# Periodontal propedeutics

Diagnosis

## The aim of diagnosis

- Recognize illness, distinguish from healthy
- Causative and risk factors

!! The precise diagnosis is essential for the correct treatment planning!!

# Diagnosztikai módszerek

Anamnesis

Clinical examination – registration of PD and CAL

Radiological examination

\*(Laboratorial examination)

## -anamnesis-

#### ❖ Systematic disease:

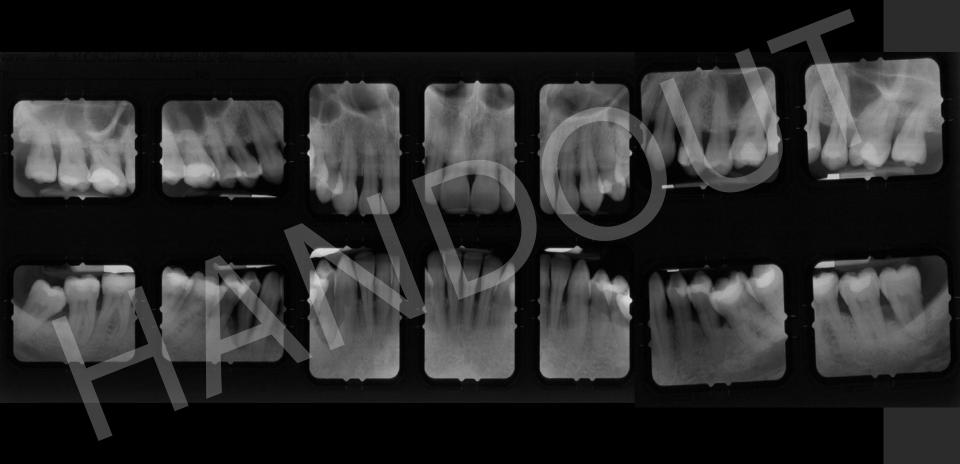
- cardiovascular
- endocrin-
- hematology
- immunology
- etc.

#### \*Gyógyszer:

- anticogulant
- antihypertensive
- immunsuppressive
- antiepileptic,
- antibiotics
- etc.

- Pregnancy /menopause
- allergy
- smoking
- oral hygiene habits

# -periodontal status xrays-



# - klinikai vizsgálat-

- inspection
- periodontal probing

### INSPECTION

• GINGIVITIS:

◆ SURFACE: NO ORANGE PEAL FEATURE, FLAT, SHINY



◆ COLOUR: LIVID

◆ TISSUE CONSISTANCY: OEDEMA, FIBROTIC

◆ CONTOUR: IRREGULAR

◆ LOCALIZATION: APICAL/CORONAL FROM CEJ

◆ HEALTHY: LIGHT PINK, ORANGE PEAL FEATURE, ETC.

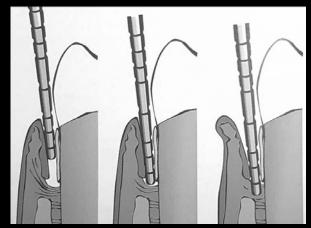


## - PERIODONTAL PROBING-



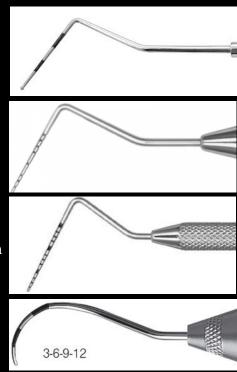
# Technique of periodontal probing

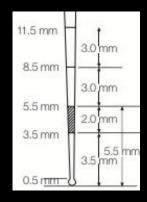
- Probing on 6 surface of the tooth
  - **❖** O: M − Mid − D
  - ❖ V: M Mid D
- ❖ Power of probing 0,25 N
- Factors influencing the result of the measurement made with a periodontal probe
  - Thickness of the probe
  - Malposition of the probe due to anatomic features (contour)
  - Pressure applied
  - Degree of inflammation



## Probes

- WHO probes
  - 0,5 mm ball
  - 3,5-5,5 mm black strip
- Williams probe
  - 1-2-3—5—7-8-9-10
- UNC-15 probe
  - notation in mm-s
  - Black stripes between 4-5, 9-10, 14-15 mm
- Nabers probe
  - Furcation leasions
- Pressure sensitive probes





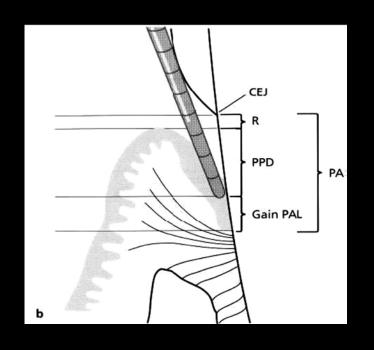


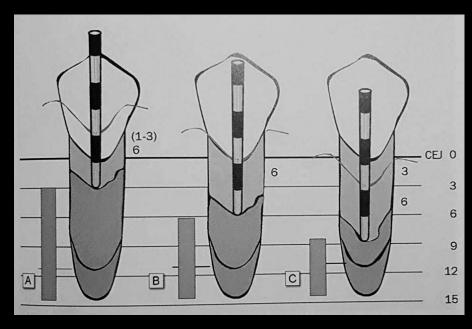
## Clinical parameters

#### - parodontitis -

- Probing Pocket Depth-PPD
- Gingival recession GR
- Clinical attachment loss CAL=PPD+GR
- Furcation leasion
- Tooth mobility
- ❖ Bleeding BOP
- Plaque, calculus
- Plaque retentive factors

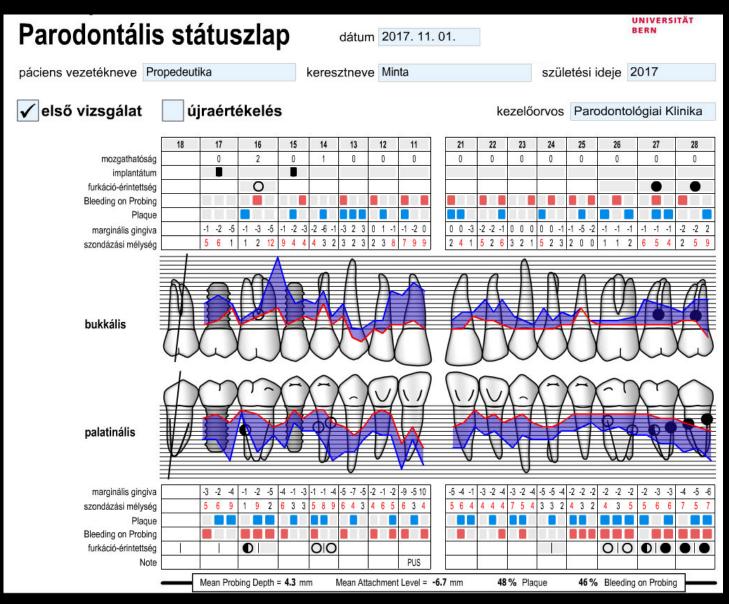
# Probing Pocket Depth-PPD





## Periodontal status

http://www.periodontalchart-online.com/hu/



## Classification of furcation defects





#### Degree I:

 horizontal loss of periodontal support not exceeding one third of the width of the tooth

#### • Degree II:

 horizontal loss of periodontal support exceeding one third of the width of the tooth, but not encompassing the total width of the furcation area

#### • Degree III:

 horizontal "through-and-through" destruction of the periodontal tissues in the furca- tion area

# **Tooth Mobility**

- 1
  - Between 0,2-1 mm horizontally
- 2:
  - ≥ 1mm horizontally
- 3:
  - Also vertical mobility



## Gingival Index (Löe '67) -BOP-

- o: Absence of visual signs of inflammation
- 1: Slight change in color and texture
- 2: Visual inflammation and bleeding tendency
- 3: Inflammation with tendency for spontaneous bleeding

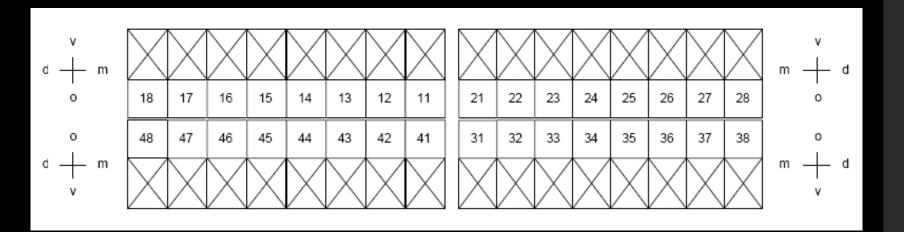
## **FMBS**

# - Full Mouth Bleeding Score-

• <u>1/+:</u> bleeding

• 0/-: no bleeding

• (all surfaces x 100) / (number of tooth x 6) = FMBS

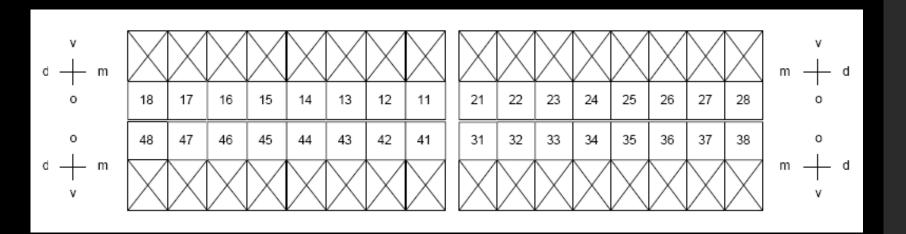


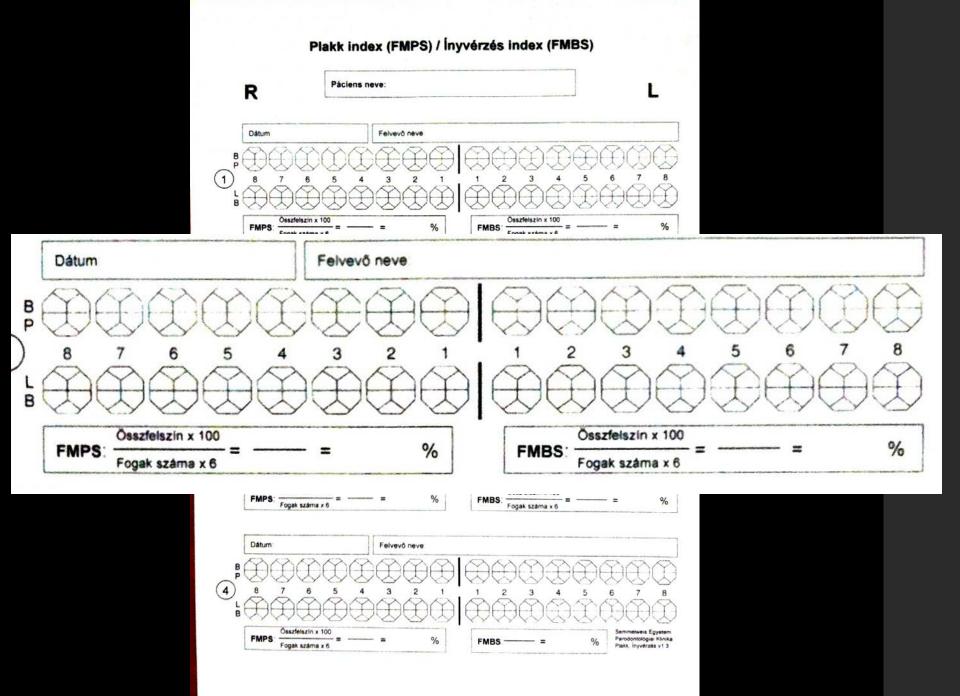
# Plaque index (Silness – Löe '64)

- **0:** Absence of plaque
- 1: Plaque disclosed after running a probe
- 2: Visible plaque
- 3: Abundant plaque

# FMPS -Full Mouth Plaque Score-

- <u>1/+:</u> plaque
- <u>0/-</u>: no plque
- (all surfaces x 100) / (number of tooth x 6) = FMPS





# Assessment of periodontal treatment needs

- CPITN index
  - PSR index
- BPE Basic Periodontal examination

## PSR index

#### - Periodontal Screening and Recording -

- Code o: Colored area completely visible. No calculus or defective margins. Gingival tissues are healthy with no bleeding after gentle probing
- Code 1: Colored area completely visible. No calculus or margins are detected. Bleeding after probing.
- Code 2: Colored area of probe completely visible. Supra- or subgingival calculus and/or defective margins are detected.
- Code 3: Colored area of probe partly visible.
- Code 4: Colored area of probe completely disappears, indicating probing depth of greater than 5.5 mm.
- Code \*: Clinical abnormalities (furcation invasion, mobility, mucogingival problems, or recession) extending to the colored area of the probe (3.5 mm or greater)
- Code X: Edentulous sextant (less than 2 teeth not intended for extraction).

## **CPITN** index

- Community Periodontal Index of Treatment Needs -
  - Treatment needs:
    - TN o: in case of gingival health (Code o)
    - TN 1: need for improved oral hygiene (Code 1)
    - TN 2: need for scaling, removal of overhangs and improved oral hygiene (Codes 2+3)
    - TN 3: complex periodontal treatment (Code 4)

## BPE

### - Basic Periodontal Examination

Kód	Leírás	Kezelés
0	No: Deeper pockets than 3,5mm, calculus, plaque retentive factors, bleeding on probing The coloured band (3.5-5.5 mm) is completely visible	No treatment required
1	No: Deeper pockets than 3,5mm, calculus, plaque retentive factors, Yes: Bleeding on probing The coloured band (3.5-5.5 mm) is completely visible	Oral hygiene instructions (OHI)
2	No: Deeper pockets than 3,5mm  Yes: Calculus, plaque retentive factors, bleeding on probing The black band is completely visible	Oral hygiene instructions (OHI) Removal of calculus Correction of plaque retentive margins of restoration

3	The coloured band partially visible (pocket of 4-5 mm)	Full charts required at start and finish of treatment OHI Calculus removal Correction of defective margins od restoration and root surface intrumentaion (RSI) as required
4	The coloured band is completely hidden (pocket of 6 mm or more)	Full charts required at start and finish of treatment, including note of furcation involvements and any other relevant clinicl findings OHI Calculus removal Correction of defective margins od restoration and root surface intrumentaion (RSI) as required Surgery may be needed
*	Furcation involvment, mobility, mucogingival problems, or recession extending to the coloured area of the probe (indicating 3,5 mm or greater)	

# Gingival recession







Abrasion

Abfraction

Erosion

## Miller-classification

- Miller I: marginal tissue recession not extending to the mucogingival junction. No loss of interdental bone or soft tissue.
- Miller II: marginal tissue recession extends to or beyond the mucogingival junction. No loss of interdental bone or soft tissue.
- Miller III: marginal tissue recession extends to or beyond the mucogingival junction. Loss of inter- dental bone or soft tissue is apical to the CEJ, but coronal to the apical extent of the marginal tissue recession.
- Miller IV: marginal tissue recession extends beyond the mucogingival junction.
   Loss of interdental bone extends to a level apical to the extent of the marginal tissue recession

## **Parameters**

- \*Depth of gingival recession
- \* Width of gingival recession
- \* Width of keratinized gingiva
- Thickness of keratinized gingiva
- \* Distance of papilla-contact point
- \* PPD
- \* Gingival index (Löe)
- \* Plaque index (Silness-Löe)

