

Dental Insights — EuroPerio10, EFP, 15-18th June 2022 - Part 1

Host

European Federation of Periodontology (EFP)

Date

15.-18.06.2022

Speakers

Cristiano Thomasi, Jeanie Suvan, Filippo Graziani, Markus Laky, Iain Chapple

Reservations

All reservations of the correct reproduction of the course material in the notes are taken by the author.

Dental Insights

1. Subgingival instrumentation: debridement, scaling or root planing?

Main aim: Control of the periodontal infection and biofilm management.

Perio treatment: Diagnosis, establish supragingival infection control, disrupt subgingival biofilm, maintain infection control.

Treatment phases (increasing in intensity):

1. Debridement (disrupt biofilm)
2. Scaling (remove hard deposits)
3. Root planing (smoothing the surface, remove infected cementum)

Clinical healing should be assessed before any repeated instrumentation effort or proceeding to the next component.

Residual calculus paradox = complete root calculus removal is rare, and presence of subgingival calculus is in 50% cases not related related to residual periodontal infection.

Highly trained dental hygienists are key.

We need to take time for patient education, and not just instrumentation.

2. Are curettes still relevant? And how about adjunctive lasers?

There are many great curette and ultrasonic choices, and we shouldn't limit ourselves. But the condition of the instrument and operator experience, skill and training is important!

There's still a long way until we can automate dentistry with robotic treatment, because tactile sensation and feedback is very important in the operator's finger stroke during treatment.

The treatment success depends on the operator's fine motor skill and context!

Using the first 3rd of the cutting edge of the curette is extremely important. And it has to be precise in adaptation.

A manual skill such as playing a musical instrument or maneuvering a powered machine requires great operator experience, skill and training.

Non-surgical periodontal treatment is THE treatment.
The main goal is to treat the patient, and not just to maintain the inflammation.

74% of periodontal pockets are closed after non-surgical periodontal treatment.

Enamel matrix derivative (EMD, amelogenin) can be used in intrabony defects as an adjunctive to non-surgical treatment.

We can use adjunctive lasers during non-surgical instrumentation, but there is a big difference between laser types.

Important to note:
Smoking cessation
Vitamin D level assessment (2/3 of periodontal patients are deficient)
Other vitamin deficiencies

The stable blood clot is the basis for periodontal regeneration.

Adjunctive diode-laser has additional clinical benefits in the treatment of periodontitis (photobiomodulation).

The periodontal sites that have not healed after the initial treatment phase, can get adjunctive laser treatment.

3. Time to take gingivitis seriously!

The majority of the population of the world has gingival inflammation.

The burden of periodontitis has huge human and economic costs.

Plaque causes gingivitis, AND gingivitis causes more plaque accumulation!

Sugar causes gingival inflammation in itself, not just through plaque accumulation!

Power of vitamin C (fx kiwi, guava fruit) supplementary diet develops less gingival inflammation and less plaque accumulation.

The higher inflammation of the periodontium, the higher risk of MACE (major adverse cardiovascular event).

Clinical health —> Gingivitis —> Periodontitis

We NEED to treat gingivitis as if it were pre-diabetes!

Periodontitis is the same size and severity as a big chronic wound on the skin.
Creates great bacteremia.

Gingival inflammation is curable! Periodontitis is not curable.

You have to become a holistic oral health coach for the patient!
You have to provide the tools for the patient to be able to change behavior.

Reduction of systemic inflammation blood biomarkers CRP and IL-6:

- Reinforcement of brushing every week.
- Conversion from generalized to localized gingivitis.
- Pittsburg sleep quality index.
- Memory index.
- Quality of life.

Treatment of gingivitis:

- High level of oral hygiene
- Professional mechanical plaque removal
- Interdental cleaning
- Fluoride-enriched toothpastes
- Mouthrinses in some specific situations

Treating gingivitis is extremely important to prevent periodontitis.

Overweight is relevant to the gums.

You have to ask your patients about their weight etc., even if they are adolescents.

Talk about the whole, holistic person.

The mouth has to be put back into the body.

Connect the patients' systemic diseases to their oral diseases.

You have to coach the patients behind them (chairside).

Give them both skills and motivation to the patient. Motivation has to come from within a person.

Information is NOT motivation.

The optimal starter gear:

Electric toothbrush, toothpaste and interdental brush or floss.

Gingivitis should be the new sexy!

Gingivitis can be cured! It shouldn't be normalized or downprioritized. Communication is KEY.

If all dentists know the oral-systemic connection, why are we not talking more about it?

That was Dental Insights. Thank you for being here. ♥

Dental love, Anne Mette