Slide 1

Slide 2

Periodontal Diseases

- Inflammatory gingivitis
- **Chronic adult periodontitis**
- Localized aggressive periodontitis (juvenile periodontitis)
- **Generalized aggressive periodontitis (rapidly destructive periodontitis)**
- Necrotizing periodontitis (acute necrotizing ulcerative gingivitis)

Slide 3

Periodontal Protocol

Periodontal Parameters- defined by periodontal probing

- Assessment of gingival architecture
- Probing depths
- Bleeding on probing
- Exudate
- Plaque retention

****Orthodontists MUST probe their adult patients******

Slide 4

Periodontal Protocol

Periodontal Parameters- defined on radiographs

- Bone levels on periapical and bitewing radiographs
- Underestimates actual bone loss, especially initial bone loss

*****Panoramic radiographs are not diagnostic******

Slide 5

Periodontal Protocol

- Periodontal Maintenance

A. Home care program
- Interproximal cleaning

B. Professional care
- Initial periodontal therapy
  - Remove plaque, calculus
  - Reduce pocket depth
  - Occlusal Therapy

Slide 6

Periodontal Protocol

- Professional Maintenance

C. Maintenance prior to orthodontic treatment for determining periodontal stability
- Minimum of 4 months

D. Maintenance during orthodontic treatment
- At 2-3 month intervals
- Consultation and treatment planning with restorative team (orthodontist, periodontist, implantologist, restorative dentist, others

E. Informed consent

General Dentist versus Periodontist ?

Slide 7

Interdisciplinary Treatment Planning

- Determine Teeth at Risk
  - Questionable
  - Doubtful
  - Hopeless

MUST be entered into patient chart.

Can maintain hopeless and doubtful teeth during treatment (Wojcik, M.S., et al, J. Periodont. 1992)

Slide 8

Interdisciplinary Treatment Planning

- Orthodontic Treatment
  - Minimize treatment time
  - Minimize tooth movement
  - Avoid premolar extractions when possible
  - Minimize orthodontic forces
  - Permanent retention

Ideal versus Maintainable / Functional occlusion

Slide 9

Malocclusion

- Original malocclusion
  - Variable
- Acquired malocclusion (recent)
  - -Spacing
  - -Proclination
  - -Elongation
  - -Mobility
  - -Crowding?
  - -Deepening of bite?

Slide 10

Case 1 BC ♀

- Age 50 y, 6 m
- CLII, deep bite, crowded lower incisors
- Bone loss, lower incisors with root approximation
- Plaque former

Slide 11

Refractory to Treatment

- Failure to remove plaque
  - Poor home care
  - Inadequate professional care
- Virulence of bacteria
- Host susceptibility

Slide 12

Smoking and the Periodontium

Bergström, J Clin Perio 2000; 27:61-68

- Increase prevalence and severity
- Poor responses to therapy
- More cases refractory to treatment
- Lower success rate for endosseous implants

Slide 13

Tooth preservation or implant placement

A systematic review of long-term tooth and implant survival rates

Liran Levin, DMD; Michal Halperin-Sternfeld, DMD, MSc

JADA 2013;144(10):1119-1133

- The results of this systematic review show that implant survival rates do not exceed those of compromised but adequately treated and maintained teeth, supporting the notion that the decision to extract a tooth and place a dental implant should be made cautiously. Even when a tooth seems to be compromised and requires treatment to be maintained, implant treatment also might require additional surgical procedures that might pose some risks as well. Furthermore, a tooth can be extracted and replaced at any time; however, extraction is a definitive and irreversible treatment.

Slide 14

Why are implants lost?

Short term loss
- Inadequate bone at implant site
- Occlusal overload, cantilever affect

Long term loss
- Occlusal overload, cantilever affect
- Peri-implantitis
- Long-term unesthetic result
  Recession exposing implant

Slide 15

Effectiveness of Implant Therapy Analyzed in a Swedish Population: Early and Late Implant Loss

J. Derks*, J. Håkansson, J.L. Wennström, C. Tomasi, M. Larsson, and T. Berglundh

Journal of Dental Research 2015, Vol. 94: 44S-51S.

- Evaluated 2367 implants nine years after therapy. Early implant loss 4.4 percent. Late implant loss 4.2 percent.
- Incidence higher in patients with diagnosis of periodontitis.

Slide 16

Effectiveness of Implant Therapy Analyzed in a Swedish Population: Prevalence of Peri-implantitis

J. Derks[1], D. Schaller[1], J. Håkansson[1], J.L. Wennström[1], C. Tomasi[1], and T. Berglundh[1]

Journal of Dental Research 2016, Vol. 95(1) 43-49.

- 588 patients who received implant therapy 9 years earlier - 45 percent presented with peri-implantitis.
- Bone loss > 2mm 14.5 percent.
- Management of peri-implantitis challenging.