PERIODONTIUM AND PERIODONTAL DISEASES

PERIODONTIUM

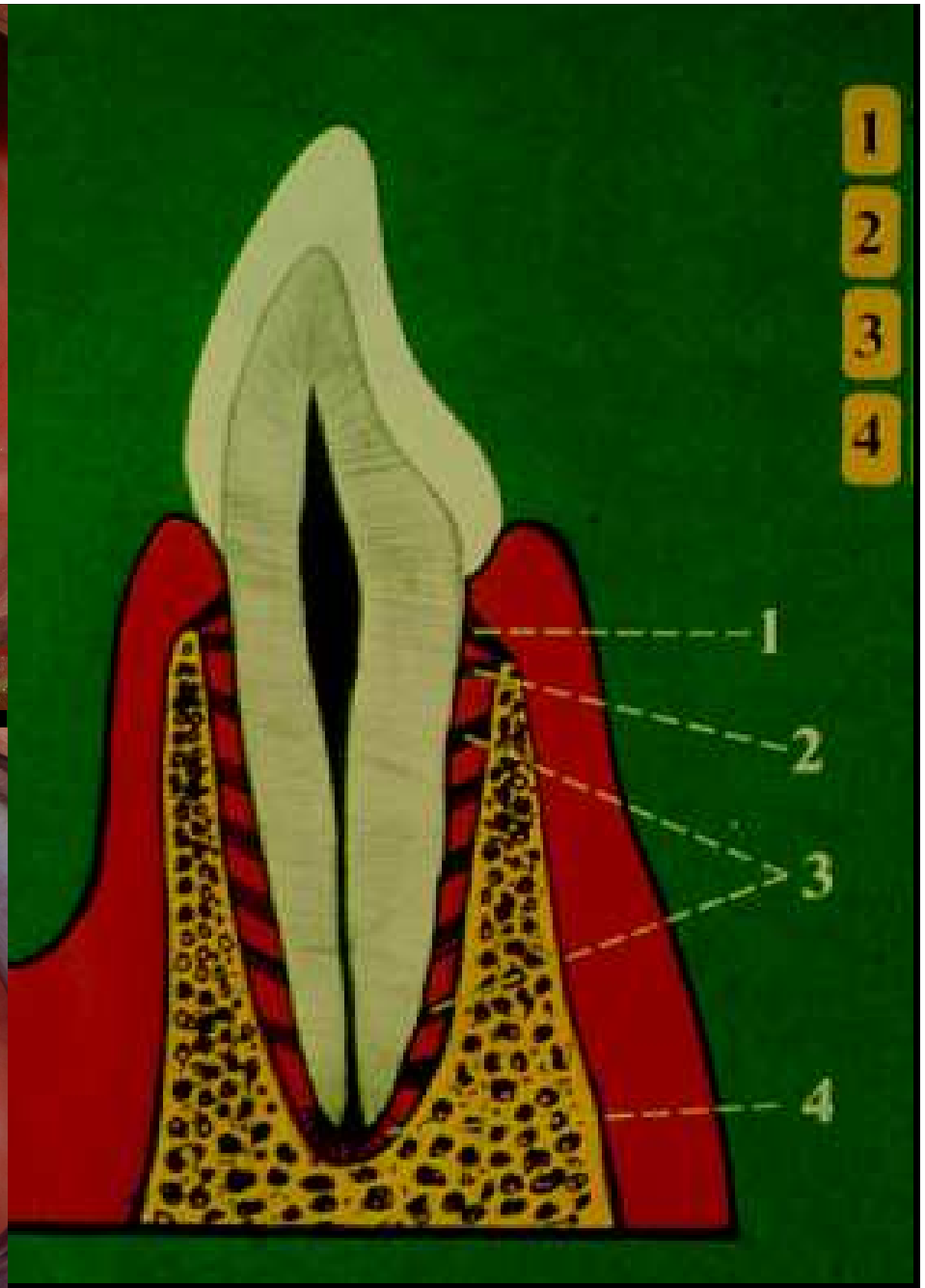
A COMPOSITION OF TOOTH SUPPORTING TISSUES

1 . GINGIVA

2. CEMENTUM

3. PERIODONTAL LIG.

4. ALVEOLARI BONE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DENTALI PLAQUE - THE MAJOR ETIOLOGIC FACTOR OF ALL KIND OF PERIODONTAL DISEASES

Plaque is natural and exists in harmony with the host in health. Maintenance of health depends on the balance of the homeostatic relationship between the bacterial challenge and the host response.

LARGE MASS OF SUPRAGINGIVAL PLAQUE AND CALCULUS

THE SUBGINGIVAL PLAQUE IS TOTALLY INDEPENDENT OF THE SUPRAGINGIVAL ORAL ENVIRONMENT IT FORMS A BIOFILM, THAT CAN ONLY BE REMOVED BY PROFESSIONAL MECHANICAL DEBRIDEMENT

DISEASE **is the consequence of this balanced relationship breaking down,**

-provoked by either changes to the magnitude or nature of the microbial challenge

-*or* the scale and appropriateness of the host response

(Socransky et al. 1998).

Most bacterial species currently implicated in periodontitis can be found in periodontally healthy subjects in low numbers.

In some geographical regions, some species or clones are infrequently detected in periodontal health, and therefore could be considered as not belonging to the resident microflora in these populations

(Van Winkelhoff et al. 2002).

BACTERIAL BIOFILM

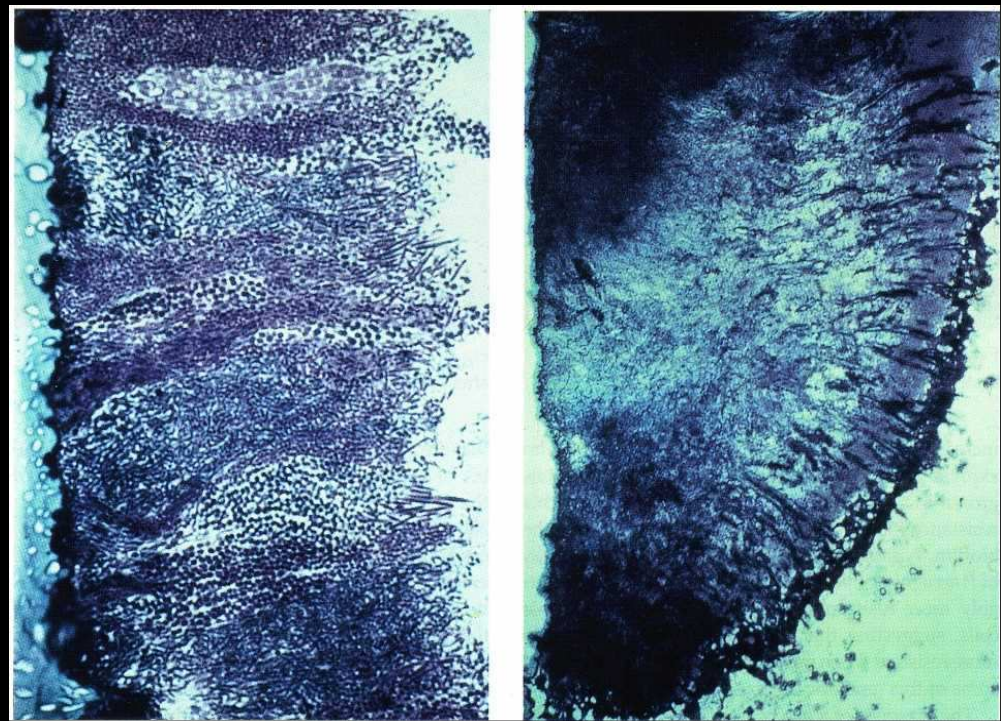
IS MADE UP OF :

„FRIENDLY COMMENSAL BACTERIA AND HOSTILE PERIODONTOPATHOGENIC STRAINS

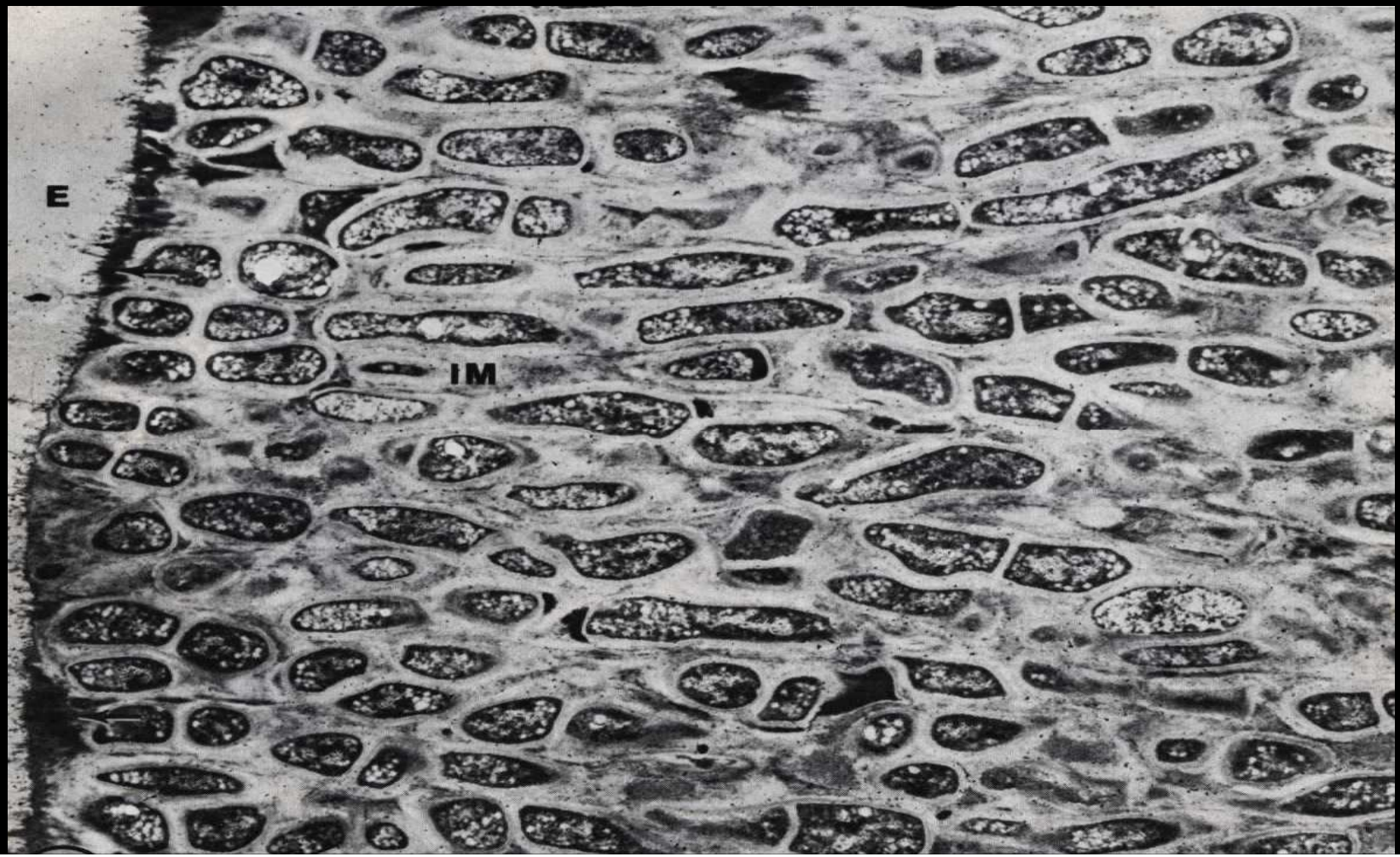
THE MANIFESTATION OF PERIODONTAL BREAKDOWN IS DEPENDENT ON THE HOST'S SUSCEPTIBILITY AND THE VIRULANCE OF THE BIOFILM

BIOFILMS of oral bacteria are also more tolerant of antibiotics (e.g. amoxycillin, doxycycline, minocycline, metronidazole) than planktonic cells (Larsen 2002, Socransky & Haffajee 2002, Noiri et al. 2003),

BIOFILMS of *P. gingivalis* tolerated 160 times the MIC of metronidazole that had been determined for planktonic cells (Wright et al. 1997),



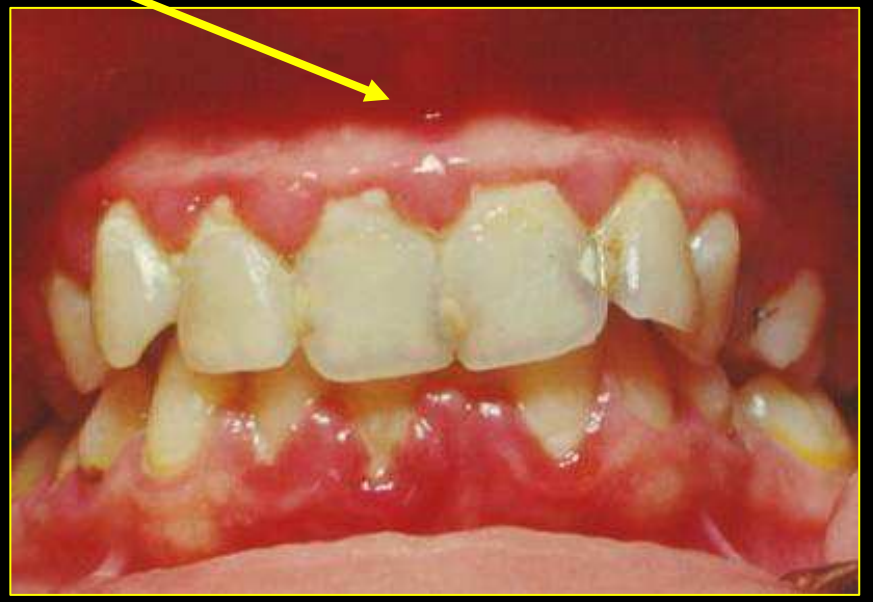
The age of the biofilm can also be a significant factor; older biofilms (72 h) of *S. sanguinis* were more resistant to chlorhexidine than younger (24 h) biofilms (Millward & Wilson 1989).



THERE CAN BE A NULL STATE BETWEEN BIFILM AND HOST – NO OVERT INFLAMMATORY REACTION

OR

INFLAMMATION



DENTAL PLAQUE

GINGIVITIS

PERIODONTITIS

GINGIVITIS

DISEASE OF THE FREE GINGIVAL MARGINE

PROTECTION AGAINST PLAQUE

PERIODONTITIS

IRREVERSIBLE DAMAGE OF THE ATTACHMENT APPARATUS

THE CONSEQUENCE OF THE INADEQUATE GINGIVAL PROTECTION

WHY NOT NECESSARILY ALL GINGIVITIS PROGRESSES TO DESTRUCTIVE PERIODONTITIS????

DENTAL PLAQUE

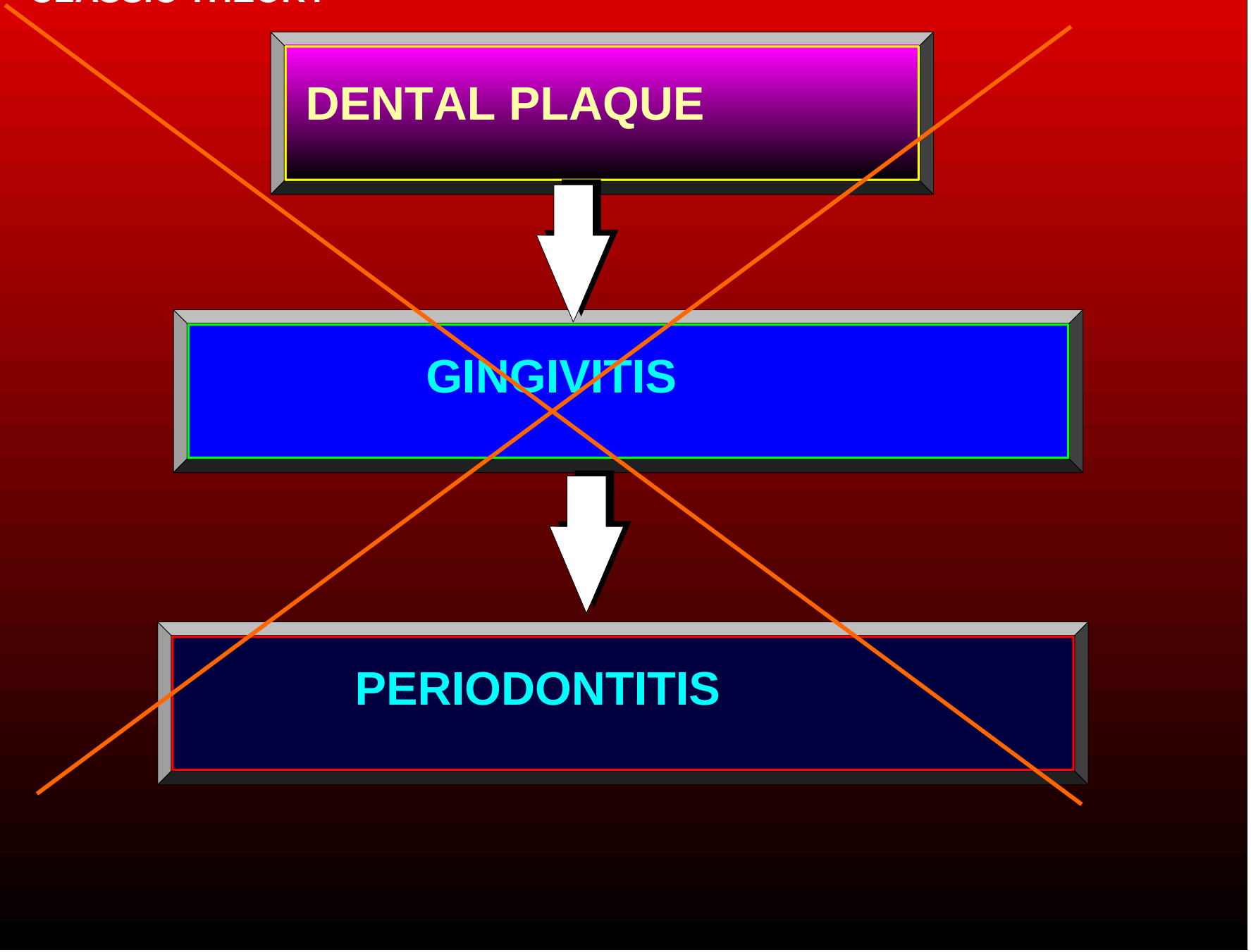
GINGIVITIS

PERIODONTITIS

SEVERAL LOCAL AND SYSTEMIC FACTOR CAN MODIFY THE COURSE OF INFLAMMATION AND THE DEGREE OF TISSUE DESTRUCTION

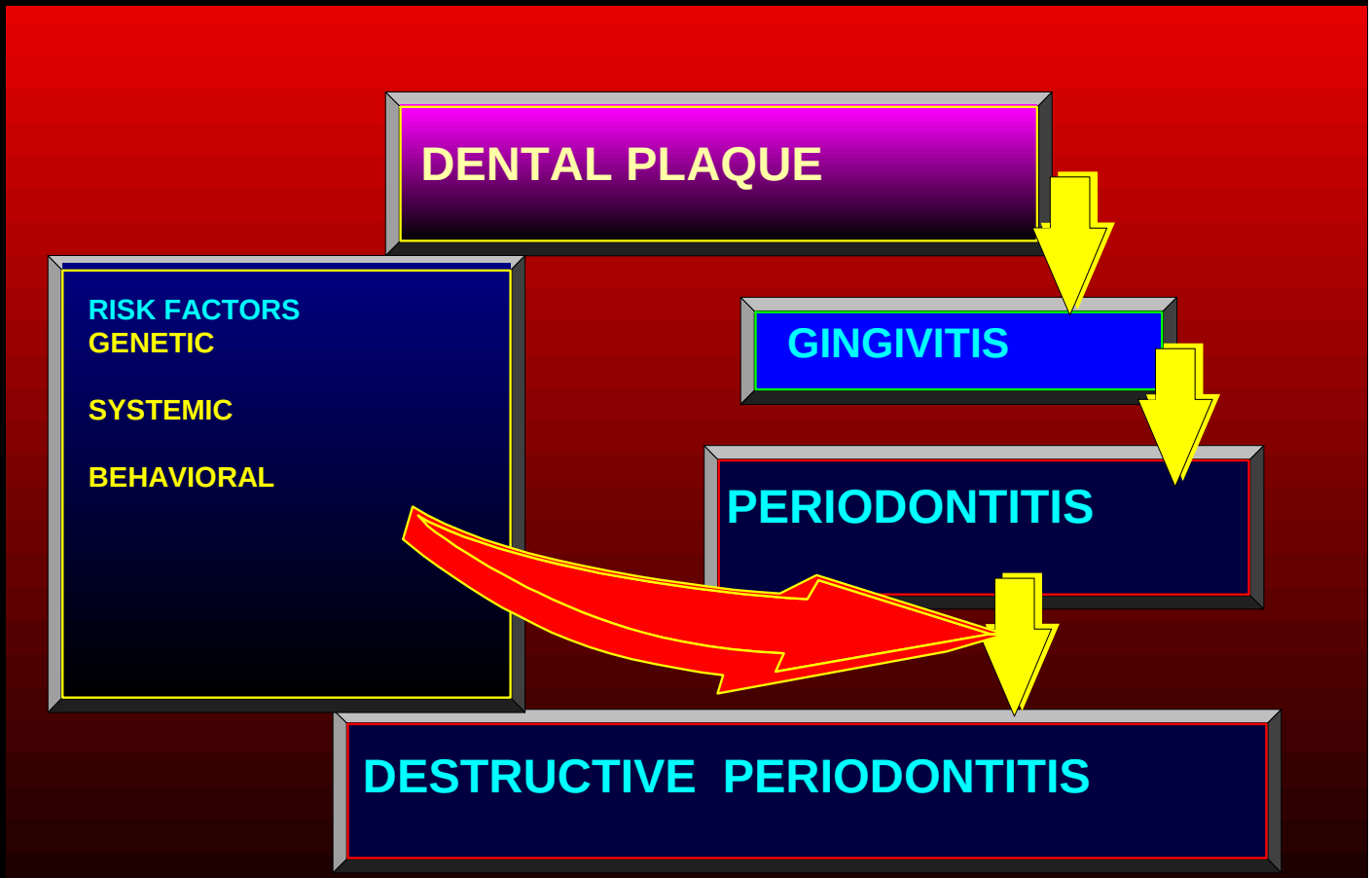
SEVERAL SYSTEMIC AND LOCAL MODIFYING FACTORS

CLASSIC THEORY



SEVERAL SYSTEMIC AND LOCAL MODIFYING FACTORS

DENTAL PLAQUE IS NECESARRY BUT NOT SUFFICIENT ETIOLOGIC FACTOR OF DESTRUCTIVE PERIODONTITIS



RISK FACTORS:

GENETICS
1(IL-1)
TNF

SYSTEMIC
ENDOCRINE
CARDIOVASCULAR
IMMUNOLOGICAL

BEHAVIORAL
STRESS
DIET
SMOKING
WAY OF LIFE

GINGIVITIS

LOCAL PLAQUE RETENTIVE FACTORS

HEAVY SUPRAGINGIVAL PLAQUE AND DENTAL CALCULUS DEPOSITION

HEAVY SUPRAGINGIVAL DENTAL CALCULUS DEPOSITION MECHANICALLY SEPARATES FRONT TEETH

FAULTY RESTAURATIONS

SEEMINGLY FAIR SUPRAGINGIVAL ORAL HYGIENE WITH HEAVY SUBGINGIVAL CALCULUS DEPOSITION

PERIODONTITIS


SEVERE ALVEOLAR
BONE LOSS

HOW TO TREAT PERIODONTAL DISEASE ????

THE GOAL OF PERIODONTAL THERAPY ????

THE MAJOR GOAL OF ANY CAUSE RELATED PERIODONTAL TREATMENT IS:

TO CLEAN TEETH AND RESTORE ORAL HYGIENE

THE MAJOR GOAL OF ANY CAUSE RELATED PERIODONTAL TREATMENT IS:

TO STOP AND ARREST THE PRGRESSION OF DISEASE

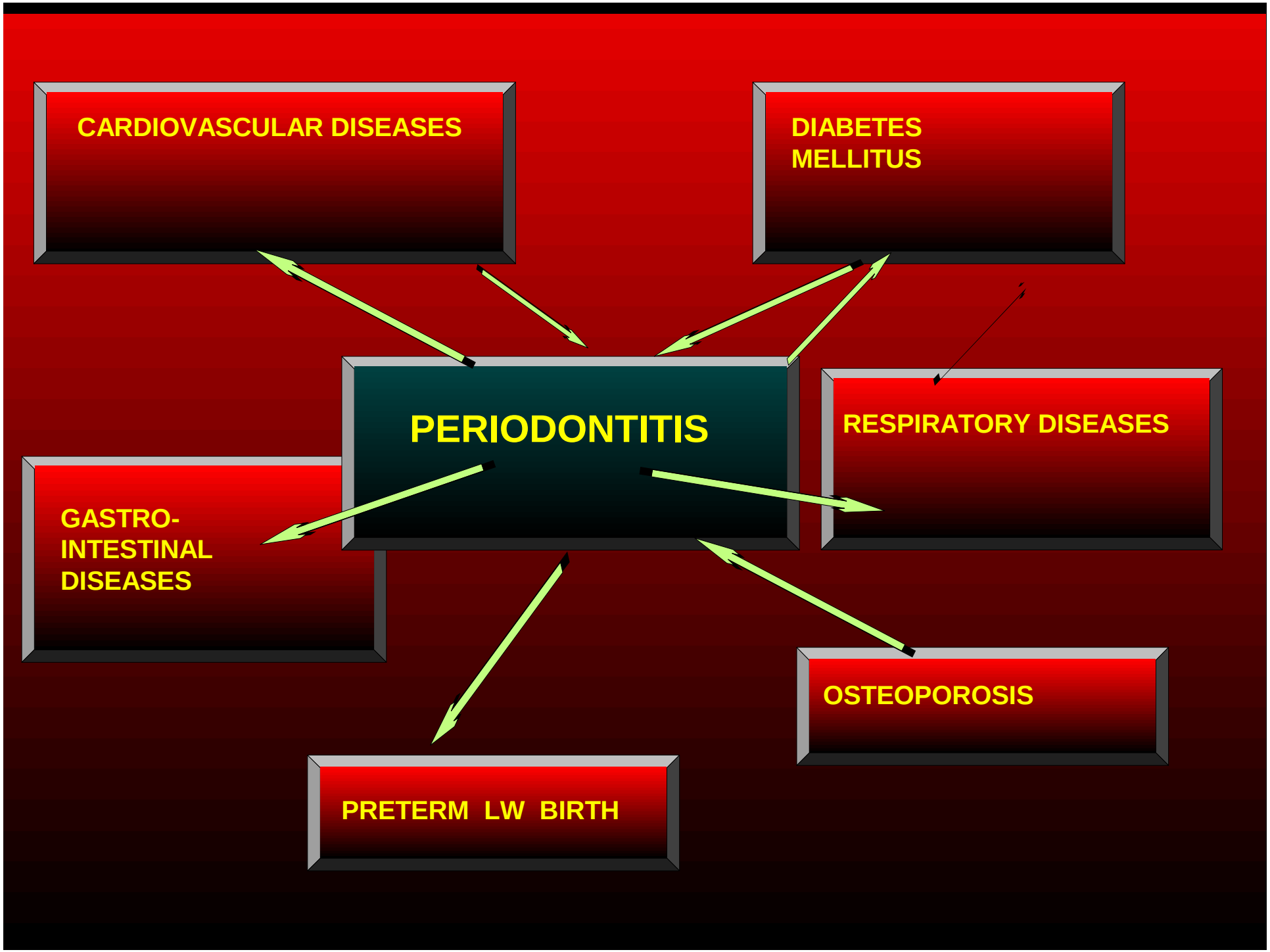
THE MAJOR GOAL OF ANY CAUSE RELATED PERIODONTAL TREATMENT IS:

TO MAINTAIN LONG LASTING RESULTS AND HEALTH IN ORAL CAVITY

TOP PRIORITY IS
TO ANTICIPATE THE
OCCURANCE OF
DISEASE:

PRIMARY AND
SECONDARY
PREVENTION

THE INFECTED PERIODONTAL POCKET CAN BE A DENTAL FOCUS


CARDIOVASCULAR DISEASES
DIABETES MELLITUS
PERIODONTITIS
RESPIRATORY DISEASES
GASTRO-INTESTINAL DISEASES
OSTEOPOROSIS
PRETERM LW BIRTH