Management of a Periodontal Abscess

Make sure to carry out a BPE and carry out patient examination 6ppc if indicated (BPE 3/4). Patient has periodontitis clinically and loss of Diagnosis is made after special alveolar crest may be seen radiographically. The investigations (probing, radiographs, tooth is usually mobile and tender to percussion in mobility and vitality testing) lateral directions.. The abscess is often adjacent to a periodontal pocket. Pus draining from a pocket or sinus, fever/malaise (systemic). Tooth is usually vital unlike a periapical abscess (non-vital). If you are unsure of the infection source, place a GP cone into Administer LA and debride the associated sinus tract before taking a radiograph. E.g. Metronidazole 400mg TDS for 5 days or Prescribe antibiotics if needed Amoxicillin 500mg TDS for 5days (See page 13). Discuss and make aware of cause, need for ongoing periodontal treatment and excellent oral hygiene Check infection has cleared and discuss Review need for future periodontal treatment.