

Different types of periodontal health require various types of maintenance

The major cause of adult tooth loss today is periodontal disease, as the prevalence of tooth decay has been dramatically reduced by the fluoridation campaign. "Gum disease" can present as mild to severe gingivitis—where only the skin around the teeth is inflamed—or as mild to severe periodontitis. The diagnosis becomes periodontitis when the bone becomes infected and begins to erode from response to bacterial infection. During a thorough dental examination, the dentist or dental hygienist measures the cuff of skin around each tooth with a tool called a "perio probe."

Measurements of 1-3 millimeters without bleeding when measured and with no evidence of recession onto the root surface are considered to be healthy. Once recession begins to occur, or when bleeding occurs during brushing or when examined by moderate pressure, some kind of disease process is occurring. Healthy gums don't bleed! Usually, at this stage, a basic dental cleaning, or "prophylaxis," is appropriate, and either a 6-month or yearly recare appointment is planned unless the decay rate or other disease history requires more frequent monitoring.

Measurements of 1-4 millimeters with bleeding but without bone loss on the x-rays suggests gingivitis, the earliest form of gum disease that often is minimized in importance. Although gingivitis may be temporary and related to



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cyclic hormonal changes, chronic inflammation of the gums is something that should be evaluated and treated carefully. Gingivitis is caused by an inflammatory reaction to poisons produced by the biofilm that accumulates at and below the gum line. It may or may not lead to bone loss, depending on individual susceptibility. Treatment for gingivitis usually involves a prophylaxis and the recommendation to some form of daily rinsing with a medicament and counseling in appropriate brushing and flossing techniques; more frequent recare intervals than every 6 months are appropriate.

Once bone loss has begun, measurements of 4 millimeters or more are called "pockets." At that point, bone has been lost and the damage from the disease process is irreversible. Mild—moderate periodontitis (pocket depths of 4-7mm) are usually managed non-surgically with a "deep cleaning," properly called scaling and root planing. This is often done with local anesthetic and is directed at the specific sites of infection. Adjunctive procedures, like the use of certain antibiotics placed directly into the diseased periodontal pockets or ultrasonic irrigation, may also be appropriate non-surgical interventions that

may be used independently or concomitantly, depending on the clinician's clinical judgement. Non-surgical interventions such as these may need to be repeated occasionally as sites of periodontal infection redevelop, or as new sites become infected. Frequent maintenance recall visits at 3 or 4 month intervals is imperative to the maintenance of periodontal disease.

Severe periodontitis or aggressive periodontitis that does not respond to non-surgical therapies usually requires some form of surgical intervention. Scaling and root planing is always the first step. The goal of surgery is usually to improve the contours of the infected bone so that pockets are reduced and oral hygiene is easier. Tissue grafting, bone sculpting, extractions, and dental implant therapy are some of the surgical intervention that may be needed at this stage. A 3-month maintenance recare schedule is always indicated following surgical intervention for periodontal maintenance.

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