

Treatment of a Stage IV, generalized, grade C Periodontitis

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INTRODUCTION |

Currently, Periodontitis is characterized by defining the **STAGE** and **GRADE** of the disease^{1,2}. **Stage IV periodontitis** has unique features that require treatment of a higher level of complexity³. In this poster, the sequence of periodontal treatment of a stage IV, generalized, grade C periodontitis is presented.

CLINICAL CASE DESCRIPTION |

A **30-year-old** female patient attended at Periodontology Postgraduate Clinic in the Faculty of Dental Medicine, Lisbon, with **complaints** of tooth mobility and gingival bleeding. **Smoker** (≥ 10 cigarettes/day) without any other systemic diseases (ASA II). After the clinical and radiographic evaluation was diagnosed with a **Stage IV, generalized, grade C Periodontitis**².



1: Intraoral photographs series on the upper (A) and lower (B) jaw

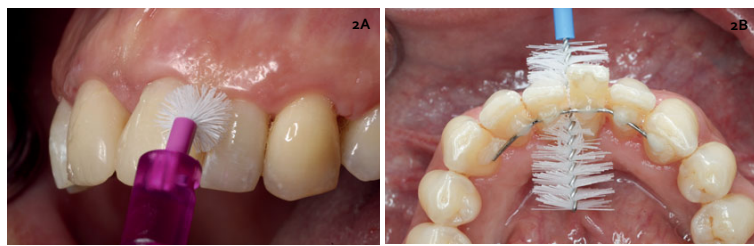
Periodontal Chart BASELINE |

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28						
V	6	5	4	4	4	6	2	4	4	2	7	6	4	4	3	4	4	2	5			
P	5	5	6	6	5	6	4	3	6	4	4	4	4	4	2	4	6	3	4	4	5	5

	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
V	5	5	4	4	4	6	4	4	4	2	4	9	4	4	4	3	6
P	6	6	5	3	4	6	3	6	5	4	6	5	3	4	4	4	6

STEP 1

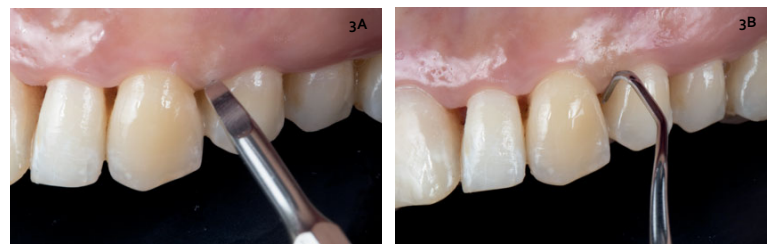
Smoking cessation: patient stopped smoking



2 (A, B): Oral hygiene instructions: choosing the right interdental brushes

STEP 2

Subgingival instrumentation (2 appointments)



3: Subgingival instrumentation with powered ultrasonic (A) and hand (B) instruments

Periodontal Chart RE-EVALUATION |

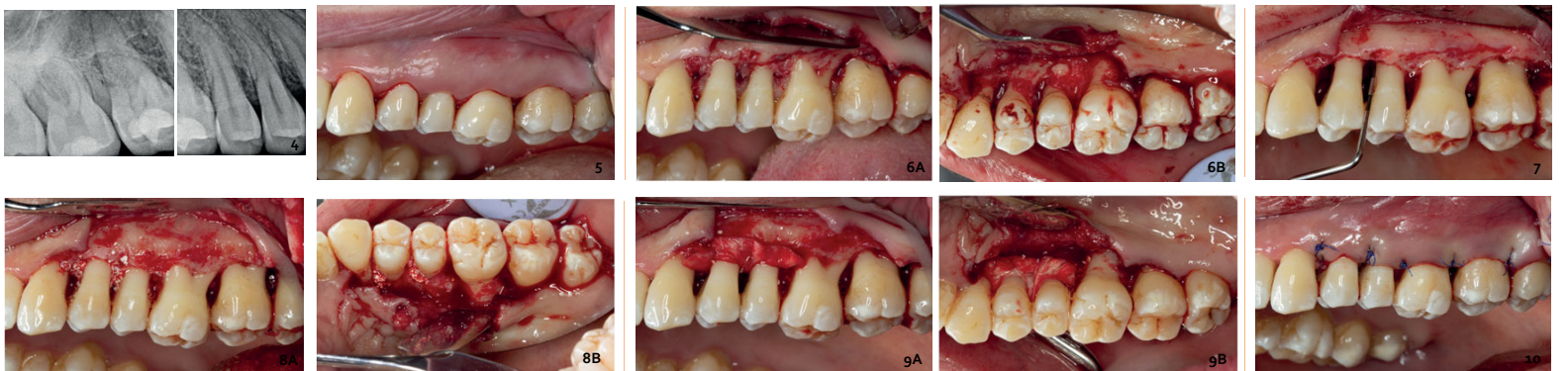
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28												
V	4	3	4	3	3	2	2	3	2	2	5	4	2	6	8	2	4	7	4	4	4	4	4	5	5	4	5	4
P	5	5	4	6	4	4	5	4	4	5	6	4	3	6	5	5	5	4	4	4	2	4	5	3	4	4	5	4

	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38																				
V	5	4	5	3	2	5	6	5	2	2	6	6	2	4	4	2	4	4	2	4	2	2	5	6	2	6	5	2	4	4	3	3	5			
P	6	5	4	3	3	6	6	2	6	5	4	7	5	2	2	3	2	2	4	7	6	3	3	3	4	4	2	4	7	7	3	6	4	4	4	6

STEP 3

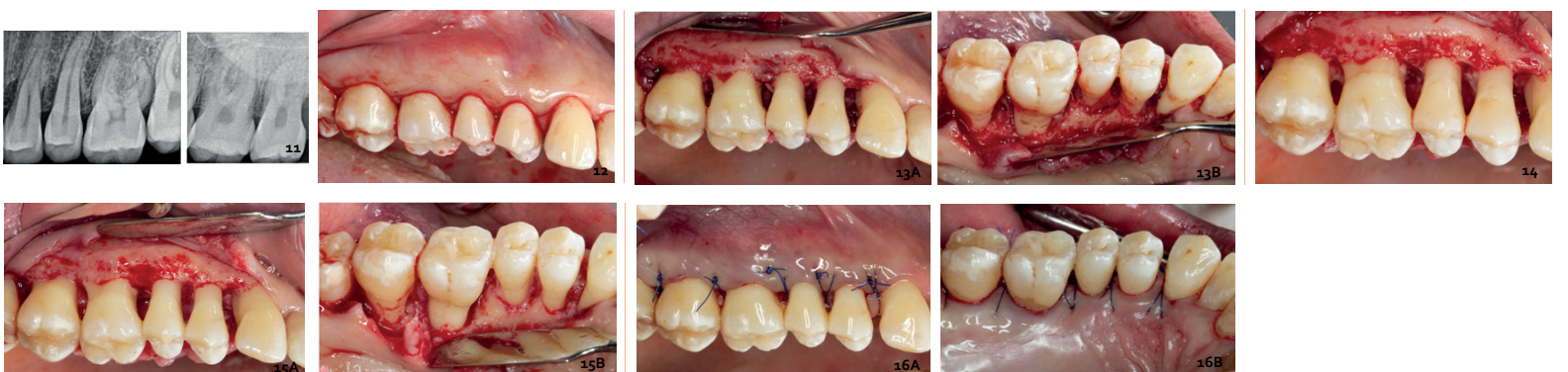
Included **subgingival repeated instrumentation** (2nd sextant) **resective/access periodontal surgery** (3rd, 4th, 5th e 6th sextant) and **regenerative periodontal surgery** (tooth 14 and 15). The next photographs illustrate two of the surgeries performed.

REGENERATIVE PERIODONTAL SURGERY (14,15)



4: Initial radiograph; 5: Incision (buccal view); 6: Flap elevation (A - buccal view; B - palatal view); 7: Residual deep pocket associated with intrabony defects deeper than 3 mm; 8: Placement of the biomaterial (A - buccal view; B - palatal view); 9: Placement of the barrier membrane (A - buccal view; B - palatal view); 10: Suture

RESECTIVE PERIODONTAL SURGERY (3rd sextant)



11: Initial radiograph; 12: Incision (buccal view); 13: Flap elevation (A - buccal view; B - palatal view); 14: Residual deep pocket associated with intrabony defects less than 3 mm; 15: Osteoplasty (A - buccal view; B - palatal view); 16: Suture (A - buccal view; B - palatal view)

CONCLUSION | The treatment has been successful in achieving a **stable and healthy periodontium**. Patient was placed in a **supportive periodontal care programme**, with regular visits (3 in 3 months)