

Is it normal to have to have a deep cleaning more than once?



Kevin D. Huff, D.D.S.

Periodontal disease has become the most common reason for tooth loss in the American adult population. Multiple research studies have been conducted during the past thirty years that

have proven that what used to be called "pyorrhea of the gums" and "periodontosis" is an opportunistic infection caused by several different types of bacteria. Recent research has linked periodontal disease to systemic health compromise, such as heart disease, chronic respiratory infection, low birth weights, and stroke. Prior to the current level of understanding of what causes periodontal disease, the standard of care for treating this condition was the drastic removal of suspect teeth. However, now we know that periodontal

disease is manageable if recognized and treated in its early stages.

Bone loss, inflammation of the gums, bleeding gums, and sometimes "gum boils" are characteristic of periodontal disease. The bacteria that cause periodontal disease are protected by plaque and cling to tartar on the root surface. These germs release poisons into the surrounding tissues that cause inflammation. The cells that the body sends to kill them also cause bone destruction in an attempt to distance the body from the offending organisms. Therefore, the basic premise of treating periodontal disease is to remove the tartar and to disrupt the colonies of bacteria that cause inflammation.

Usually, the cuff of gum tissue that surrounds the healthy tooth has a trough between the gum and the tooth that is about 1-3 millimeters deep. It retains healthy protective fluids and enzymes that are important for digestion. However, when tartar forms and bacteria are allowed to

multiply, pockets develop in this trough. Usually, 4-7 millimeter pockets can be treated by a "deep cleaning", which is properly called scaling and root planing, and is the first step in any treatment of periodontal disease.

During scaling and root planing, mechanical instruments and often ultrasonic instruments are used to remove heavy tartar accretions and to plane the roots smooth. Often, the gum tissues are numbed for this procedure. Modern therapeutic protocols often also include irrigation with a variety of medications, and sometimes adjunctive antibiotics are prescribed or specifically placed in deep periodontal pockets. Once scaling and root planing has been completed, it is very important that professional recare is provided every 90 days because research has shown that destructive colonies of periodontitis-causing bacteria take 90 days to mature.

Periodontal disease is site specific and episodic. If untreated, periodontal disease

attacks some teeth more aggressively than others and is more destructive at certain times in an individual's lifetime. Therefore, the status of a periodontal patient who appears to be stable at several recare appointments in a row may develop an area of reoccurrence in a very short time period and require more aggressive treatment at the next recare. Therefore, repeated and ongoing "deep cleanings" may be necessary, especially during periods of periodontal disease exacerbation.

Dr. Kevin Huff is a general dentist and a Clinical Instructor at the Case School of Dental Medicine in Cleveland, Ohio. He holds the status of "Master" in the Academy of General Dentistry and owns the Center for Advanced General Dentistry in Dover, Ohio. For questions about dental health or to schedule a complementary consultation, call (330) 364-2011 or visit www.doctorhuff.net.