Preclinical periodontology



Periodontology

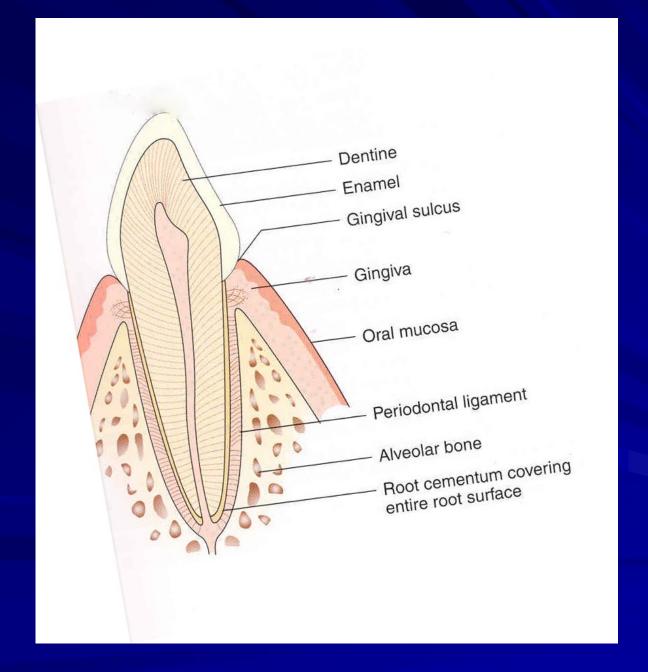
Is a branch of dentistry that is focused on periodontal tissues



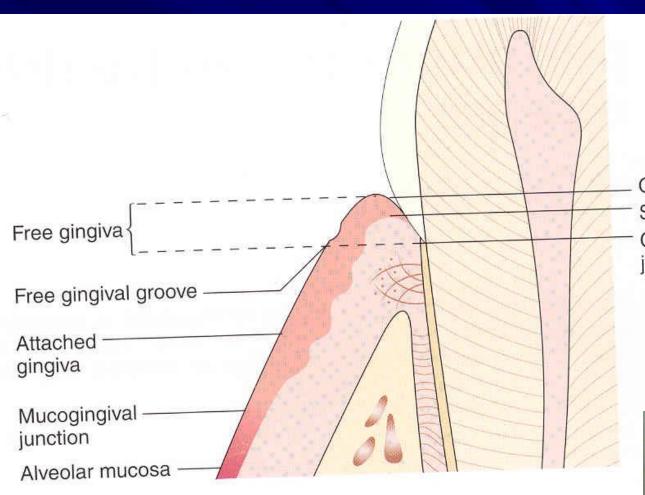
Parodont – periodontium (supportive tissues)

- Alveolar bone
- □ Cementum insertion of the periodontal ligaments
- □Periodontal fibres
- □ Gingiva
- □ Attachement (epithelium junction)









Gingival sulcus Sulcular epithelium Cemento-enamel junction





Gingivodental junction

Attachement

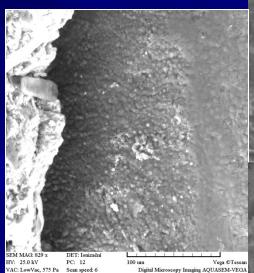
- Stratum basale
- Stratum suprabasale

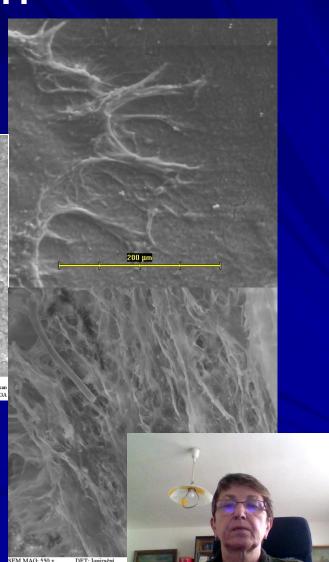


Cementum

Covers the root surface 50% inorganic material

Insertion of collagen fibres Sharpey's fibres





Alveolar bone

Compact bone thin layer – lamina dura

Spongis



Periodontal membrane

■ Tissues in periodontal space (width 0,4 – 1,5 mm) - 20 – 35 %. Fibres,interfibrillar substance, nervs, blood vessels.



Periodontal fibres

- Supraalveolar
- Lig. circulare
- Intraalveol (Sharpey's fibres)
- Horizontal
- Oblique
- Apical
- Crestal
- Interradicular



Periodontal diseases

- Gingivitis (inflamation limited on gingiva only)
- Periodontitis (inflammation of deeper parts of periodontal tissues)
- Non inflammatory diseases



Aethiology

External factors (local)

Dental biofilm

Dental calculus

latrogenic factors (badly made fillings overhangs, missing contact point, badly made prosthetic treatment)

Mucogingival disorders (high insertification)

Trauma, traumatization

Aethiology

- Internal factors (systemic)
- Genetics
- Systemic diseaes (diabetes mellitus, leukaemia, HIV infekction...)
- Systemic medication (cyclosporin A, immunisupresive medicaments, calcium blockers and others
- Hormonal dysbalance (e.g.pregna

Diagnosis

- Patients history
- Clinical examination
- Radiographic examination (OPG)



Diagnosis and treatment plan



History

- Chief complaint
- Dental history
- Oral hygiene attitudes
- Professional and social status
- Smoking
- Periodontitis in family
- Systemic diseases



Clinical examination

- Inspection
- Probing of the depth of periodontal sulcus
 - if deeper than 3 mm –periodontal pocket
- Observation of bleeding or pus



Periodontal probes

■ WHO probe

Wiliams probe

■ Nabers probe (furcation)



Probes







→ Williams

Nabers

Probing

Depth of periodontal pocket

Indexes





Visualization of the biofilm (plaque)

Probes

Dyes

Tablets



Plaque



Visualisation of the biofilm

■ Tablets, special liquids, gels





Indexes – special figures

Level of oral hygiene

Stage of inflammation

■ Treatment needs ...



Plaque induced inflammation bleeding



Bleeding of gingiva is a sign of inflammation – inflammation of gingiva is a sign of insufficient oral hygiene



PBI (papilla bleeding) index

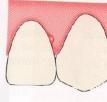


2 —

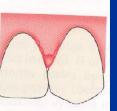
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4 _____











No bleeding

Point

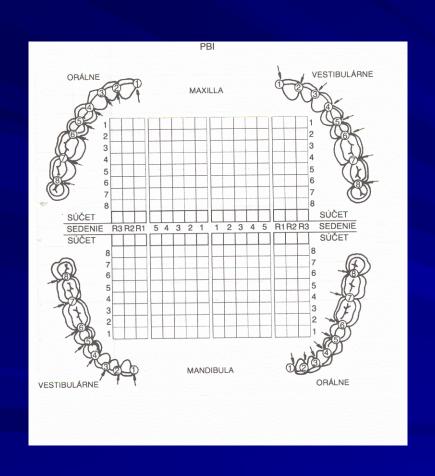
Line

Triangle

Drop



Measurement, expression and importance of PBI



52:28= 1,8 52/28





PBI 0

PBI 1



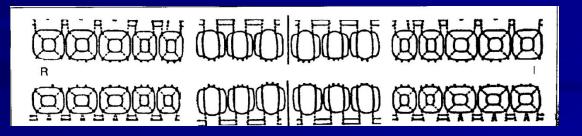


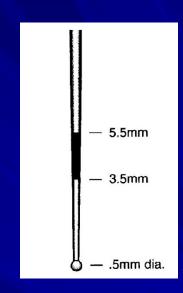
PBI 4

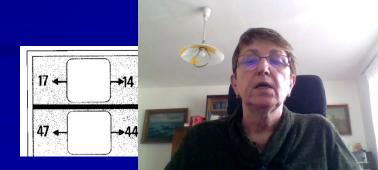
CPITN

(Comunity periodontal index of treatment needs)

- 0 normal finding
- 1 bleeding
- 2 dental calculus (sub or supragingival)
- 3- periodontal pocket 3,5 5,5 mm
- 4 periodontal pocket deeper than 5,5 mm



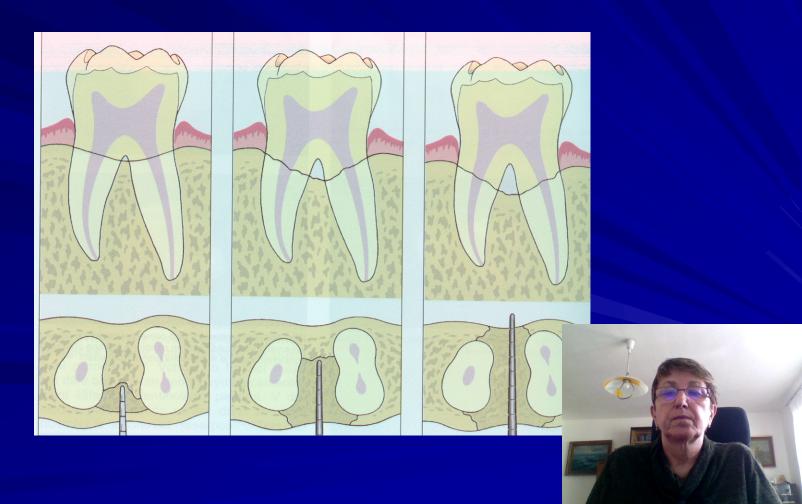




- CPI periodontal status
- TN treatment needs
- TN treatment needs
- 0 healthy tissues: no treatment
- 1 bleeding on probing: improvement of oral hygiene
- 2 dental caculus: profesional hygiene needed
- 3 complex periodontal therapy can be conservative
- 4- complex periodontal therapy surg therapy can be needed

Furcations

Classification



Gingival recesions

Classification







Rtg vyšetření v parodontologii



Treatment plan

Initial phase. Oral hygiene (motivation of the patient, individual plan of oral hygiene removal of biofilm and supragingival calculus).

Conservative treatment - subgingival treatment: scaling and root planing









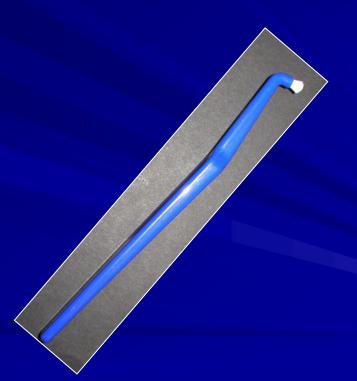




Initial phase

■ 1. Oral hygiene – home and professional





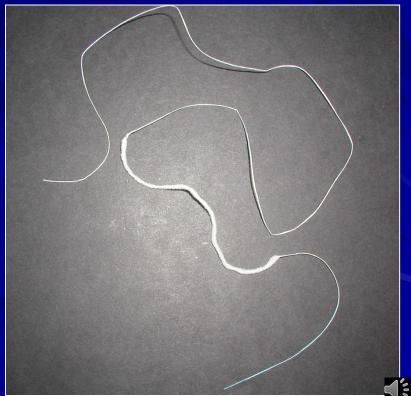












Supragingival treatment

-Hand scalers: sharp pointed instruments of various design

-Ultrasound scalers













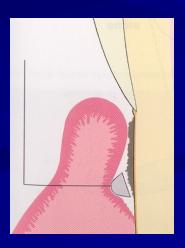
Subgingival treatment

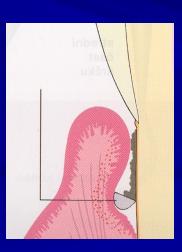
- The treatment inside the periodontal pocket
- Dental biofilm and calculus removal (subgingivally)
- Ingrowth epithelium removal
- Necrotic cementum removal
- Smoothening of the root surface Scaling and root planing



Principles of subgingival treatment

Currets are used







Curretes

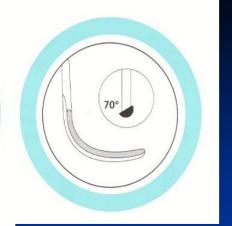


+ 3mm

5mm

5mm

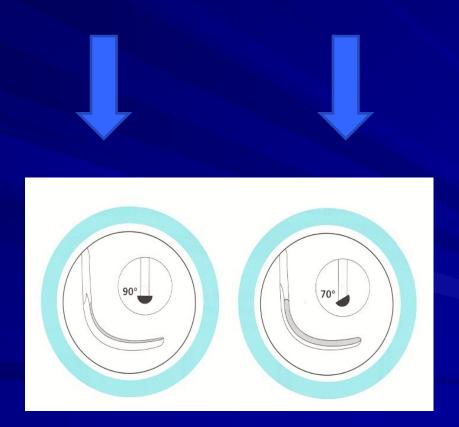






Universal currete – the angle of the working part and the shank is 90°, two blades
Treatment of surfece the root and soft tissues

Special (Gracey) currete – the angle between the working part and the shank is 70° Only one blade is sharp Treatment of the root surface only Topic specifity









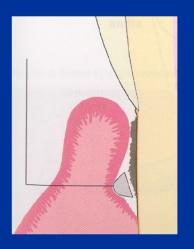
Edge

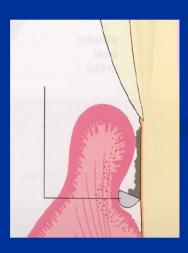
Shank



Scaling, root planing

Gracey curretes, cleaning of the root surface

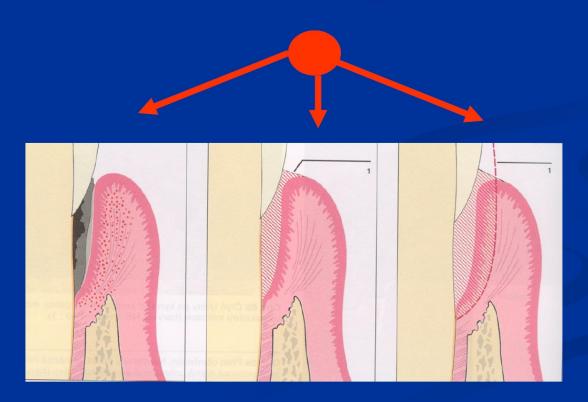






Therapy

2. Subgingival treatment – scaling root planing,
 curettage





Scalers

Sharp pointed instruments for supragingival treatment



Curretes

Sharp spoons for subgingival treatment



Periodontal surgery





Phenytoin



Niphedipin



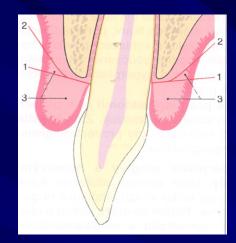
Cyclosporin A



Blokátory kalciových kanálů

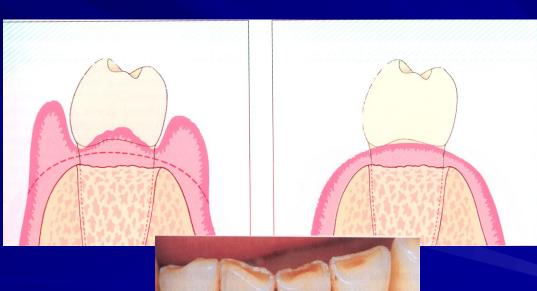


Gingivectomy





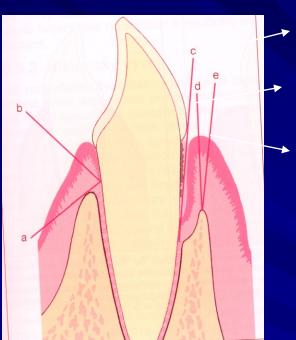
Gingivoplasty





Internal gingivectomy

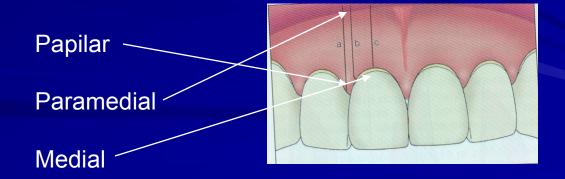
External gingivectomy



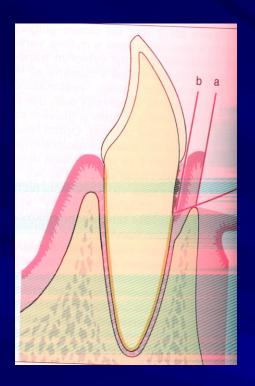
Intrasulcular

Marginal

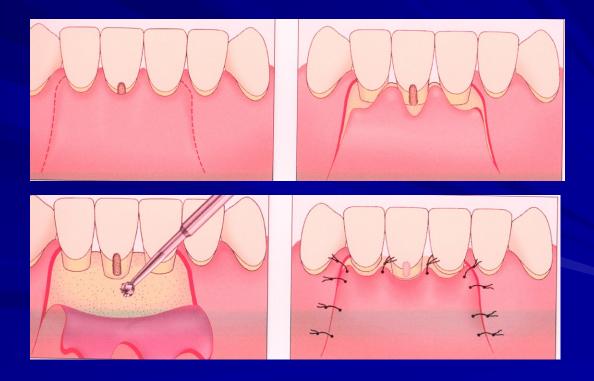
→ Paramarginal





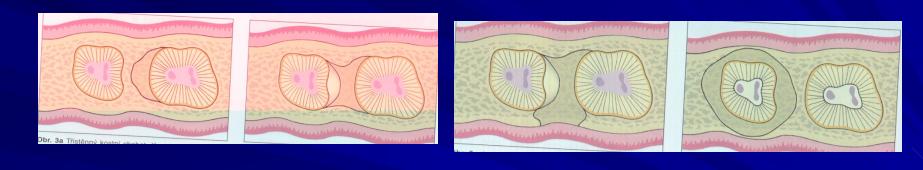


Flap operations





Bone defect operations







Frenulectomy









