

Treatment of Generalized Aggressive Periodontitis - A Case Report

¹Dr. Shubhangi Sharma, MDS Periodontology & Oral Implantology, Jammu & Kashmir, UT

²Dr. Sunny Sharma, MDS Prosthodontics and Crown & Bridge

Corresponding Author: Dr. Shubhangi Sharma, MDS Periodontology & Oral Implantology, Jammu & Kashmir, UT

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Abstract

The purpose of this case report was to show the management of generalized aggressive periodontitis diagnosed patients treated with surgical therapy via conventional flap.

Keywords: Aggressive periodontitis, Generalized aggressive periodontitis, Pocket depth, conventional flap

Introduction;

Periodontitis is defined as ‘an inflammatory disease of the supporting tissues of the teeth caused by specific microorganisms or groups of specific microorganisms, resulting in progressive destruction of the periodontal ligament and alveolar bone with pocket formation, recession, or both.’¹

Aggressive periodontitis, as the name implies is a type of periodontitis where there is rapid destruction of periodontal ligament and alveolar bone which occurs in otherwise systemically healthy individuals generally of a younger age group but Generalized aggressive periodontitis is characterized as “generalized interproximal attachment loss affecting at least three

permanent teeth other than the first molars and incisors”.^{2,3}

Aggressive periodontitis, first described in 1923 as diffuse atrophy of the alveolar bone³, has undergone a series of terminology changes over the years to be finally named as ‘aggressive periodontitis’ in 1999⁴.

Generalised aggressive periodontitis often considered being disease of adolescents and young adults can begin at any age and often affects the entire dentition. Individuals with generalized aggressive exhibit marked periodontal inflammation and have heavy accumulation of plaque and calculus.⁵

Case Report

A 42 year old male patient was come to the department of Periodontology, Maharaja Ganga Singh Dental College and Research Centre. The patient’s medical history was not insignificant. The radiograph revealed horizontal bone loss. The pocket depth 6-7mm. complete course of laboratory tests and routine blood tests were normal.

Treatment consists of scaling and root planning and after that conventional flap was done.

Chief complaint – Patient complains of deposits in upper and lower region of teeth since 6 months and also complaint of food lodgement and bad breath.

History of Present Illness

History reveals discolouration of teeth both in maxillary and mandibular teeth of jaw since 6 months. Patient initially notice yellowish discolouration on teeth and its change to brown discolouration as month passes.

Family History: No relevant family history

Personal History

- Marital status- married
- Alcohol status- non alcoholic
- Socio economic status-middle class
- Habits-NRH
- Smoking-NRH
- Dietary habits- non vegetarian

Dental History

Patient undergoes prosthetic restoration in mandibular anterior and posterior teeth.

Oral hygiene habits: Patient brushes once daily with tooth brush and tooth paste. No other dental auxiliary aids are used.

Clinical Examination (Pre-Operative View)



Figure 1



Figure 2

Extra oral examination

FACE – Bilaterally symmetrical.

TMJ- No clicking sound heard no tenderness, no deviation on mouth opening.

LYMPH NODES- Not palpable.

LIP SEAL-Competent



Figure 3

Provisional diagnosis; Chronic generalized periodontitis

Final diagnosis: Chronic generalized periodontitis

Treatment Plan

Phase1 (etiologic) Non-surgical phase

Scaling and root planning done

Oral hygiene instructions given- modified bass technique

Gingival gum paint to be prescribed: Metrohex gel 2 times daily for 14 days

Chlorhexidine mouth rinse- 2 times daily after 30 minutes or brushing

Phase 2 (surgical)- Periodontal therapy- Open flap debridement 43,44,45,46,47,48

Phase 3 (restorative) –nil

Phase 4 (maintenance) – Patient recalled 1 month, 3 months and 6 months for re-evaluation

Treatment done

- Complete scaling and root planning done
- Open flap debridement

Armamentarium



Figure 4

Surgical Procedure



Figure 5: Crevicular incision



Figure 6: Flap elevation and degranulation done



Figure 7: Sutures placed



Figure 8: Co Pak placed

Post-Operative instructions

Oral hygiene instructions

- Chlorhexidine mouth rinse- 0.2% clohex used 30min after tooth brushing.
- Soft diet: for 2-3 days

- Medication: Antibiotic- tab Amoxiclav 625mg – BID for 5days
- Analgesics tab Zerodol sp – BID for 5days
- Cap. Becosules- once daily for 14 days
- Recall visit- Patient recall after 1 week for suture removal
- Maintenance Phase; Re-evaluation of response to surgical phase 1month, 2 months and 3 months, gingival condition, occlusion and tooth mobility.

Conclusion

Literature has proven many procedures for successful treatment of periodontitis but with this open flap debridement procedure gives us a simple and cost effective method for periodontitis. More advancement is the need of the hour for better outcome.

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