CLINICAL PERIODONTOLOGY:
THE ULTIMATE GOALS OF PERIODONTAL THERAPY

- ELIMINATION OF INFLAMMATION
- PRESERVATION / IMPROVEMENT OF PERIODONTAL ATTACHMENT
- MAINTAINING / IMPROVING OF THE STABILITY OF REMAINING NATURAL TEETH
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THE APPROACHES TO ACCOMPLISH THE GOALS

- ELIMINATING LOCAL AETIOLOGICAL FACTORS
- PLAQUE-CONTROL
- SCALING AND ROOT PLANING
- CAUSE RELATED PERIODONTAL SURGERY
THE DIAGNOSTICALLY DRIVEN THERAPY

POSSIBLE DIAGNOSTIC CATEGORIES

HEALTH

GINGIVITIS

PERIODONTITIS
MEAN ATTACHMENT LOSS IN THE MONITORED AND NON-MONITORED GROUPS

6 YEARS FOLLOW-UP

RECONSTRUCTIVE PERIODONTAL SURGERY
REGENERATIVE PERIODONTAL SURGERY
PROSTHODONTIC REHABILITATION OF PERIODONTALLY COMPROMISED DENTITION
THE AIMS OF PERIO-PROSTHODONTIC THERAPY

- RESTORE MISSING TEETH
- RESTORE MASTICATORY FUNCTION
- IMPROVE AESTHETICS
- PRESERVE AND IMPROVE PERIODONTAL HEALTH

(Ramfjord 1974).
"extension for prevention"  Black Ante's theories  Ante 1927
they dominated the philosophy of restorative and prosthodontic therapy for over 100 years
THE WELL CONTROLLED CLINICAL STUDIES CONDUCTED BY SCANDINAVIAN RESEARCHERS FIRST PROVED THAT PERIODONTALLY COMPROMISED TEETH CAN BE USED AS AN ABUTMENT

Nyman & Lindhe: Longitudinal study of combined periodontal and prosthetic treatment of patients with advanced periodontal disease. J. Periodontology. April 1979; p. 163-168

FAILED SUPPORTIVE THERAPY
THE LONGEST FOLLOW-UP

1988

2007
key factors are the perfect individual oral hygiene and regular professional maintenance
SINCE 1983 MARCH
proper and successful periodontal therapy

regular periodontal maintenance

ideal patient’s motivation

the expected lifespan can match or even exceed the expected lifespan of normal crown and bridge works