhance preservation of intact periodontal connective tissues and may better promote postoperative periodontal regeneration. Administration of systemic antibiotics may be better positioned earlier in periodontal treatment plans than is generally practiced. Severe forms of human periodontitis may respond successfully, with potential retention of near-hopelessly involved teeth, to nonsurgical periodontal therapies augmented by antimicrobial agents delivered both professionally and by the patient. Salt and peroxide compared with conventional oral hygiene. Patient compliance and acceptance. J Periodontol ;58 5: Long-term effects of microbiologically modulated periodontal therapy on advanced adult periodontitis. J Am Dent Assoc ; 3: Treatment of juvenile periodontitis with microbiologically modulated periodontal therapy Keyes technique. Pediatr Dent ;7 4: The use of

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phase-contrast microscopy and chemotherapy in the diagnosis and treatment of periodontal lesions”An initial report I. Quint Int Dent Dig, ;9 1: The use of phase-contrast microscopy and chemotherapy in the diagnosis and treatment of periodontal lesions”An initial report II. Quint Int Dent Dig ;9 2: Monitoring of subgingival Bacteroides gingivalis and Actinobacillus actinomycetemcomitans in the management of advanced periodontitis. Adv Dent Res ;2 2: Short-term clinical and microbiological observations. J Dent Res ;74 8: Comparative staining in vitro and plaque inhibitory properties in vivo of 0. J Clin Periodontol ;22 8: The use of PVP-iodine as an adjunct to non-surgical treatment of chronic periodontitis. J Clin Periodontol ;28 Systemic anti-infective periodontal therapy. Ann Periodontol ;8 1: Effects of metronidazole plus amoxicillin as the only therapy on the microbiological and clinical parameters of untreated chronic periodontitis. J Clin Periodontol ;33 9: Treatment of plaque-induced gingivitis, chronic periodontitis, and other clinical conditions. J Periodontol ;72 Guidelines for periodontal therapy. A rationale for management of periodontal diseases: J Am Dent Assoc ; 6: Phase contrast microscopic evaluation of subgingival plaque in combination with either conventional or antimicrobial home treatment of patients with periodontal inflammation. J Periodontol ;17 5: Sonic and ultrasonic scalers in periodontics. J Periodontol ;71 Microbiological and clinical effects of topical subgingival antimicrobial treatment on human periodontal disease. J Clin Periodontol ;10 5: The role of supra- and subgingival irrigation in the treatment of periodontal diseases. J Periodontol ;76 J Periodontol ;74 9:

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