

PERIODONTAL DISEASE

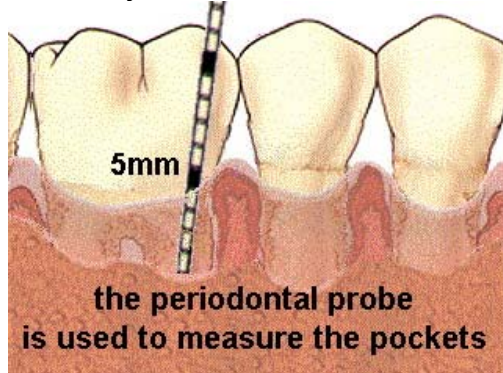
Periodontal disease, or “gum” disease, affects four out of every five adults. This makes periodontal disease one of the most common diseases affecting mankind, and is the leading cause of tooth loss in adults. It is caused by the presence of bacterial plaque. Plaque is formed by the action of the bacteria normally found in your mouth on remaining food debris. The result of this bacterial plaque is the formation of acids causing tooth decay, and other chemicals causing gingivitis, or inflammation of the gums. In its early stages gingivitis may result in slightly sore, red, swollen gums that may bleed when brushed. The early states of gingivitis are so mild that most of us have accepted this condition as normal. Bleeding gums are not healthy! Bleeding tissue is normally a sign of damage, and with minor exception is usually a sign of developing disease.

Progressing gingivitis results in inflammation of the bone that holds in the tooth. When inflamed, bone does not become swollen, but rather resorbs, or literally dissolves away! Chronic ongoing bone loss causes loosening of teeth and their eventual loss if not effectively treated.

Contemporary dentistry can successfully treat progressive periodontal disease if it is diagnosed early enough. The type and extent of treatment will depend on the severity of the problem, but with your help successful treatment is possible. The following are some of the types of treatment utilized to eliminate periodontal disease. The actual approach to your problem will be discussed with your dentist, your hygienist, and possibly a periodontist.

Diagnosis

Determination of the extent and severity of periodontal disease is critical in deciding appropriate therapy and monitoring the outcome of that therapy. Effective periodontal diagnosis requires a medical and dental history, complete intra-oral examination and x-rays, charting of pocket depths, bone loss, amount of attached gingiva and tooth mobility (looseness). Diagnostic models of your mouth may be made as well.

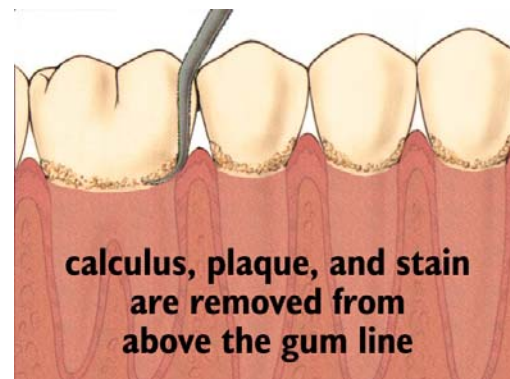


Prophylaxis

This is the “cleaning” you are all familiar with, and is meant to preserve the existing state of health. *Its purpose is to remove plaque and calculus (tartar) that has developed above the gum line.*

Prophylaxis is appropriate treatment for

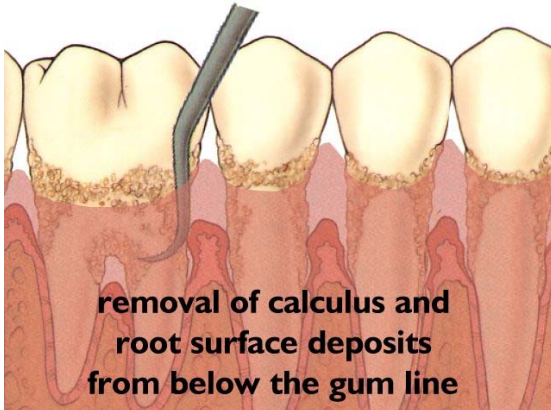
those who have healthy gums or mild gingivitis. *Excessive amounts of calculus* due to inadequate home care or delayed treatment will first require a *debridement* to enable effective removal of all disease causing calculus during a subsequent prophylaxis.



Note that a diagnosis of healthy or mildly inflamed gingiva must be made before instituting prophylaxis as a definitive treatment. Prophylaxis is **not** effective treatment in the presence of gum pocketing or bone loss. Because the symptoms of periodontal disease are usually minimal, the absence of discomfort or overt symptoms is not an indication of relative health

Scaling and Root Planing

Gingivitis has progressed, *gum pockets have developed, and some loss of tooth-supporting bone is evident.* If the bone loss is substantial, loosening of teeth will be detected. The ongoing exposure of root surfaces to the disease promoting toxins found in plaque cause the root surface to become softened, thereby harboring additional bacterial plaque. Scaling and root planing is performed to *remove calculus below the gum line, reduce the level of disease producing bacteria on the root surface, and smooth the root surface to promote healing.*

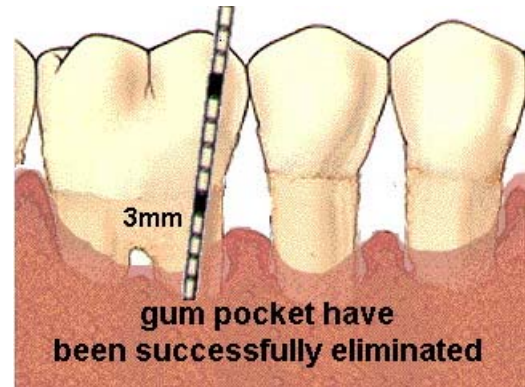


Irrigation of the gum pocket with antibiotics is frequently performed. Localized, minor gum pocketing may successfully treated in this fashion. More severe gum pocketing may not be totally resolved solely by scaling and root planing, and may require additional therapy.

Periodontal Surgery

Long standing periodontal disease invariably takes its toll. Tooth-supporting bone is lost as a result of the chronic inflammation caused by disease producing bacteria. Significant gum pocketing develops along with the bone loss, and makes it increasingly difficult to control the disease with even the most meticulous oral hygiene efforts. The deep gum pockets associated with periodontal disease cannot be effectively cleansed to control the disease process. While there are varying types of periodontal surgical procedures, the intended outcome of all these procedures is to eliminate the gum pockets.

If the disease is very advanced, pocket reduction therapies may be impossible or only partially effective. Successful pocket elimination will enhance the efficacy of home care efforts, once again allowing disease prevention techniques to become effective.



Post-treatment evaluation

Ongoing evaluation and follow-up is essential to monitor the success of therapy. Enhanced and more frequent hygiene treatment will help to maintain the periodontal status. Issues contributing to periodontal disease, such as missing teeth, large rough restorations, and excessive mobility may require additional treatment to further insure long-term success.

