

Rational of Periodontal Therapy by Papillectomy

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Abstract

A simple technique is described for the treatment of periodontal diseases that accomplishes the objectives of periodontal therapy. The method is based upon current etiological concepts for the initiation of the diseases and long-term studies of treatment success. [1-2] papillectomy techniques provides good visual and instruments access to interproximal tooth surfaces and

allows optimal preparation of Cemental surfaces without the necessity of a full surgical purposes [1].

Keywords: Treatment, Diseases, Papillectomy.

Introduction

The clinical practices of periodontics has changed emphasis over the year and continue to evolve in response to clinical and research.[3]. This method od treatment of periodontal disease is easy, simple and effective and accommodates long term clinical studies

and observations relating to reattachments of gingival and of junctional epithelium.

This method helps in pocket reduction and reattachment over duration of observation. The clinical studies have date for effectiveness of periodontal therapy of the three most commonly practiced treatment modalities: subgingival curettage modified Widman flap, and apically repositioned flap ,all these gave similar results for pockets reduction and reattachment over an year observation [4-5] most important findings was that surgical elimination of bony craters was unnecessary for maintenance of interproximal attachment levels .

The most important findings was that the surgical modalities caused loss of the buccal attachment where pocket of between 1-3 mm were present at the time of surgery .

The study showed that clinical should decide which technique should be employed in periodontal management on the basis of convenience, aesthetic and hygiene maintenance [6-7].

Etiology

Experimental studies have shown that plaque bacteria are responsible for initiation and maintenance of gingival inflammation .resolution of that inflammation occurs if adequate control of the plaque is achieved .once destruction process has extended into Periodontium.

It is no longer reversed by simple hygiene methods alone ,the pathologically depend gingival sulcus exposes cementum to the inflammation inducing lipopolysaccharides endotoxin, lab studies have confirmed that the cementum of periodontally involved teeth does contain lipopoly saccharides .endotoxin has also been implicated in bone resorption and collagenase production by endo toxin activated macrophages [6-7] Removal of endotoxin by chemical or physical techniques enables colonization of cementum surface by fibroblast occur.

Indications

Gingival hyperplasia involving interdental papilla. Chronic marginal Periodontium except where deep pockets involved.

Periodontal Therapy

Procedure: Following initial examination to rule out presence of buccal /lingual pockets, local anaesthesia is infiltrated into the papilla from buccal and lingual aspects a no .11 scalpel blade is used to make inverted bevel insertion at base of the papilla, thereby exposing the supra-alveolar Cemental surfaces. [4-5]

Definitive scaling root-planning and removal of granulation tissue under direct vision ,sutures are not required but subjective opinion of the operator and patient determine dressing should be applied to the wound ,interdental cratering is usually present after one

month but the papilla regenerate at least partially even in older patients.[9].papillectomy can be done in the first treatment session ,it requires no work up and it usually provides the total treatment necessary surgical pack is placed after excision.[7]



Figure 1: Pre-Operative image with defect showing at 32 and 42 tooth region



Figure 2: Excision using scalpel after local anesthesia



Figure 3: Removing interstitial soft tissue and granulation tissue using curette



Figure 4: Excised papillary tissue



Figure 5: Surgical Pack Is Placed After Excision



Figure 6: Post operative image after 15 days



Figure 7: Post-operative image after 1 month with complete

Conclusion

Papillectomy is usually the choice of treatment for the majority of the patient with marginal periodontitis and most of the periodontal therapy, there is no disadvantages of this technique even the un experienced operators have achieved great results [1-2]. The papillectomy technique provides good visual and instrumental access to interproximal tooth surfaces and

allows optimal preparation of cemental surfaces without necessity of surgical procedures [1,10]

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