



Periodontal Disease

The word *periodontal* means “around the tooth”. Periodontal disease attacks the gums and the bone that support the teeth. Plaque is a sticky film of food debris, bacteria, and saliva. If plaque is not removed, it turns into calculus (tartar). When plaque and calculus are not removed, they begin to destroy the gums and bone. Periodontal disease is characterized by red, swollen, and bleeding gums.

Not only is it the *number one reason* for tooth loss, research suggests that there may be a link between periodontal disease and other diseases such as, stroke, bacterial pneumonia, diabetes, cardiovascular disease, and increased risk during pregnancy. Smoking also increases the risk of periodontal disease.

Good oral hygiene, a balanced diet, and regular dental visits can help reduce your risk of developing periodontal disease.

Signs and symptoms of periodontal disease:

- **Bleeding gums** – Gums should never bleed, even when you brush vigorously or use dental floss.
- **Loose teeth** – Also caused by bone loss or weakened periodontal fibers (fibers that support the tooth to the bone).
- **New spacing between teeth** – Caused by bone loss.
- **Persistent bad breath** – Caused by bacteria in the mouth.
- **Pus around the teeth and gums** – Sign that there is an infection present.
- **Receding gums** – Loss of gum around a tooth.
- **Red and puffy gums** – Gums should never be red or swollen.
- **Tenderness or Discomfort** – Plaque, calculus, and bacteria irritate the gums and teeth.

Diagnosis

Diagnosis of periodontal disease is during a *periodontal examination*. This type of exam is always part of your regular dental check-up.

A periodontal probe (small dental instrument) is gently used to measure the sulcus (pocket or space)

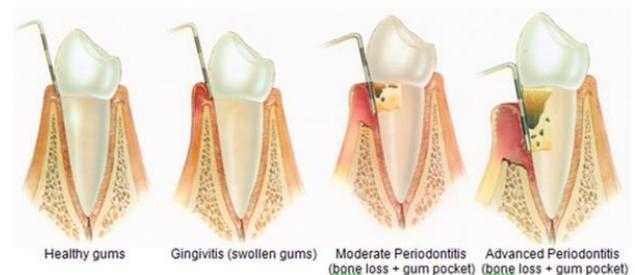
between the tooth and the gums. The depth of a healthy sulcus measures three millimeters or less and does not bleed. The periodontal probe helps indicate if pockets are deeper than three millimeters. As periodontal disease progresses, the pockets usually get deeper.



We use pocket depths, amount of bleeding, inflammation, tooth mobility, etc., to make a diagnosis that will fall into a category below:

Gingivitis

Gingivitis is the first stage of periodontal disease. Plaque and its toxin by-products irritate the gums, making them tender, inflamed, and likely to bleed.



Periodontitis

Plaque hardens into calculus (tartar). As calculus and plaque continue to build up, the gums begin to recede from the teeth. Deeper pockets form between the gums and teeth and become filled with bacteria and

pus. The gums become very irritated, inflamed, and bleed easily. Slight to moderate bone loss may be present.

Advanced Periodontitis

The teeth lose more support as the gums, bone, and periodontal ligament continue to be destroyed. Unless treated, the affected teeth will become very loose and may be lost. Generalized moderate to severe bone loss may be present.

Treatment

Periodontal treatment methods depend upon the type and severity of the disease. We will evaluate for periodontal disease and recommend the appropriate treatment.



If the disease is caught in the early stages of *gingivitis*, and no damage has been done, one to two regular cleanings will be

recommended. You will also be given instructions on improving your daily oral hygiene habits and having regular dental cleanings.

If the disease has progressed to more advanced stages, a special periodontal cleaning called **scaling and root planing** (*deep cleaning*) will be recommended. It is usually done one quadrant of the mouth at a time while the area is numb. In this procedure, tartar, plaque, and toxins are removed from above and below the gum line (*scaling*) and rough spots on root surfaces are made smooth (*planing*). This procedure helps gum tissue to heal and pockets to shrink. Medications, special medicated mouth rinses, and an electric tooth brush may be recommended to help control infection and healing.

If the pockets do not heal after scaling and root planing, periodontal surgery may be needed to reduce pocket depths, making teeth easier to clean. We may also recommend that you see a Periodontist (specialist of the gums and supporting bone).

Maintenance

It only takes twenty-four hours for plaque that is not removed from your teeth to turn into calculus (tartar)! Daily home cleaning helps control plaque and tartar formation, but those hard to reach areas will always need special attention.

Once your periodontal treatment has been completed, you should maintain regular recalls (*periodontal cleanings*). At these cleaning appointments, the pocket depths will be carefully checked to ensure



that they are healthy. Plaque and calculus that is difficult for you to remove on a daily basis will be removed from above and below the gum line.

In addition to your periodontal cleaning and evaluation, your appointment will usually include:

- **Examination of diagnostic x-rays (radiographs):** Essential for detection of decay, tumors, cysts, and bone loss. X-rays also help determine tooth and root positions.
- **Examination of existing restorations:** Check current fillings, crowns, etc.
- **Examination of tooth decay:** Check all tooth surfaces for decay.
- **Oral cancer screening:** Check the face, neck, lips, tongue, throat, cheek tissues, and gums for any signs of oral cancer.
- **Oral hygiene recommendations:** Review and recommend oral hygiene aids as needed. (Electric toothbrushes, special periodontal brushes, fluorides, rinses, etc.)
- **Teeth polishing:** Remove stain and plaque that is not otherwise removed during tooth brushing and scaling.

Good oral hygiene practices and periodontal cleanings are essential in maintaining dental health and keeping periodontal disease under control.