

# **Periodontology**

## **Treatment Plan**

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**Treatment plan** is the blueprint for the management of a case and establishment of periodontal health. Treatment procedures should be performed in a systematic sequence and should be planned well in advance.

Treatment plan include all procedures required for the establishment and maintenance of oral health and involve the following decisions:

1-teeth to be retained or extracted

2-pocket therapy, surgical or nonsurgical

3-the need for occlusal correction before, during or after pocket therapy

4-the use of implant therapy

5-the need for temporary restorations

6-final restorations after therapy

7-which teeth will be abutments for fixed prosthesis

8-the need for orthodontic consultation

9-endodontic therapy

10-esthetic considerations

11-sequence of therapy

The aim of the treatment plan is, total treatment i.e., co-ordination of all treatment procedures for the purpose of creating a well-functioning dentition in a healthy periodontal environment.

## **Teeth to be extracted or retained**

Treatment is directed to establishing and maintaining the health of the periodontium throughout the mouth rather than to spectacular efforts to tighten loose teeth

Teeth should be extracted when:

- 1-so mobile teeth that function becomes painful
- 2-cause acute abscess during therapy
- 3-no use for it in the overall treatment plan

Teeth can retained temporarily(interim)

- 1-it maintains posterior stops that can be removed after treatment and replaced by a prosthesis
- 2-it maintains posterior stops and may be functional after implant placement in the adjacent area, when the implant exposed these teeth can be extracted
- 3-in esthetic area, retained during periodontal therapy and replaced by permanent restorations.
- 4-postpond the extraction to the surgical procedure of another area to reduce the appointments.

## **Occlusal correlation**

Occlusal correction may be needed by restorative, orthodontic procedures, correction of clenching and bruxism habits.

## **The use of implant**

Questionable teeth should be carefully evaluated as to whether their removal and replacement with an implant may be better and more satisfactory course of therapy

## **Esthetic considerations**

Different patients value esthetic differently according to their age, gender ,profession, social status and other reasons. So clinician should evaluate and consider the final outcome of the treatment that will be acceptable to the patient without jeopardizing the health of periodontium and dentition.

## **Periodontal therapy**

### **preliminary phase (emergency phase)**

- Dental or periapical abscess.
- Periodontal abscess.
- Extraction of hopeless teeth and provisional replacement if needed.

### **-Phase 1 therapy (non surgical)**

- Plaque control.
- Diet control.
- Removal of calculus and root planning.
- Correction of restorative and prosthetic irritational factors.
- Excavation of caries and restorations (Temporary or final).
- Antimicrobial therapy.
- Occlusal therapy.
- Minor orthodontic movement Provisional splinting

***Evaluation of Response to Phase I Rechecking:*** Pocket depth and gingival inflammation Plaque and calculus, caries

**Phase 11 therapy (surgical)**

Periodontal-surgery including placement of implants Root canal treatment.

**Phase 111 therapy (restorative)**

- Final restorations.
- Fixed and removable prosthodontics.
- Evaluation of response to restorative procedures.
- Periodontal examination.

**Phase 4 therapy (maintenance phase)**

- Periodic recall visits. Checking for plaque and calculus.
- Gingival condition (Pockets, inflammation).
- Occlusion, tooth mobility and other pathologic changes

Preferred sequence of periodontal therapy

