Periodontal Disease Classification System

Prognosis and Treatment

April 26th, 2016
I. Gingival Diseases
   A. Dental plaque-induced gingival diseases*
      1. Gingivitis associated with dental plaque only
         a. without other local contributing factors
         b. with local contributing factors (See VIII A)
   2. Gingival diseases modified by systemic factors
      a. associated with the endocrine system
         1) puberty-associated gingivitis
         2) menstrual cycle-associated gingivitis
         3) pregnancy-associated
            a) gingivitis
            b) pyogenic granuloma
         4) diabetes mellitus-associated gingivitis
      b. associated with blood dyscrasias
         1) leukemia-associated gingivitis
         2) other
   3. Gingival diseases modified by medications
      a. drug-influenced gingival diseases
         1) drug-influenced gingival enlargements
         2) drug-influenced gingivitis
            a) oral contraceptive-associated gingivitis
            b) other
      4. Gingival diseases modified by malnutrition
         a. ascorbic acid-deficiency gingivitis
         b. other
   B. Non-plaque-induced gingival lesions
      1. Gingival diseases of specific bacterial origin
         a. Neisseria gonorrhoea-associated lesions
         b. Treponema pallidum-associated lesions
         c. streptococcal species-associated lesions
         d. other
   2. Gingival diseases of viral origin
      a. herpesvirus infections
         1) primary herpetic gingivostomatitis
         2) recurrent oral herpes
         3) varicella-zoster infections
      b. other
   3. Gingival diseases of fungal origin
      a. Candida-species infections
         1) generalized gingival candidosis
         b. linear gingival erythema
         c. histoplasmosis
         d. other
   4. Gingival lesions of genetic origin
      a. hereditary gingival fibromatosis
      b. other
   5. Gingival manifestations of systemic conditions
      a. mucocutaneous disorders
         1) lichen planus
         2) pemphigoid
         3) pemphigus vulgaris
         4) erythema multiforme
         5) lupus erythematosus
         6) drug-induced
         7) other
      b. allergic reactions
         1) dental restorative materials
            a) mercury
            b) nickel
            c) acrylic
            d) other
         2) reactions attributable to
            a) toothpastes/dentifrices
            b) mouthrinses/mouthwashes
            c) chewing gum additives
            d) foods and additives
         3) other
   6. Traumatic lesions (factitious, iatrogenic, accidental)
      a. chemical injury
      b. physical injury
      c. thermal injury
   7. Foreign body reactions
   8. Not otherwise specified (NOS)
II. Chronic Periodontitis†
   A. Localized
   B. Generalized

III. Aggressive Periodontitis†
   A. Localized
   B. Generalized

IV. Periodontitis as a Manifestation of Systemic Diseases
   A. Associated with hematological disorders
      1. Acquired neutropenia
      2. Leukemias
      3. Other
   B. Associated with genetic disorders
      1. Familial and cyclic neutropenia
      2. Down syndrome
      3. Leukocyte adhesion deficiency syndromes
      4. Papillon-Lefèvre syndrome
      5. Chediak-Higashi syndrome
      6. Histiocytosis syndromes
      7. Glycogen storage disease
      8. Infantile genetic agranulocytosis
      9. Cohen syndrome
     10. Ehlers-Danlos syndrome (Types IV and VIII)
     11. Hypophosphatasia
     12. Other
   C. Not otherwise specified (NOS)

V. Necrotizing Periodontal Diseases
   A. Necrotizing ulcerative gingivitis (NUG)
   B. Necrotizing ulcerative periodontitis (NUP)

VI. Abscesses of the Periodontium
   A. Gingival abscess
   B. Periodontal abscess
   C. Pericoronal abscess

VII. Periodontitis Associated With Endodontic Lesions
   A. Combined periodontic-endodontic lesions
      1. Tooth anatomic factors
      2. Dental restorations/appliances
      3. Root fractures
      4. Cervical root resorption and cemental tears

B. Mucogingival deformities and conditions around teeth
   1. Gingival/soft tissue recession
      a. facial or lingual surfaces
      b. interproximal (papillary)
   2. Lack of keratinized gingiva
   3. Decreased vestibular depth
   4. Aberrant frenum/muscle position
   5. Gingival excess
      a. pseudopocket
      b. inconsistent gingival margin
      c. excessive gingival display
      d. gingival enlargement (See I.A.3. and I.B.4.)
   6. Abnormal color

C. Mucogingival deformities and conditions on edentulous ridges
   1. Vertical and/or horizontal ridge deficiency
   2. Lack of gingiva/keratinized tissue
   3. Gingival/soft tissue enlargement
   4. Aberrant frenum/muscle position
   5. Decreased vestibular depth
   6. Abnormal color

D. Occlusal trauma
   1. Primary occlusal trauma
   2. Secondary occlusal trauma
Comprehensive Tx Planning

**Exam**
Clinical Findings

**Diagnosis**
Gingival Dz
Chronic Perio Dz
Aggressive Perio Dz
Mani of Systemic Dz
NUG/NUP
Perio Abscess
Perio-Endo Lesions
Dev-Acquired

**Current Prognosis**

**Therapeutics Outcomes**

**Treatment Options**

**Treatment Planning**
Perio
Restorative
Endo

**Reevaluation**
Did Prognosis Improve?

**Maintenance**
Continuous Reevaluation
Why should I take a history, examine, diagnose, determine prognosis, treat, and document periodontal disease in your patients?
1. To find if a problem exists and its severity
   What is the damage and how bad is it?

2. To discover the etiologic factors
   What is causing the problems (s)

3. To establish a diagnosis, prognosis, and customize the treatment plan
   How can the problem be best fixed; how predictable is the treatment; can the damage be reversed and improve the prognosis
Helps you figure out what to do ..... in any patient!
WHAT TO DO?
Name: ____________________

What are the diagnoses for periodontal disease used in your office?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are your criteria for determining prognosis of periodontal therapy?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What determines your treatment plan?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What radiographs are taken to diagnosis periodontal disease? How often do you update radiographs?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How often do you complete a full mouth probing? And/or PSR?

________________________________________________________________________

What criteria are used to determine active periodontal disease?

________________________________________________________________________
Comprehensive Tx Planning
Examination: Clinical Findings

- Medical History
- Dental History
- Chief Complaint
- Extraoral Exam
- Intraoral Exam
- Teeth & Replacements
- Radiographs

- Presence and distribution of plaque / calculus
- Soft tissues
- Probing depths
- Location of gingival margin
- BOP
- Mucogingival factors
- Furcation Involvement
- Mobility
- Occlusal Trauma
What radiographs are taken to diagnosis of periodontal disease?

- **New patient**
  - BW - Pano
  - Vertical BW - Pano
  - FMX

- **Maintenance patient**
  - BW every year
  - BW and PA’s every year
  - Peri-apicals yearly
  - FMX 3-5 years
  - Any noted changes
What radiographs are taken to diagnosis of periodontal disease?

• New patient
  – BW - Pano
  – Vertical BW - Pano
  – FMX

• Maintenance patient
  – BW every year
  – BW and PA’s every year
  – Peri-apicals yearly
  – FMX 3-5 years
  – Any noted changes

Need to See the entire tooth!
How often do you complete a full mouth probing?

- **Healthy patients**
  - 6 months
  - Yearly

- **Periodontal patients**
  - 3-4 months (every visit)
  - 6 months
  - 12 months unless suspicious area
  - 3-5 years (as needed)
How often do you complete a full mouth probing?

- **Healthy patients**
  - 6 months
  - Yearly

- **Periodontal patients**
  - 3-4 months (every visit)
  - 6 months
  - 12 months unless suspicious area
  - 3-5 years (as needed)
What criteria are used to determine active periodontal disease?

**Clinical Findings**
- Increase in pocketing
- Purulence
- BOP
- Mobility
- Increase bone loss

2mm+ Change & BOP
What are the diagnoses for periodontal disease used in your office?

• Periodontal Disease
  – Chronic and Aggressive
  – Localized and Severe
  – Slight, Moderate, Severe
• Gingivitis
• Periodontal Abscess
• I – II – III – IV

• Clinical Findings
  – Meds/Medical hx
  – Smoking - Diabetes
  – Plaque - Calculus
  – LOA - recession
  – BOP - Exudate
  – Mobility
  – PD
  – Bone Loss – Horiz vs Vertical
  – Age
  – Nutrition
  – Halitosis
Comprehensive Tx Planning

Exam
Clinical Findings

Diagnosis
Gingival Dz
Chronic Perio Dz
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NUG/NUP
Perio Abscess
Perio-Endo Lesions
Dev-Acquired
1999 AAP Classification System

- Gingival Diseases
  - Plaque Induced
  - Non-plaque Induced
- Chronic Periodontitis
  - Localized vs Generalized
- Aggressive Periodontitis
  - Localized vs Generalized
- Necrotizing Perio Dz
  - NUG
  - NUP
- Abscesses of the Periodontium
- Periodontitis as a Manifestation of Systemic Dz
- Periodontitis Associated with Endodontic Lesions
- Developments or Acquired Deformities and Conditions
- Peri-Implant Diseases
  - Peri-Implant Mucositis
  - Peri-Implantitis
COMPREHENSIVE TX PLANNING

Exam
Clinical Findings

Diagnosis
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Dev-Acquired

Current Prognosis
What are your criteria for determining prognosis of periodontal therapy?

• Home health care
• Compliance
• Response to initial therapy

• Clinical Findings
  – Medical history
  – Severity of bone loss
Periodontal Prognosis

**Excellent/Good**
- 1-3mm PD
- Ltd restorative
- Ideal occlusion
- Easy to maintain
- Excellent pt compliance
- Prog: rest of life

**Fair**
- 4-5 mm PD. Minor LOA
- Class I furcation
- Ideal occlusion
- Few issues to address
- Excellent pt compliance
- Prog: 10+ years

**Poor**
- 6-7mm. PD Mod LOA
- Class I or II furcation
- Occlusal trauma
- 1+ mobility
- Difficult to maintain
- Excellent oral hygiene may not be enough
- Prog: 5-7 years

**Guarded/Questionable**
- 8+ mm PD. Severe LOA
- Poor C:R
- Poor Root Form
- Class II – III furcation
- 2+ mobility
- Difficult to predict outcome
- Prog: 50/50

**Hopeless**
- Inadequate attachment to maintain health, comfort, function.
- No treatment options left.
- Prog: Extraction
Periodontal Prognosis

- Problem
- Tx Options
- Maintenance
- Results
- Reevaluation
COMPREHENSIVE TX PLANNING

Exam
Clinical Findings

Diagnosis
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Current Prognosis

Therapeutics Outcomes
Therapeutic Outcomes

• Decrease
  – Probing Depths
  – Plaque / Calculus
  – BOP / Inflammation
  – Mobility
  – Occlusal Trauma

• Address Patient CC

• Understand Patient Expectations

• Improved Oral Hygiene

• Regeneration

• Visualize the etiology

• Improve Tooth / Teeth Prognoses
What determines your treatment plan?

• Clinical Findings
  – Plaque / Calculus
  – PD
  – BOP
  – Bone Loss - Pattern
  – BOP
  – LOA

• What the Dr determines
  • Home Care – Compliance
  • Medical History

• Treatment Options

• Patient Expectations

• Therapeutic Outcomes
  – Expected Results

• Change the Prognosis!!
COMPREHENSIVE TX PLANNING

Exam
Clinical Findings

Diagnosis
Gingival Dz
Chronic Perio Dz
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NUG/NUP
Perio Abscess
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Dev-Acquired

Current Prognosis

Therapeutics Outcomes

Treatment Options
Periodontal Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extractions

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
Exam
Clinical Findings

Diagnosis
- Gingival Dz
- Chronic Perio Dz
- Aggressive Perio Dz
- Mani of Systemic Dz
- NUG/NUP
- Perio Abscess
- Perio-Endo Lesions
- Dev-Acquired

Current Prognosis

Therapeutics Outcomes

Treatment Options

Treatment Planning
- Perio
- Restorative
- Endo
Treatment Planning

• Chief Complaint:

• Periodontal Treatment
  – Nonsurgical vs. Surgical therapy

• Restorative Treatment
  – Caries control
  – Caries Access

• Endodontic Treatment
COMPREHENSIVE TX PLANNING

Exam
Clinical Findings

Diagnosis
- Gingival Dz
- Chronic Perio Dz
- Aggressive Perio Dz
- Mani of Systemic Dz
- NUG/NUP
- Perio Abscess
- Perio-Endo Lesions
- Dev-Acquired

Current Prognosis

Treatment Planning
- Perio
- Restorative
- Endo

Reevaluation
Did Prognosis Improve?

Therapeutics Outcomes
Re-evaluation

• Chief complaint addressed
• Improvement in Clinical Findings
• Improvement in Prognosis: Tooth by tooth

• Oral Hygiene improved

• Treatment goals met non-surgically?
  – Surgical Intervention needed
Maintenance

- 3 months
  - Compromised PMT
  - Unresolving 7+mm PD
  - Poor+ OH
  - Easy bleeding
  - Furcation Involvement

- 4 months
  - Hx of Stable PD
  - Previous Sx
  - Residual PD 4-6mm

- 6 months
  - Limited periodontal tx
  - PD 3-4mm
  - Isolated 5mm – stable
  - Excellent OH

- 12 months
  - Stable long term hx of dental excellence
Cases
Gingival Disease Mod by Meds

Middle aged women

3 years since her last dental visit

Amlodipine med

Generalized 5-7 mm PDs

Generalized bulbous tissue

Multiple caries

Restorability?
Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extractions

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
Gingivectomy
Prognosis

• Restorability?
• Medication Change
• Oral Hygiene

• Fair for all teeth

• Tight Maintenance for stability
Generalized Severe AP

Teenager

Generalized PDs 6-10 mm

Little calculus; average plaque

Generalized severe bone loss

Multiple loose teeth

No systemic health issues
Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extractions

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
How to Achieve Regeneration?

• Mechanically
  – Block long junctional epithelium from down growths (GTR)

• Biologically
  – Mimic the natural process of periodontal development (Enamel Matrix Proteins)
Repair vs. Regeneration

**Periodontitis**

**Repair**

Formation of long junctional epithelium.

**Regeneration**

Recreation of structure & function of periodontium
- new cementum
- new periodontal ligament
- new alveolar bone
**Results of Regeneration**

<table>
<thead>
<tr>
<th>Days</th>
<th>Weeks</th>
<th>Months</th>
<th>One Year</th>
</tr>
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<tbody>
<tr>
<td>Proteins aggregate and form an insoluble matrix on root surface. A coagulum fills the defect to which mesenchymal cells can attach.</td>
<td>Regeneration of new cementum and periodontal ligament begins. Early growth of alveolar bone can be observed.</td>
<td>New bone fills the defect and eventually fuses with the surrounding bony walls.</td>
<td>Regain of clinical attachment and new alveolar bone has been shown to continue over one year.</td>
</tr>
</tbody>
</table>

*Histology obtained from one tooth in a patient with periodontal disease who was treated with Emdogain® revealed regeneration; results may vary.*
Preop and 1 year Post-op
Pre-op and 1 year Post-op
Prognosis

- Oral Hygiene extremely important
- Low susceptibility to periodontal disease
  - Little plaque with heavy damage
- Fair for all teeth with maintenance
- Tight Maintenance needed late 20’s/early 30’s
- Problem areas: 1\textsuperscript{st} and 2\textsuperscript{nd} max molars
Generalized Gingivitis

Patient in 30’s

Generalized Plaque

1-3mm PDs

Easy bleeding on probing

No bone loss

No medications
Treatment Options

- Non-Surgical Perio Dz
  - Prophy
  - ScRP
  - ScRP + Antibiotics

- Surgical Perio Dz
  - Flap for access
  - Gingivectomy
  - Osseous Sx
  - Laser Perio Therapy
  - Regeneration

- Occlusal Therapy
  - Ltd vs Comp adjustment
  - Appliance

- Restorative Care
  - Accessible vs Inaccessible
  - Crown Lengthening

- Esthetic Care
  - Restorations
  - Tissue Grafting
Prognosis

• Excellent/Good
  – Difference depends on oral Hygiene
• Every 6 months
• Susceptibility can change
Periodontal Abscess #22-23

History of 9 mm PD #22

Infrequent dental visits

Generalized heavy plaque and calculus

Swelling between #22-23

Does no resolve completely with antibiotics
Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extractions

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
Prognosis

• Oral Hygiene extremely important
• High susceptibility to periodontal disease
  – Little plaque with heavy damage
• Fair for all teeth with maintenance
• Tight Maintenance needed late 20’s/early 30’s
• Problem areas: 1\textsuperscript{st} and 2\textsuperscript{nd} max molars
Generalized Severe CP on a Reduced Periodontium

Patient in early 50’s
Generalized calculus and plaque
5-9 mm PDs
recession
BOP
Localized mobility upper and lower anterior teeth
Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extractions

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
Prognosis

• Medical History: Diabetes
• Oral Hygiene extremely important
• High susceptibility to periodontal disease
  – Little plaque with heavy damage
• Poor/hopeless for all teeth with maintenance
• Surgery vs Non-surgery
• Occlusal issues complicate outcomes
Primary Endo and Secondary Perio

#30

Facial PD 12 mm

Bleeding and purulence

Facial sinus tract

Slight mobility

Hits this tooth first when biting
Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extraction

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
Socket Graft vs Immediate Implant
Prognosis

• Dependent on Perio prognosis 1st
• Failed Endo
• Have to remove infection
• Repair damage from infection
Necrotizing Ulcerative Gingivitis (NUG)
Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics
  – Antibiotic + CHX

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extractions

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
Prognosis

• Stress and smoking a factor
• Cleaning what you can
• CHX + Flagyl
• 24-48 post-op

• Response should be within 24 hours
• Predictable
Peri-Implantitis #8-9

Implants placed 15 years ago

Inflammation #9 implant; easy bleeding

PD’s 5-7 mm #8

PD’s 8-12mm #9

Non-mobile

Moderate to Severe bone loss
Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extractions

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
LASER PERIODONTAL SURGERY PROTOCOL

Figure 1. Step-by-step surgical technique for LPT.
Ablation
Scaling and Root planing
Hemostasis
Occlusal adjustment and therapy
One week post-op
Flap Surgery
Explantation
Prognosis

• Dependent on detoxifying the implant surface
• Oral hygiene important
Localized Severe (#3-6; 12-13) CP with SOT

Middle aged patient

Clencher/grinder

Localized severe bone loss

PDs 8-12 mm with purulence/BOP

Mobility and Fremitus
Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extractions

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
Implant Preparation
Prognosis

• Oral hygiene important
• Occlusal trauma a culprit. Adjustment and nighttime appliance ideal
• Teeth replacements
  – Removable vs fixed
External Root Resorption #11

Resorption #11

No pain

Facial PD 7mm with easy bleeding

No mobility
Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extraction

• Occlusal Therapy
  – Ltd vs Comp adjustment

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
Prognosis

- Location of the resorption – external
- External integrity – internal
  - RCT
- Structural failure due to weaken tooth
• Hx of bone grafting
• Gradual resorption/recession
• Minimal – No AG/KG
• No mobility
• 1-3mm PDs
• Difficult OH
Periodontal Treatment Options

• Non-Surgical Perio Dz
  – Prophy/PMT
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extractions

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
Prognosis

• Oral Hygiene extremely important
• Need to establish baseline to determine future changes
• Is the resorption completed?
• Tight Maintenance needed
Perio-Restorative Case
Treatment Options

• Non-Surgical Perio Dz
  – Prophy
  – ScRP
  – ScRP + Antibiotics

• Surgical Perio Dz
  – Flap for access
  – Gingivectomy
  – Osseous Sx
  – Laser Perio Therapy
  – Regeneration
  – Extractions

• Occlusal Therapy
  – Ltd vs Comp adjustment
  – Appliance

• Restorative Care
  – Accessible vs Inaccessible
  – Crown Lengthening

• Esthetic Care
  – Restorations
  – Tissue Grafting
Prognosis

- Caries risk
- C:R ratio
- Oral hygiene
- Occlusion

- Fair for all teeth
COMPREHENSIVE TX PLANNING

Exam
Clinical Findings

Diagnosis
Gingival Dz
Chronic Perio Dz
Aggressive Perio Dz
Mani of Systemic Dz
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Perio Abscess
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Dev-Acquired

Current Prognosis

Therapeutics
Outcomes

Treatment Options

Treatment Planning
Perio
Restorative
Endo

Reevaluation
Did Prognosis Improve?

Maintenance
Continuous Reevaluation
Why should I take a history, examine, diagnose, determine prognosis, treat, and document periodontal disease in your patients?
1. To find if a problem exists and its severity
   What is the damage and how bad is it?

2. To discover the etiologic factors
   What is causing the problems (s)

3. To establish a diagnosis, prognosis, and customize the treatment plan
   How can the problem be best fixed; how predictable is the treatment; can the damage be reversed and improve the prognosis
Questions?

Dr. Chris van Kesteren

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