CLINICAL CASE

“TREATING A PATIENT WITH CHRONIC GENERALISED MODERATE PERIODONTITIS”

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▪ MEDICAL HISTORY

This is a 52 year old female patient with no relevant medical history (ASA I) and no known drug allergies. Smokes 7-8 cigarettes/day. Drinks coffee and black tea regularly. Patient has a positive attitude and agrees to undergo dental treatment.

The patient’s reason for visit: "The gums of one of my teeth have retracted".

Has a history of periodontal disease on her mother’s side. Her oral hygiene habits include brushing with an electric toothbrush 2 times per day and using interproximal brushes on occasion.

▪ CLINICAL EXAMINATION

Initial Photographs of Clinical Situation

Initial photographs show gums with oedema and mild marginal erythema and generalised recession, being most severe at tooth 41.
Initial Periodontogram

Periodontal probing reveals pockets of posterior teeth to be 4-5 mm. Both plaque index and bleeding index are greater than 50%. There is also furcation involvement in 26 and 46.
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**RADIOGRAPHIC EXAMINATION**

The serial x-ray shows generalised moderate and localised advanced horizontal bone loss in lower incisors.
**PERIODONTAL DIAGNOSIS**

- This is chronic generalised moderate periodontitis.

With regard to developmental or acquired conditions and abnormalities, this patient has generalised recession. There is little or no keratinised attached gingiva: 41, 45, and 46. Patient also has a Seibert class III alveolar ridge defect at teeth 17 and 27.

**TREATMENT PLAN**

For the systemic phase, motivation will be performed to get patient to stop smoking. In the hygienic phase or Phase I, patient will be motivated and given oral hygiene instruction as well as quadrant by quadrant scaling and root planing. In the surgical phase or Phase II, resective surgery will be performed in sextants 3 and 6, as well as surgery for root coverage in tooth 41. Lastly, in the maintenance phase or Phase IV, periodontal maintenance will be performed every 3 months and a night guard will be used.

**PHASE I RE-ASSESSMENT**

During re-assessment, general improvement of probing depths is observed, with residual pockets greater than 4 mm in sextants 3 and 6. There is also significant reduction in plaque and bleeding indices. It is decided to follow the established treatment plan and perform surgery in sextants 3 and 6.

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**RESECTIVE SURGERY IN THE 3RD SEXTANT**

**INITIAL SITUATION**

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PHASES OF SURGERY

1. INCISIONS

Intrasulcular buccal incisions are performed, thinning papilla, and submarginal palatal incisions are performed 1.5mm from the gingival margin at 26, 25 and 24. Wedge technique is performed on distal side of tooth 26.

2. DEBRIDEMENT

Full thickness buccal and palatal flaps are raised, and bone defect and root surface debridement is performed.
3. BONE SURGERY

An osteoplasty is performed on the bone defects to obtain positive bone architecture and optimal flap closure.

4. SUTURING

Flaps are sutured with a continuous suspensory suture for primary wound closure.

5. POST-OPERATIVE INSTRUCTIONS

The patient was given 600 mg ibuprofen anti-inflammatory every 8 hours for pain.

After 24 hours patient was instructed to rinse every 12 hours for 1 minute with 0.12% Chlorhexidine (Perio-Aid® tratamiento, Dentaid).
6-WEEK HEALING

After a 6-week healing period, tissues have a healthy appearance.

- PHASE II RE-ASSESSMENT

In the post-surgery phase re-assessment, a reduction in probing depths consistent with health is observed in the areas having undergone surgery.

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After one year, tissues continue to have a healthy appearance. Periodontograms from pre-op and after 1 year reveal full pocket resolution.
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