

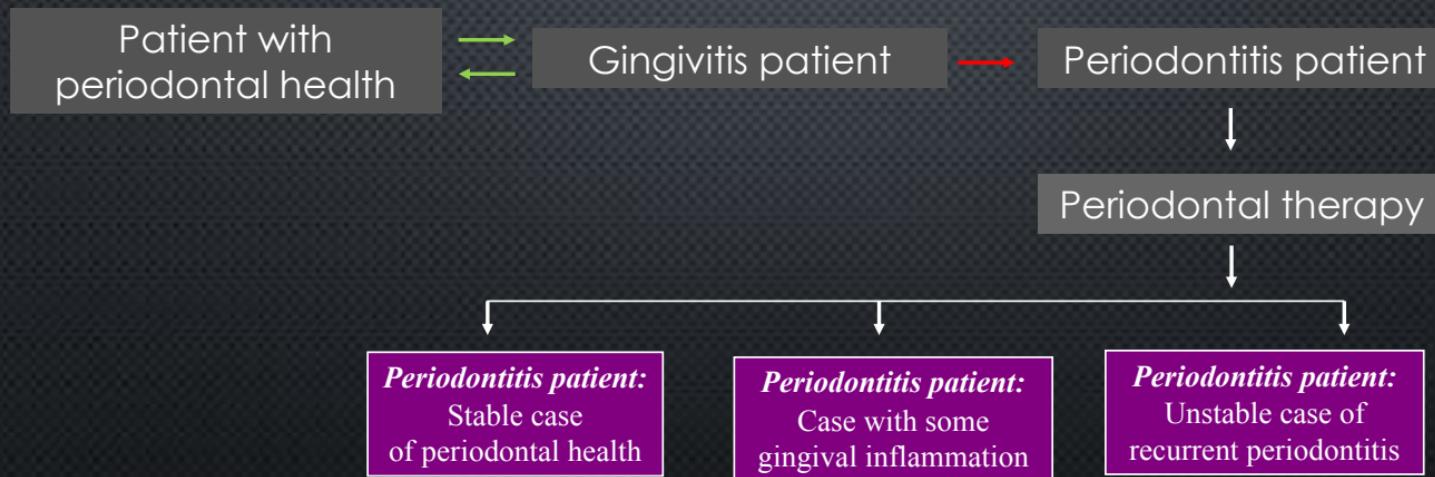
CLASSIFICATION OF PERIODONTAL DISEASES AND CONDITION PART 2

JOSEPH V. CALIFANO, DDS, PhD



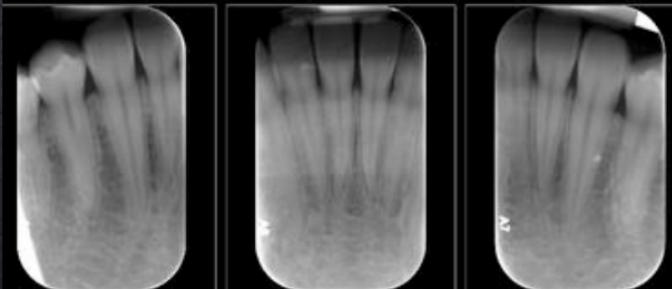
	Healthy Periodontium	Gingivitis - dental biofilm induced	Periodontitis Stage I	Periodontitis Stage II	Periodontitis Stage III	Periodontitis Stage IV
Bleeding on probing (BOP)	None/less than 10% of sites	Yes	Yes	Yes	Yes	Yes
Probing depth (PD, mm)	1-3mm	1-3mm or slightly higher	Max \leq 4mm	Max \leq 5mm	Max \geq 6mm	Max \geq 6mm
Clinical Attachment Level (CAL)	None	None	1-2mm interdental	3-4mm interdental	\geq 5 interdental	\geq 5 interdental
Radiographic Bone loss	None	none	<15%, coronal 1/3 mostly horizontal	15-33%, coronal 1/3 mostly horizontal	Extending to the middle 1/3 and beyond	Extending to the middle 1/3 and beyond
Suggested Treatment	OHI, prophylaxis every 6 months or according to patient's risk factors	OHI, prophylaxis every 6 months or according to patient's risk factors	OHI scaling and root planing as needed, re-evaluation, periodontal maintenance	OHI scaling and root planing as needed, re-evaluation, periodontal maintenance every 3 months, refer to Graduate Periodontics as needed especially if residual deep PD with BOP	OHI scaling and root planing as needed, re-evaluation, likely to have periodontal surgery in Graduate Periodontics clinic after initial therapy and re-evaluation, periodontal maintenance every 3 months after active periodontal therapy is complete	

HEALTH AND GINGIVITIS IN AN INTACT AND REDUCED PERIODONTIUM: UNDERPINNING PRINCIPLES



Health

Some gingival
enlargement one
probing depth over 3 but
no BOP

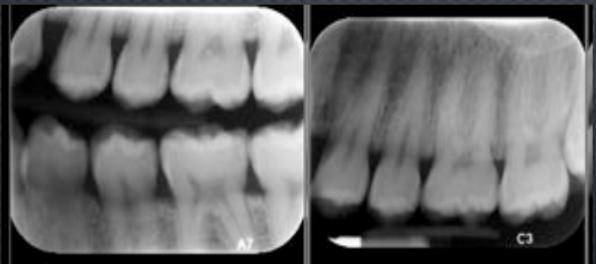


	27	26	25	24	23	22
Plaque	0	0	0	0	0	0
Bleed	0	0	0	0	0	0
WKG	0	0	0	0	0	0
Furcation	0	0	0	0	0	0
CAL	0	0	0	0	0	0
CEJ/GM	-2	-1	-1	-1	-1	-1
Probe	2	1	1	1	1	1
Lingual						
	27	26	25	24	23	22
Facial						
Probe	2	2	4	3	2	3
CEJ/GM	-2	-2	-4	-3	-2	-3
CAL	0	0	0	0	0	0
Furcation	0	0	0	0	0	0
WKG	0	0	0	0	0	0
Mobility	0	0	0	0	0	0
Bleed	0	0	0	0	0	0





Periodontitis: Stage I



PD	4	4	3	3	2	2	3	3	3	5	3	3
FGM-CEJ	-2	-2	-2	-2	-1	-2	-2	-2	-2	-3	-2	-3
CAL	2	2	1	1	1	0	1	1	1	2	1	0
Furc Inv												
MG Inv	N			N			N			N		
Bleed/S	B	B			B	B	B	B	B	B	B	
Mobil												
PLQ	1	1	1	1	1	1	1	1	1	1	1	1
Facial												
Lingual												
PLQ	1			1			1			1		
Bone Loss												
Bleed/S				B			B	B	B	B	B	
MG Inv	N			N			N			N		
Furc Inv												
CAL	1	1	1	2	0	1	0	0	1	1	1	0
FGM-CEJ	-2	-2	-2	-2	-2	-2	-3	-3	-3	-3	3	3
PD	3	3	3	4	2	3	3	3	4	+		

Periodontitis: Stage II

RBL 15-33%

CAL 1-4 mm stage II



PD	4	2	5	5	2	6	6	2	4	4	2	4	4	2	4
FGM-CEJ	-1	-2	-3	-2	-2	-2	-2	-2	-2	-3	-2	-3	-3	-2	-3
CAL	3	0	2	3	0	4	4	0	2	1	0	1	1	0	1
Furc Inv															
MG Inv	N	N	N							N	N	N			
Bleed/S	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
Bone Loss															
PLQ	1	1	1							1	1	1			
Lingual															
	27	26	25							24	23	22			
Facial															
PLQ	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mobil															
Bleed/S	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
MG Inv	N	N	N							N	N	N			
Furc Inv															
CAL	1	0	2	3	0	4	4	0	2	1	1	1	0	1	1
FGM-CEJ	-3	-2	-3	-2	-2	-2	-2	-2	-2	-3	-3	-3	-3	-2	-3
PD	4	2	5	5	2	6	6	2	4	4	2	4	4	2	4



Periodontitis: Stage II



PD	4	2	4	3	2	3	3	2	5	5	2	3
FGM-CEJ	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1
CAL	3	1	3	2	1	2	2	1	4	4	1	2
Furc Inv												1
MG Inv	N			N			N		N			
Bleed/S	B	B			B	B	B	B	B	B		B
Mobil				1			1					
PLQ	1	1	1	1	1	1	1	1	1	1	1	1
Facial												
Lingual												
PLQ	1			1			1			1		
Bone Loss												
Bleed/S				B			B	B	B	B		B
MG Inv	N			N			N		N			
Furc Inv									2			2
CAL	2	1	2	2	2	2	3	1	4	4	1	2
FGM-CEJ	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1	-1
PD	3	2	3	3	3	3	4	2	5	5		

Periodontitis: Stage III



PD	3	2	3	9	6	6	6	6	6	8	6	3	8	7	3	3	2	3
FGM-CEJ	-3	-1	-3	-2	-1	-2	-2	-1	-2	-2	-1	-2	-2	-1	-2	-1	-1	0
CAL	0	1	0	7	5	4	4	5	4	6	5	1	6	6	1	2	1	3
Furc Inv																		
MG Inv	N	N	N							N	N	N						
Bleed/S	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
Mobil				2			2			2		1						
PLQ	1	1	1	1	1	1	1	1	1	1	1	1						
Facial																		
	6	7	8							9	10	11						
Lingual																		
	PLQ	1	1	1						1	1							
Bone Loss																		
Bleed/S	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
MG Inv	N	N	N	N						N	N	N						
Furc Inv																		
CAL	0	0	0	7	3	1	4	4	6	6	4	4	5	1	0	0	1	0
FGM-CEJ	-2	-2	-3	-2	-1	-2	-2	-1	-2	-2	-1	-2	-2	-1	-2	-2	-1	-2
PD	2	2	3	9	4	3	6	5	8	8	5	6	7	2	2	2	2	2



Periodontitis: Stage III, IV?

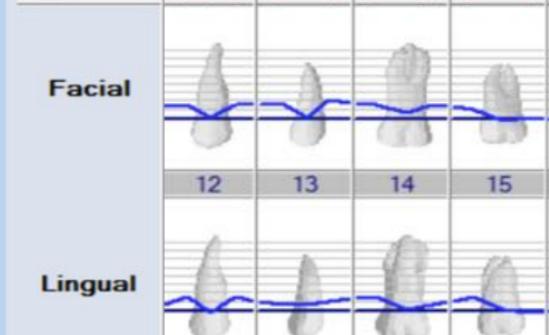
RBL → apical $\sqrt{3}$

attachment loss consistent
entire dentition @ risk

Grade C



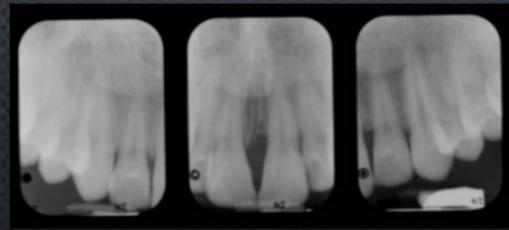
PD	7	2	7	6	2	7	7	4	6	6	3	4
FGM-CEJ	-3	-1	-3	-2	-1	-2	-3	-2	-2	-3	-3	-3
CAL	4	1	4	4	1	5	4	2	4	3	0	1
Furc Inv	1							2			1	
MG Inv	N			N			N			N		
Bleed/S	B	B			B	B	B	B	B	B	B	B
Mobil					1			1				
PLQ	1	1	1	1	1	1	1	1	1	1	1	1



PLQ	1	1	1	1	
Bone Loss					
Bleed/S		B	B	B	
MG Inv	N	N	N	N	
Furc Inv			2	2	
CAL	4	0	4	2	2
FGM-CEJ	-3	-2	-3	-3	-3
PD	7	2	7	5	5



Periodontitis: Stage III, localized Molar/Incisor pattern, circumpubertal onset



Periodontitis: Stage III, localized Molar/Incisor pattern, circumpubertal onset



CLASSIFICATION OF PERIODONTAL DISEASES AND CONDITIONS

PERIODONTAL HEALTH, GINGIVAL DISEASES AND CONDITIONS			PERIODONTITIS			DEVELOPMENTAL AND ACQUIRED DEFORMITIES AND CONDITIONS AFFECTING THE PERIODONTIUM			
CHAPPLE, MEALEY, ET AL. 2018 CONSENSUS REPORT			PAPAPANOU, SANZ, ET AL. 2018 CONSENSUS REPORT			JEPSEN, CATON, ET AL. 2018 CONSENSUS REPORT			
PERIODONTAL HEALTH AND GINGIVAL HEALTH	GINGIVITIS: DENTAL BIOFILM- INDUCED	GINGIVAL DISEASES: NON DENTAL BIOFILM- INDUCED	NECROTIZING PERIODONTAL DISEASES	PERIODONTITIS	SYSTEMIC DISEASES ASSOCIATED WITH LOSS OF PERIODONTAL SUPPORTING TISSUE	PERIODONTAL ABSCESSES AND ENDODONTIC – PERIODONTAL LESIONS	TOOTH AND PROSTHESIS RELATED FACTORS	MUCOGINGIVAL DEFORMITIES AND CONDITIONS	TRAUMATIC OCCLUSAL FORCES



SYSTEMIC DISEASES ASSOCIATED WITH LOSS OF PERIODONTAL SUPPORTING TISSUE

Condition

- EHLERS-DANLOS SYNDROME
- NEUTROGENIAS
- LEUKOCYTE ADHESION DEFICIENCY (LAD)
- HYPOPHOSPHATIA
- PAPILLON-LEFEVRE SYNDROME
- HAIM-MONK SYNDROME

Mutation

- COLLAGEN DEFECTS
- NEUTROPHIL ANOMALIES
- LEUKOCYTE ADHESION DEFECT
- ALKALINE PHOSPHATASE
- CATHEPSIN C DEFECT
- CATHEPSIN C DEFECT



SYSTEMIC DISEASES ASSOCIATED WITH LOSS OF PERIODONTAL SUPPORTING TISSUE

- THESE SINGLE GENE MUTATIONS ARE INHERITED IN A MENDELIAN FASHION
- THESE GENES AFFECT:
 - CONNECTIVE TISSUE METABOLISM-FIBROUS CONNECTIVE TISSUE AND BONE
 - IMMUNE REGULATION/FUNCTION-ESPECIALLY PMN FUNCTION



SYSTEMIC DISEASES ASSOCIATED WITH LOSS OF PERIODONTAL SUPPORTING TISSUE

- LEUKOCYTE ADHESION DEFICIENCY (LAD)



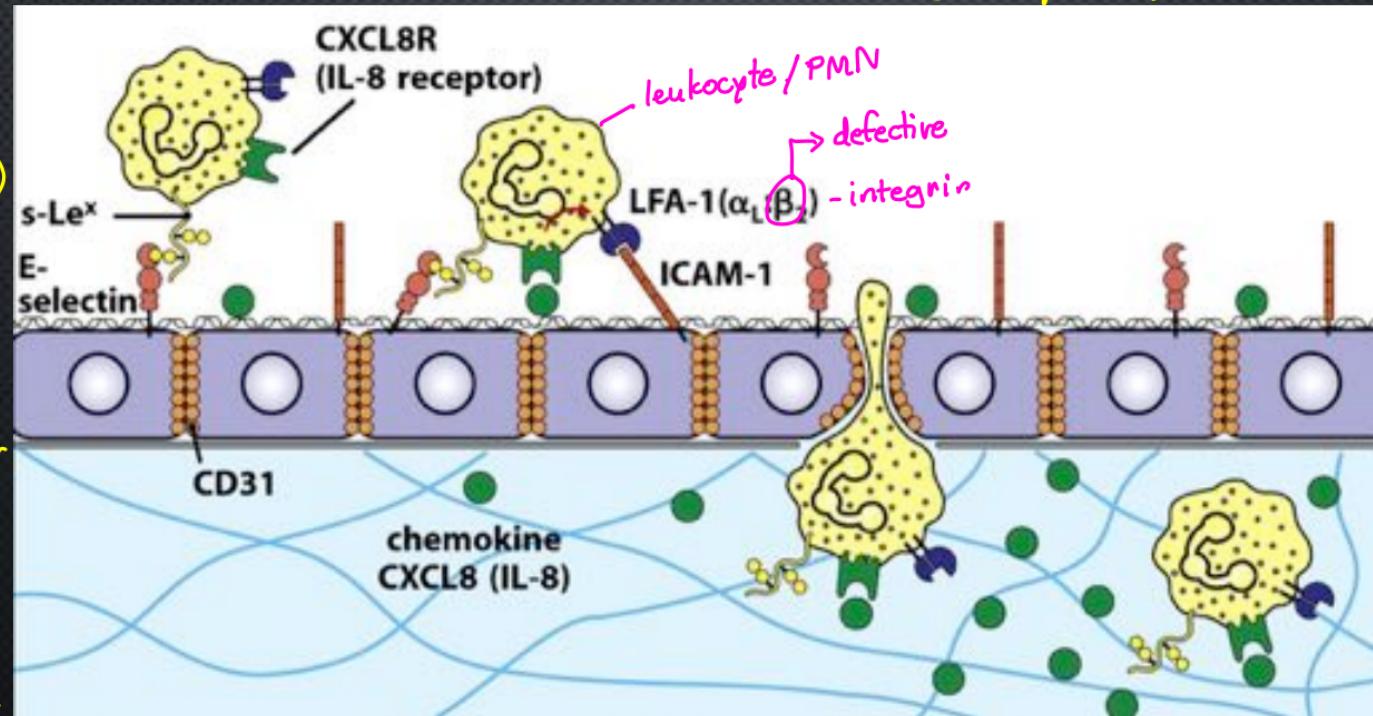
SYSTEMIC DISEASES ASSOCIATED WITH LOSS OF PERIODONTAL SUPPORTING TISSUE

deficient immune sys

want a normal immune response (not too much/little)

- LEUKOCYTE ADHESION DEFICIENCY (LAD) → PMN can't get out of circulation (no diapedesis) → LFA not fit

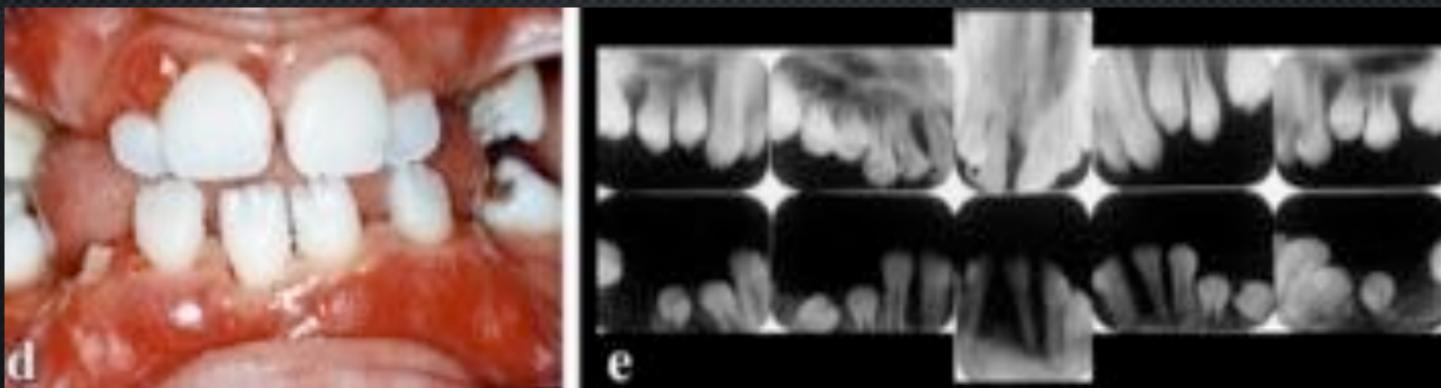
KAM-1 = intercell. adhesion molecule 1



PAPILLON-LEFEVRE

dentally, looks like LAD
excessive PMNS

- PALMAR-PLANTAR KERATOSIS, SEVERE PERIODONTITIS
thickened epithelium



PAPILLON-LEFEVRE

excessive immune sys

- AUTOSOMAL RECESSIVE INHERITANCE, CATHEPSIN C GENE MUTATION
- ETIOLOGY
 - PLAQUE IN AN INFLAMED PERIODONTAL LESION INDUCES RELEASE OF THE CHEMOKINE MIP-1 α . IT IS CHEMOTACTIC FOR PMNs. *prod by PMNs, but is in active form*
 - AS PMNs ACCUMULATE, ACTIVE PMN SERINE PROTEASES NORMALLY CLEAVE THE CHEMOKINE MIP-1A WHICH PREVENTS EXCESSIVE CHEMOTAXIS OF PMNs TO THE PERIODONTAL TISSUES.
 - CATHEPSIN C IS NECESSARY TO ACTIVATE PMNs SERINE PROTEASES.
 - IN THE ABSENCE OF CATHEPSIN C, PMN SERINE PROTEASES ARE NOT ACTIVE, MIP-1A PERSISTS RESULTING IN EXCESSIVE PMN ACCUMULATION AND TISSUE DESTRUCTION.
 - THERE IS AN ABSENCE OF NORMAL REGULATION.



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NECROTIZING PERIODONTAL DISEASES

- NECROTIZING ULCERATIVE GINGIVITIS → no attachment loss
- NECROTIZING ULCERATIVE PERIODONTITIS
- SYMPTOMS
 - PAIN
 - HALITOSIS
 - RARELY FEVER
- BOTH ARE ASSOCIATED WITH
 - SMOKING
 - STRESS
 - LARGE AMOUNTS OF PLAQUE AND CALCULUS
 - HIV INFECTION



NECROTIZING PERIODONTAL DISEASES

- NECROTIZING ULCERATIVE GINGIVITIS



NECROTIZING PERIODONTAL DISEASES

- NECROTIZING ULCERATIVE PERIODONTITIS



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ABSCESES OF THE PERIODONTIUM

- GINGIVAL ABSCESS



ABSCESES OF THE PERIODONTIUM

- PERIODONTAL ABSCESS

swelling
attachment loss
bone destruction

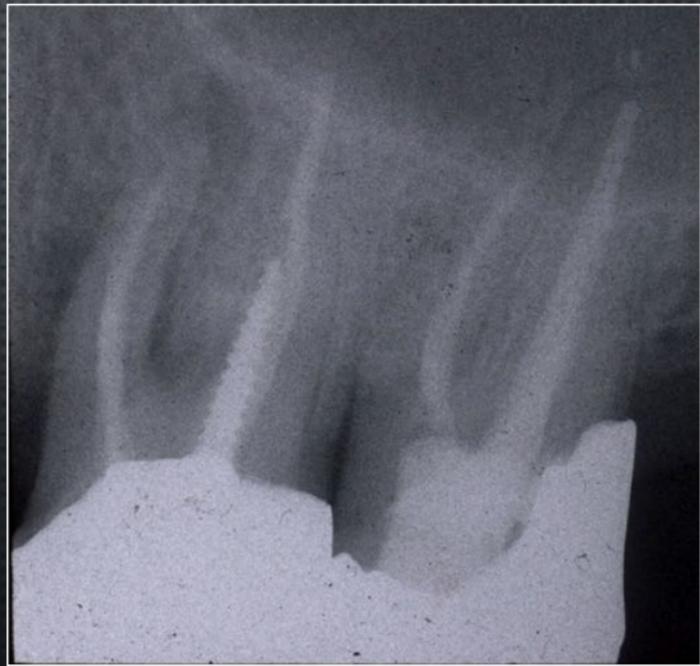


ABSCESES OF THE PERIODONTIUM

- PERICORONAL ABSCESS- PERICORNITIS



PERIODONTITIS ASSOCIATED WITH ENDODONTIC LESIONS



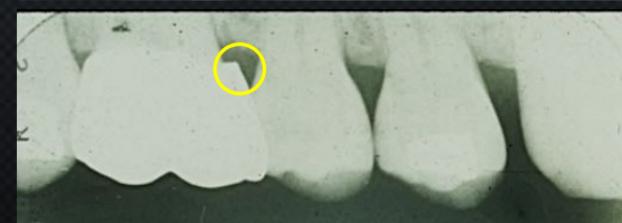
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TOOTH AND PROSTHESIS RELATED FACTORS

- IATROGENIC- E.G. RESTORATION OVERHANG, POOR RESTORATION FIT OR CONTOUR



TOOTH AND PROSTHESIS RELATED FACTORS

- IATROGENIC- VIOLATION OF SUPRACRESTAL TISSUE ATTACHMENT
- NEW VOCABULARY: BIOLOGIC WIDTH IS NOW SUPRACRESTAL TISSUE ATTACHMENT



TOOTH AND PROSTHESIS RELATED FACTORS

- DEVELOPMENTAL GROOVES



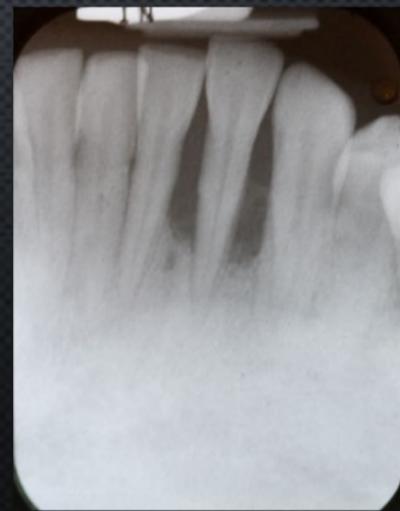
TOOTH AND PROSTHESIS RELATED FACTORS

- CERVICAL ENAMEL PROJECTIONS, ENAMEL PEARLS



TOOTH AND PROSTHESIS RELATED FACTORS

- TOOTH POSITION ROOT PROXIMITY



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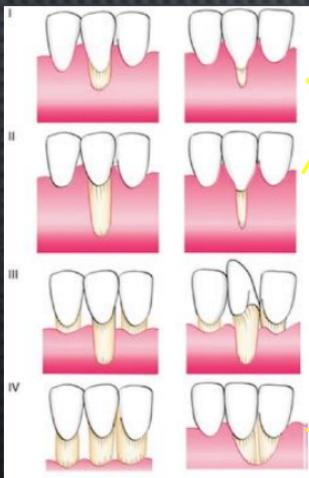
MUCOGINGIVAL CONDITIONS AND DEFORMITIES

- GINGIVAL RECESION



CLASSIFICATION OF GINGIVAL RECESION

MILLER
CLASSIFICATION



CAIRO
CLASSIFICATION

RT1



RT2



RT3



CLASSIFICATION OF GINGIVAL RECESSION

- RECESSION TYPE 1 (RT1)
 - GINGIVAL RECESSION WITH NO LOSS OF INTERPROXIMAL ATTACHMENT. INTERPROXIMAL CEJ IS CLINICALLY NOT DETECTABLE AT BOTH MESIAL AND DISTAL ASPECTS OF THE TOOTH.
- RECESSION TYPE 2 (RT2)
 - GINGIVAL RECESSION ASSOCIATED WITH LOSS OF INTERPROXIMAL ATTACHMENT. THE AMOUNT OF INTERPROXIMAL ATTACHMENT LOSS (MEASURED FROM THE INTERPROXIMAL CEJ TO THE DEPTH OF THE INTERPROXIMAL SULCUS/POCKET) IS LESS THAN OR EQUAL TO THE BUCCAL ATTACHMENT LOSS (MEASURED FROM THE BUCCAL CEJ TO THE APICAL END OF THE BUCCAL SULCUS/POCKET).
- RECESSION TYPE 3 (RT3)
 - GINGIVAL RECESSION ASSOCIATED WITH LOSS OF INTERPROXIMAL ATTACHMENT. THE AMOUNT OF INTERPROXIMAL ATTACHMENT LOSS (MEASURED FROM THE INTERPROXIMAL CEJ TO THE APICAL END OF THE SULCUS/POCKET) IS GREATER THAN THE BUCCAL ATTACHMENT LOSS (MEASURED FROM THE BUCCAL CEJ TO THE APICAL END OF THE BUCCAL SULCUS/POCKET).



CLASSIFICATION OF GINGIVAL RECESSION

- RECESSION TYPE 1: INCLUDES THE MILLER CLASS 1 & 2
- RECESSION TYPE 2 (RT2): SIMILAR TO THE MILLER CLASS 3
- RECESSION TYPE 3 (RT3): SIMILAR TO THE MILLER CLASS 4



MUCOGINGIVAL CONDITIONS AND DEFORMITIES

- PERIODONTAL PHENOTYPE (THIS REPLACES BIOTYPE)
 - THE THICKNESS OF THE SOFT AND HARD TISSUE SURROUNDING NATURAL TEETH OR DENTAL IMPLANTS



Thin Periodontal Phenotype



Thick Periodontal Phenotype



CLASSIFICATION OF ROOT SURFACE CONCAVITIES

step = concavity @ root surface

CEJ	STEP	DESCRIPTORS
CLASS A	-	CEJ DETECTABLE WITHOUT STEP
CLASS A	+	CEJ DETECTABLE WITH STEP
CLASS B	-	CEJ UNDETECTABLE WITHOUT STEP
CLASS B	+	CEJ UNDETECTABLE WITH STEP



MUCOGINGIVAL CONDITIONS AND DEFORMITIES

- GINGIVAL ENLARGEMENT
 - DRUG INDUCED
 - HEREDITARY GINGIVAL FIBROMATOSIS



MUCOGINGIVAL CONDITIONS AND DEFORMITIES

- GINGIVAL ENLARGEMENT

- DRUG INDUCED- PHENYTOIN (ANTI-SEIZURE), CALCIUM CHANNEL BLOCKER (ANTI HYPERTENSIVE), CYCLOSPORIN (BLOCKS IL-1, ANTI-REJECTION MEDICATION FOR TRANSPLANT PATIENTS)



MUCOGINGIVAL CONDITIONS AND DEFORMITIES

- GINGIVAL ENLARGEMENT
 - HEREDITARY GINGIVAL FIBROMATOSIS



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NON-PLAQUE INDUCED GINGIVAL LESIONS

- VIRAL ORIGIN- HERPETIC GINGIVOSTOMATITIS



NON-PLAQUE INDUCED GINGIVAL LESIONS

- FUNGAL ORIGIN- CANDIDIASIS
 - OFTEN ASSOCIATED WITH IMMUNOSUPPRESSION, HIV INFECTION, TRANSPLANT PATIENTS



NON-PLAQUE INDUCED GINGIVAL LESIONS

- TRAUMATIC LESIONS

tooth brush abrasion

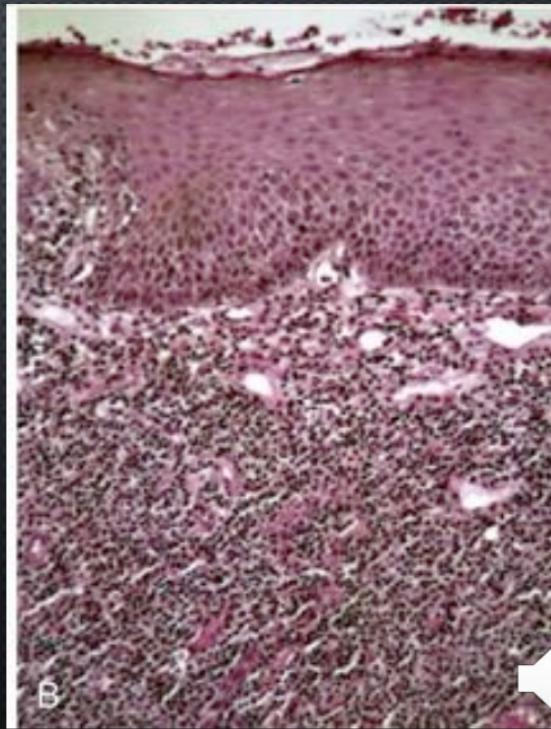


NON-PLAQUE INDUCED GINGIVAL LESIONS

- FOREIGN BODY REACTION- NICKEL ALLERGY- CROWNS MADE WITH A NICKEL CONTAINING ALLOY



A



B



NON-PLAQUE INDUCED GINGIVAL LESIONS

- MANIFESTATION OF A HEMATOLOGIC DISSORDER- E.G., LEUKEMIA



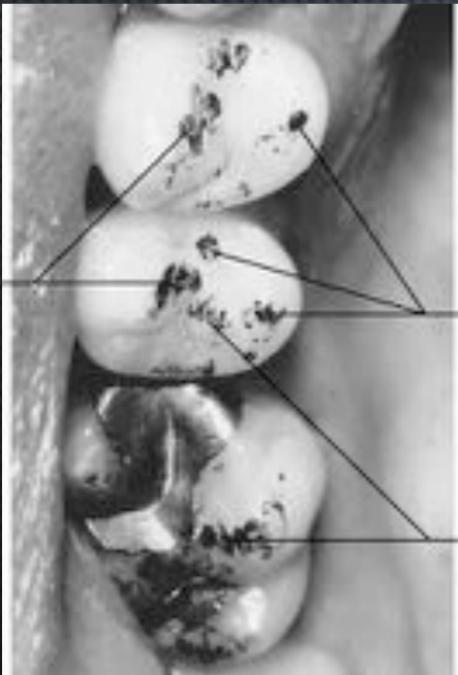
CLASSIFICATION OF PERIODONTAL DISEASES AND CONDITIONS

PERIODONTAL HEALTH, GINGIVAL DISEASES AND CONDITIONS			PERIODONTITIS			DEVELOPMENTAL AND ACQUIRED DEFORMITIES AND CONDITIONS AFFECTING THE PERIODONTIUM			
CHAPPLE, MEALEY, ET AL. 2018 CONSENSUS REPORT			PAPAPANOU, SANZ, ET AL. 2018 CONSENSUS REPORT			JEPSEN, CATON, ET AL. 2018 CONSENSUS REPORT			
PERIODONTAL HEALTH AND GINGIVAL HEALTH	GINGIVITIS: DENTAL BIOFILM- INDUCED	GINGIVAL DISEASES: NON DENTAL BIOFILM- INDUCED	NECROTIZING PERIODONTAL DISEASES	PERIODONTITIS	SYSTEMIC DISEASES ASSOCIATED WITH LOSS OF PERIODONTAL SUPPORTING TISSUE	PERIODONTAL ABSCESSES AND ENDODONTIC – PERIODONTAL LESIONS	TOOTH AND PROSTHESIS RELATED FACTORS	MUCOGINGIVAL DEFORMITIES AND CONDITIONS	TRAUMATIC OCCLUSAL FORCES



TRAUMATIC OCCLUSAL FORCES

- PRIMARY *no attachment loss*
- SECONDARY- ASSOCIATED WITH PERIODONTITIS



CLASSIFICATION OF PERI-IMPLANT DISEASES AND CONDITIONS

BERGLUNDH, ARMITAGE, ET AL. 2018 CONSENSUS REPORT

**PERI-IMPLANT
HEALTH**

**PERI-IMPLANT
MUCOSITIS**

PERI-IMPLANTITIS

**PERI-IMPLANT SOFT
AND HARD TISSUE
DEFICIENCIES**



CLASSIFICATION OF PERI-IMPLANT DISEASES AND CONDITIONS

- **PERI-IMPLANT HEALTH**-MINIMAL OR NO INFLAMMATION (NO REDNESS, SWELLING, PROFUSE BLEEDING ON PROBING) AND ABSENCE OF ADDITIONAL BONE LOSS AFTER INITIAL HEALING
- **PERI-IMPLANT MUCOSITIS**-PLAQUE INDUCED INFLAMMATION OF THE GINGIVA AROUND AN IMPLANT AND ITS RESTORATION **WITHOUT** BONE DESTRUCTION
- **PERI-IMPLANTITIS**-PLAQUE INDUCED INFLAMMATION OF THE GINGIVA AROUND AN IMPLANT AND ITS RESTORATION **WITH** BONE DESTRUCTION



PERI-IMPLANT DISEASES

PERI-IMPLANT MUCOSITIS



PERI-IMPLANTITIS



THANKS FOR YOUR ATTENTION

