

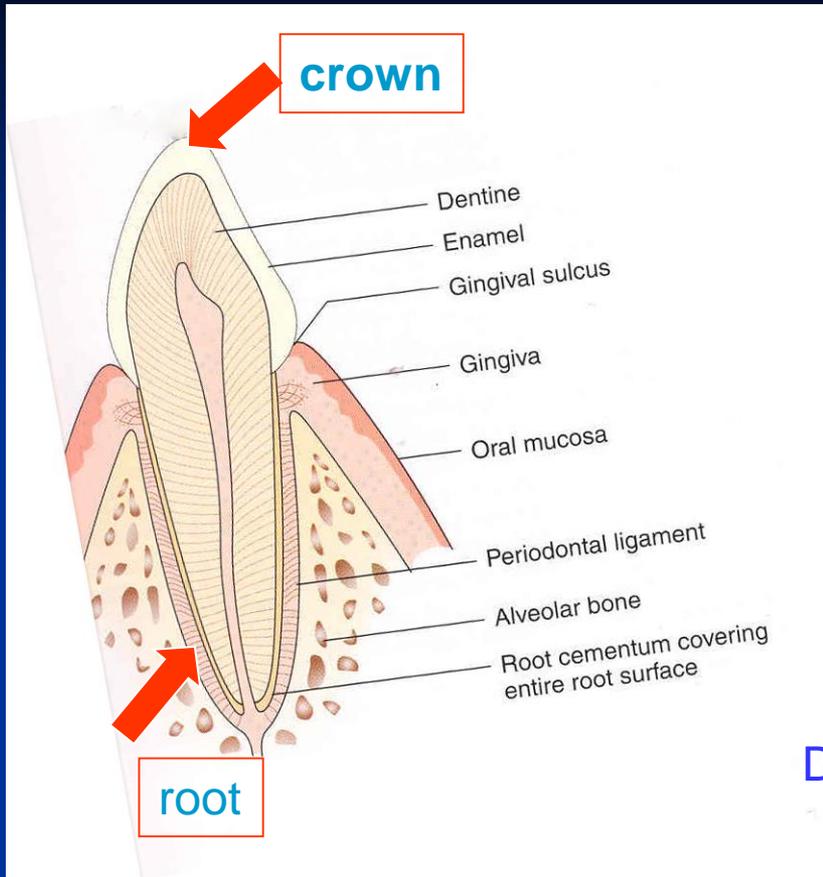
Periodontology

Periodontology

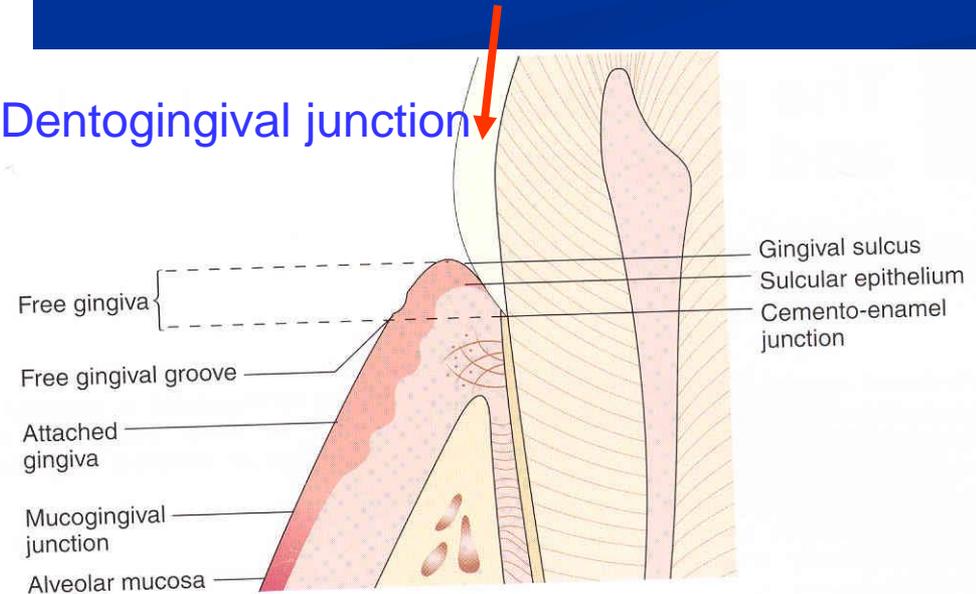
- Periodontal tissues
 - alveolar bone
 - cementum
 - periodontal ligament
 - gingiva

Morphology

Supportive tissues



Dentogingival junction



Periodontal diseases

- Inflammation at most!!!!
- The most important ethiological factor?



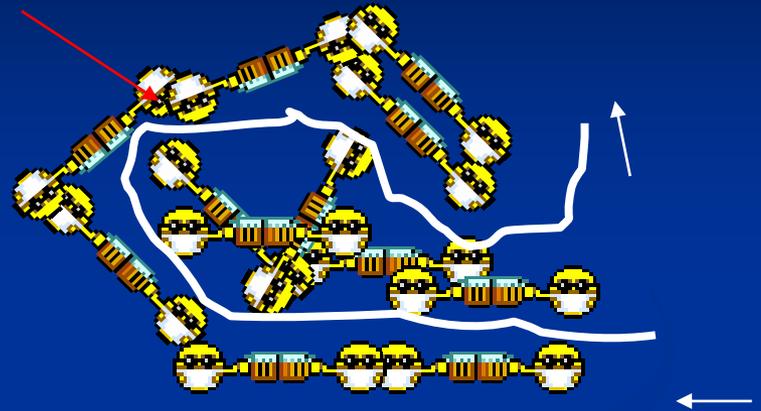
Dental plaque!!!!



BIOFILM

Dental plaque = biofilm

■ Community



■ Primitive circulation



More species

Higher metabolic activity

Higher resistance

(*S. sobrinus* CHX 300x, AF 75x)

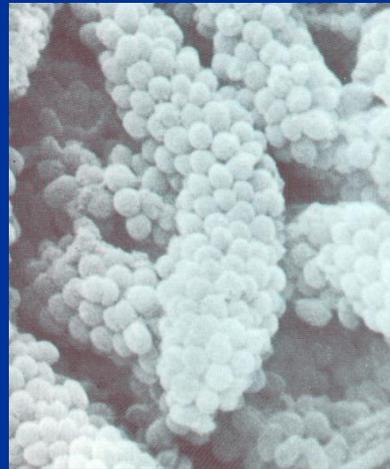
} better conditions to survive
higher virulence

Biofilm

- Adherence



- Colonisation



- Maturation

Can it be recognised and removed easily?





Other aetiological factors

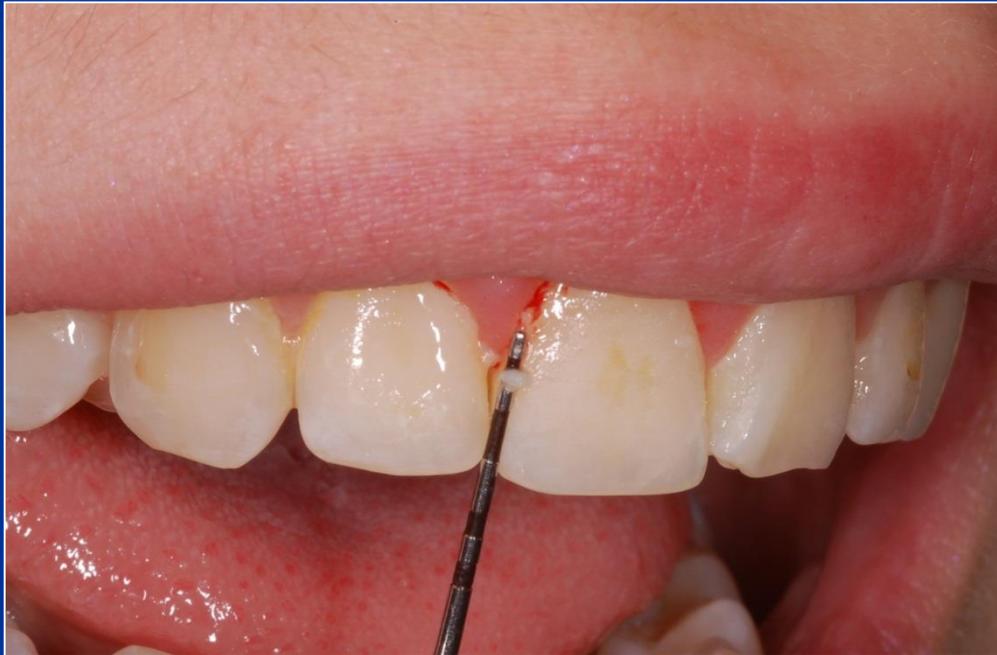
- Calcified deposit on teeth, plaque on the surface
- Overhangs, crowns, dentures
- Genetic factors – gene polymorphism



Parodontopathies

Gingivitis

■ Plaque associated gingivitis



Chronic form

Erythema

No pain

Easy bleeding

Plaque on the tooth

Acute form

Erythema

Pain

Easy bleeding

Plaque on the
tooth

Acute necrotising gingivitis - ANUG

- Necrotizing ulcerative gingivitis

Aetiology

Special microbes - anaerobes

The clinical picture

- Gingival inflammation and destruction



Severe pain, bleeding gums, halitosis



Diferential diagnosis

- Herpetic gingivostomatitis
 - Young people
 - Prodroms
 - Pyrexia
 - Lymphadenopathy
 - Lesions more widespread and diffuse

Diferential diagnosis

- If ANUG does not tend to recover in 10 days – check the blood picture!



Atrophic or desquamative gingivitis

symptoms

- Erythema on free gingiva – loss of the epithelium
- Variety of symptoms: itching, tenderness of eating, burning.



Hyperplastic gingivitis

- High standard of oral hygiene must be achieved!
- Gingivectomy (drugs induced)



Parodontopathies

Periodontitis

- Chronic periodontitis.
- Aggressive periodontitis.
- Periodontitis as a manifestation of systemic disease.
- Necrotizing periodontal diseases.
- Abscesses of the periodontium.
- Periodontitis associated with endodontic lesions.
- Development or acquired deformities and conditions.

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Periodontitis

- Gingivitis
- Pocketing
- Loss of alveolar bone
- Drifting and mobility
- Furcation exposures
- Recession

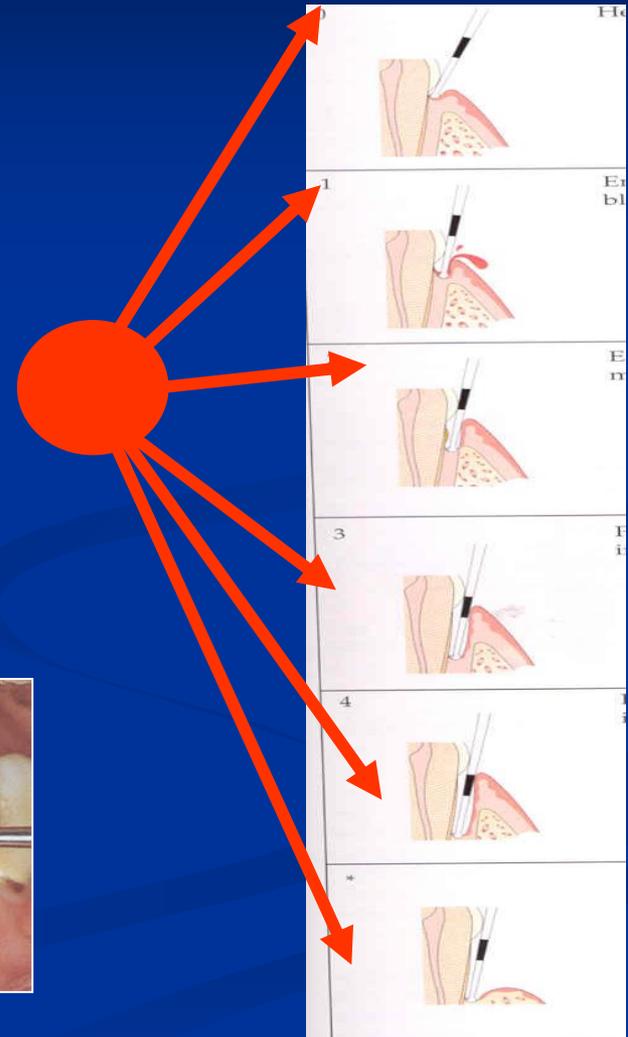


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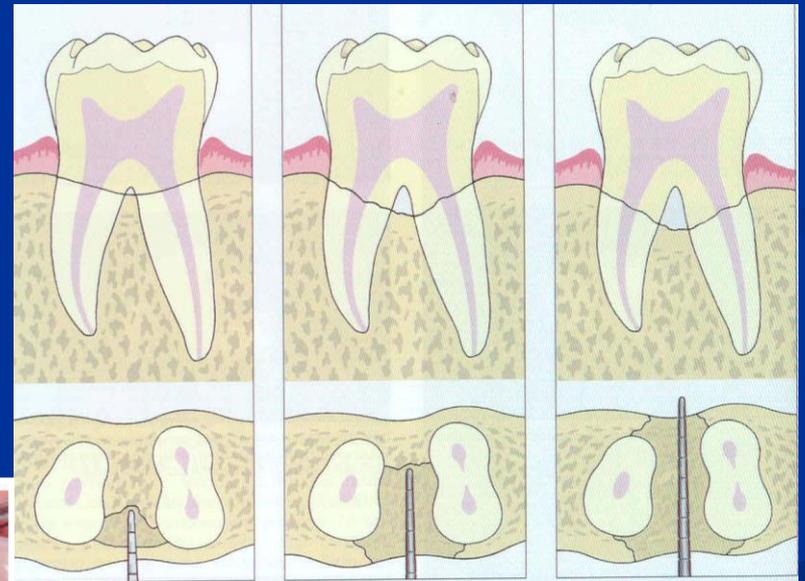
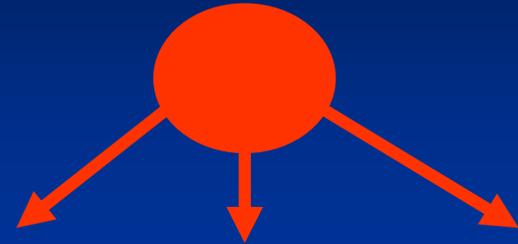
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Periodontitis

- Chronic adult periodontitis
- Aggressive periodontitis
- Early onset periodontitis

Therapy

- 1. Oral hygiene - professional, home care
INDIVIDUAL



Therapy

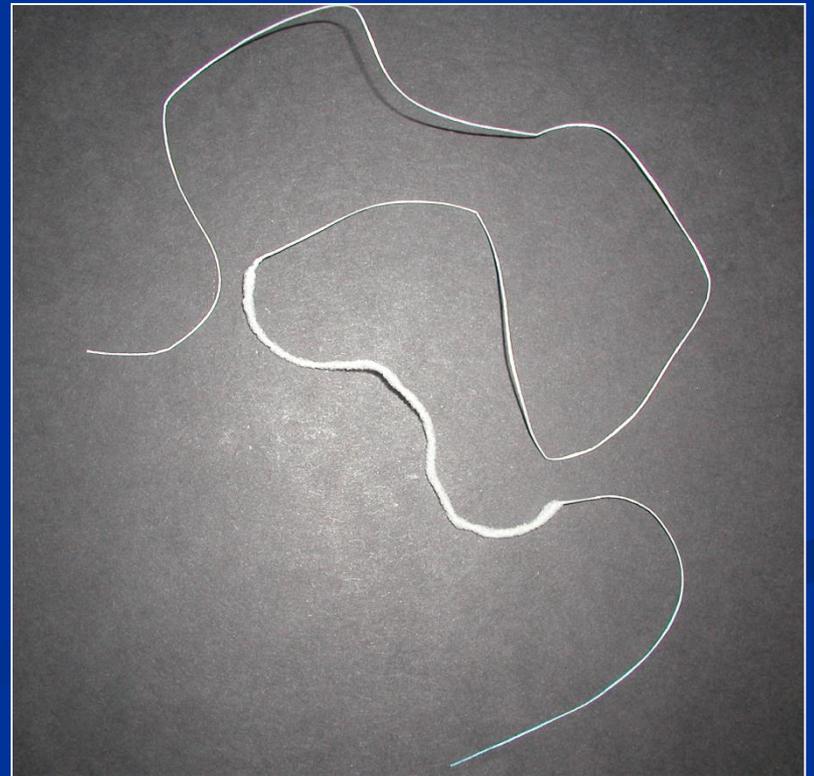
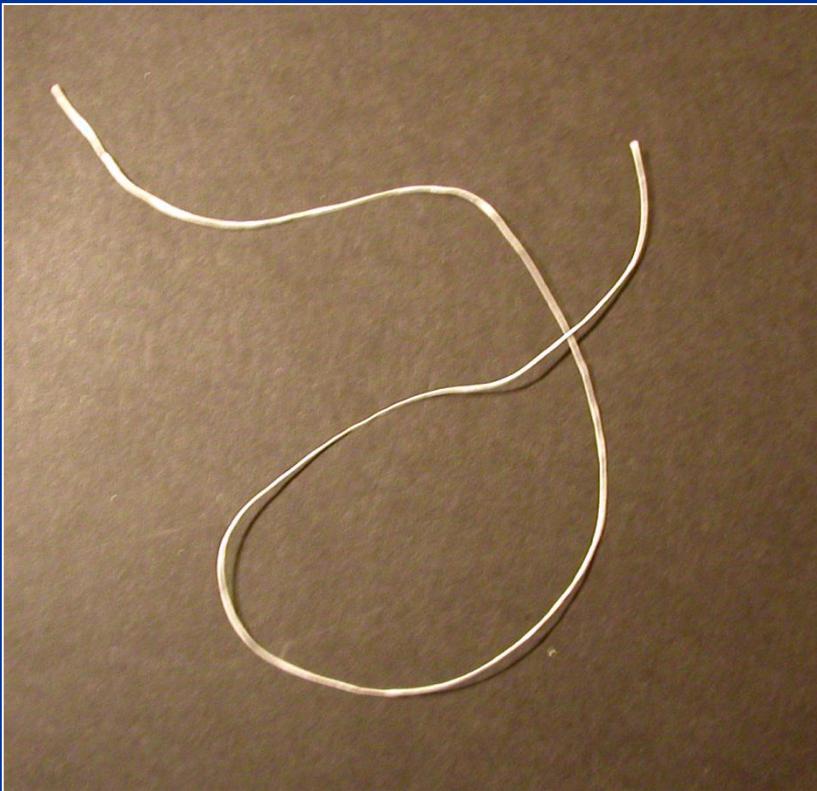
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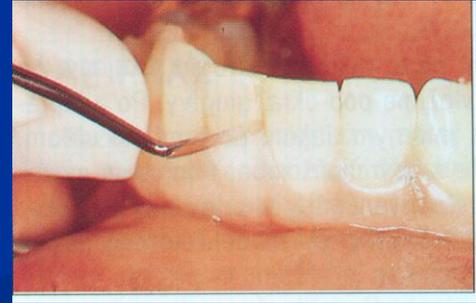
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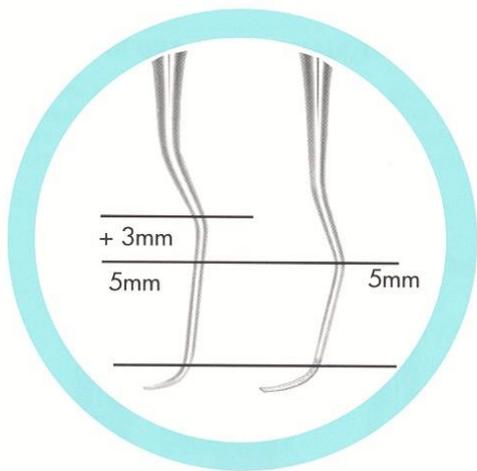
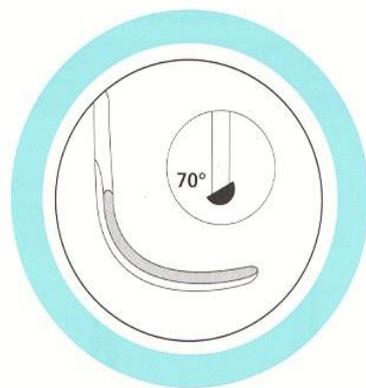
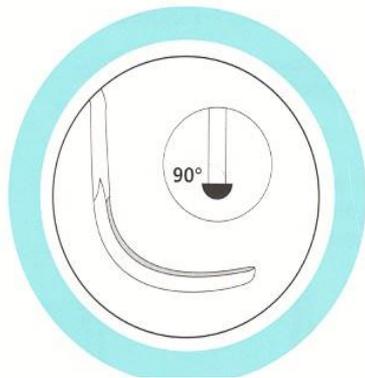


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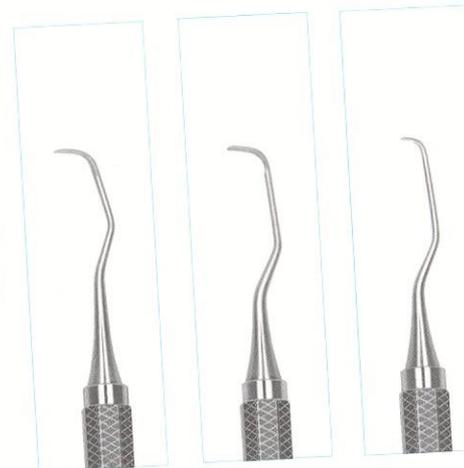
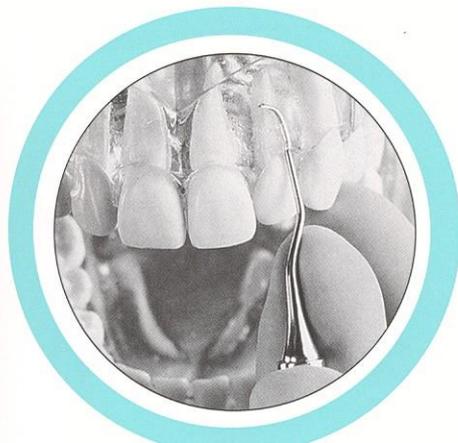
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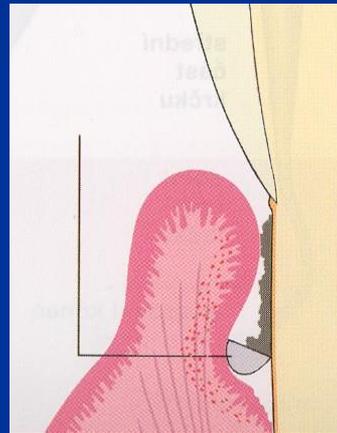
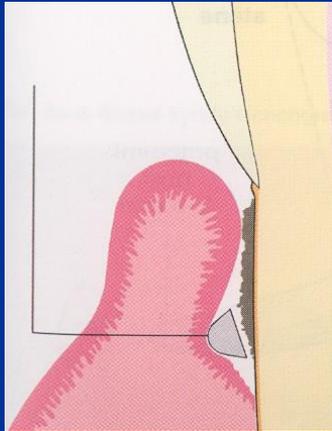


Možnosti kyret



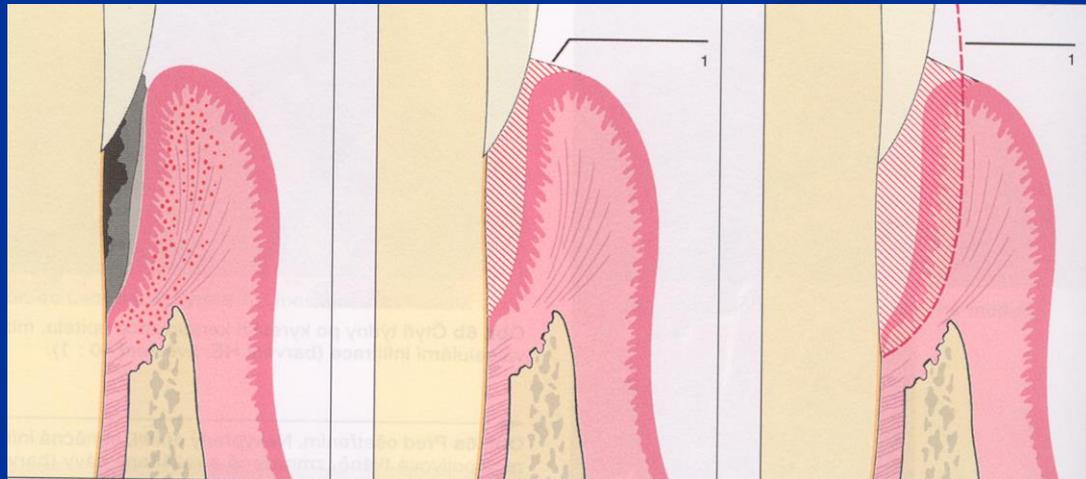
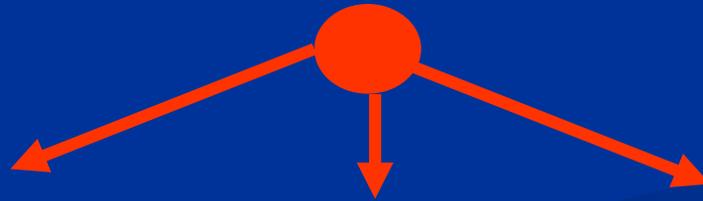


Scaling, root planing



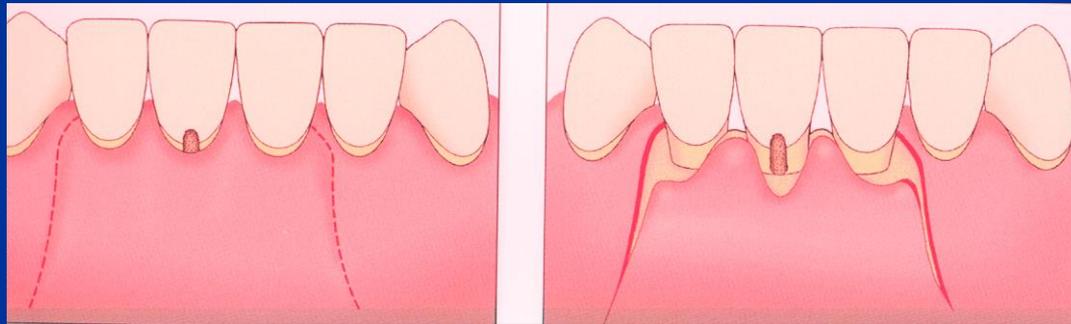
Therapy

- 2. Subgingival treatment – scaling root planing, curettage



Therapy

- 3. Periodontal surgery

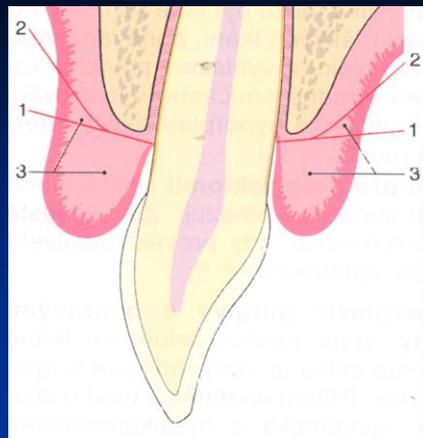


Gingivectomy, gingivoplastic

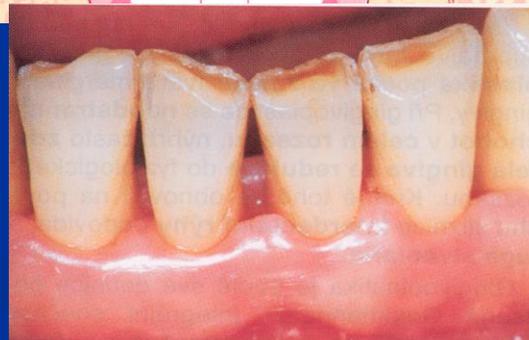
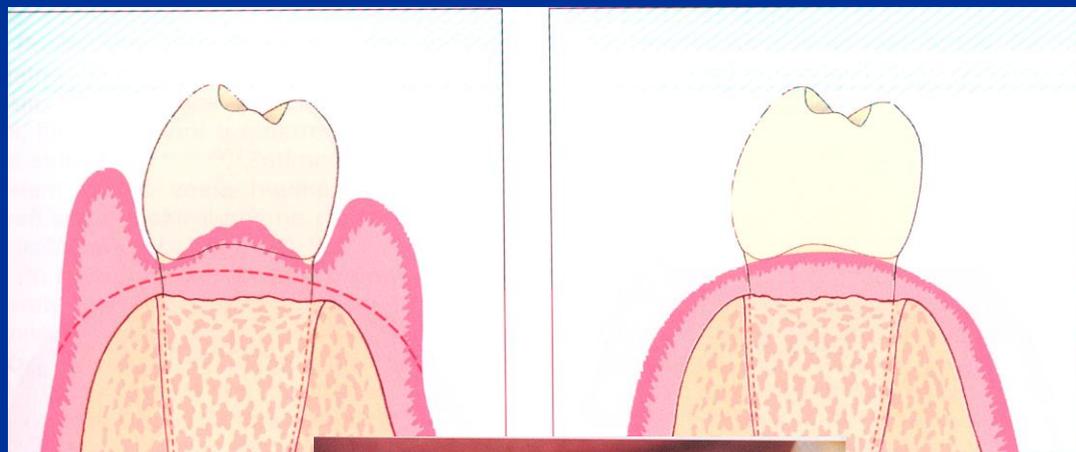
Indications of gingivectomy

- Hyperplasia gingivae (pseudopockets)
- Supraalveolar periodontal pockets with the horizontal bone resorption
- - Bad configuration of the gingival margin or papilla fol. ANUG or extraction.

Gingivectomy

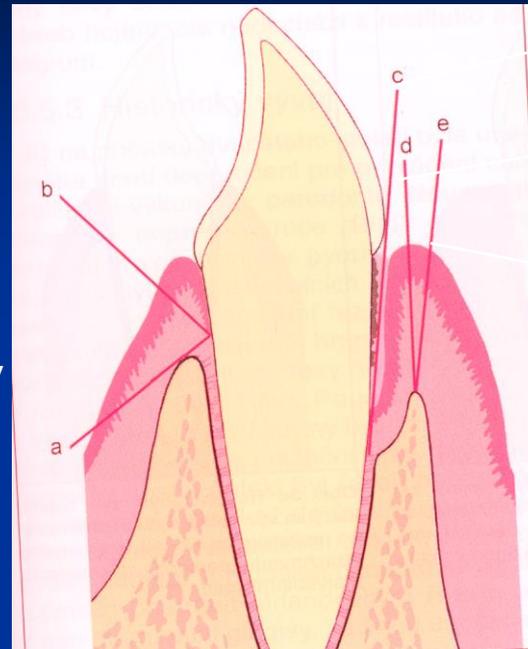


Gingivoplastic



Internal gingivectomy

External gingivectomy



Intrasulcular

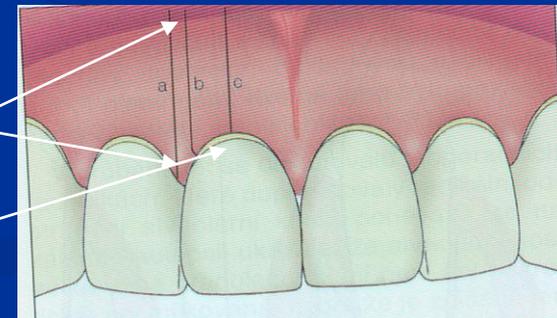
Marginal

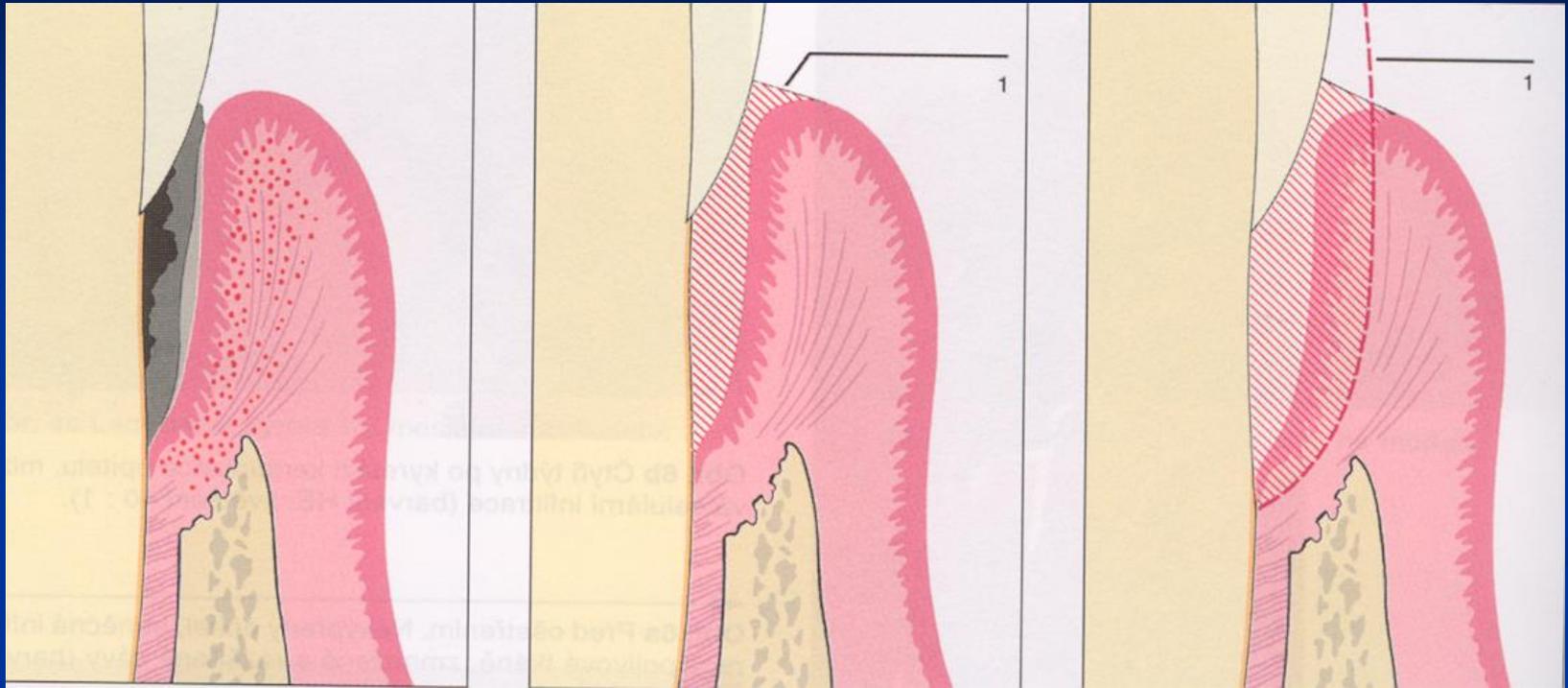
Paramarginal

Papilar

Paramedial

Medial





Closed curettage

Flap operation

Modified Widman flap

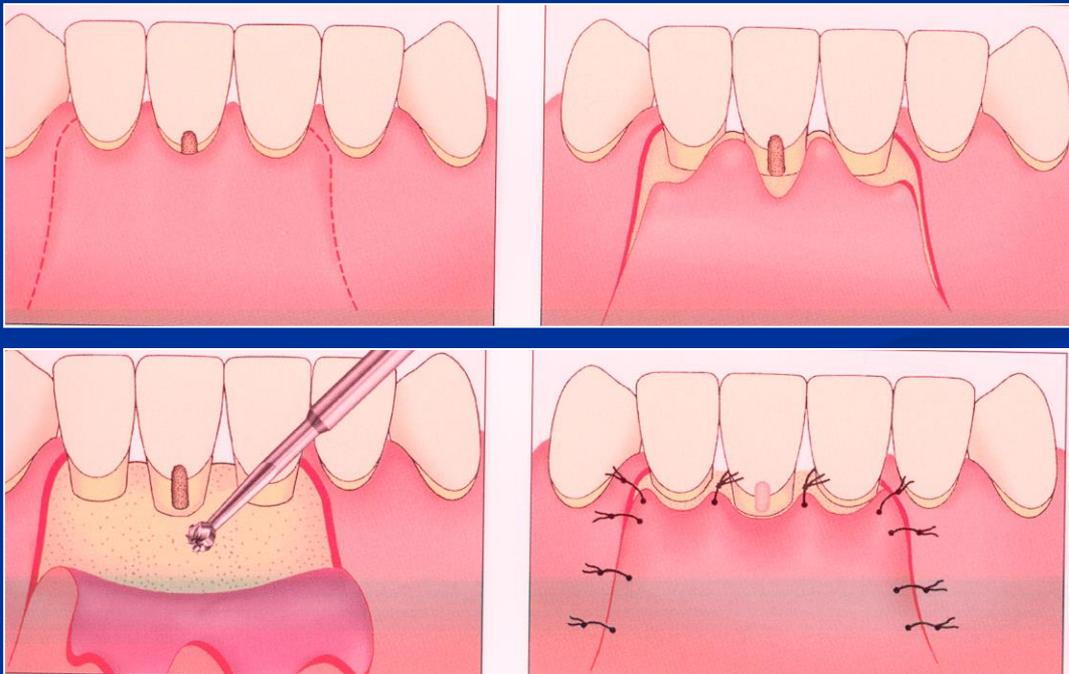
Apical flap, replaced flap

Papilla preservation technique

Wedge excision

Apical flap

Replaced flap



Mucogingival surgery

- Enlargement of attached gingiva
 - Frenulectomy
 - Vestibuloplastic

- Plastic of recessus
 - Lateral flap
 - Bridge flap
 - Mucous or mesenchymal grafts



