Clinical Periodontology and Implant Dentistry

Fourth Edition



Jan Lindhe

Thorkild Karring • Niklaus P. Lang Editors



Clinical Periodontology and Implant Dentistry

4th edition

Jan Lindhe
Thorkild Karring • Niklaus P. Lang
Editors



© 2003 by Blackwell Munksgaard, a Blackwell Publishing Company (Fourth Edition) © 1983 by Munksgaard (First Edition), © 1989 by Munksgaard (Second Edition), © 1997 by Munksgaard (Third Edition)

Blackwell Publishing Ltd Editorial Offices: 9600 Garsington Road, Oxford OX4 2DQ, UK

Tel: +44 (0) 1865 776868 108 Cowley Road, Oxford OX4 1JF, UK

Tel: +44 (0) 1865 791100

Blackwell Publishing Inc., 350 Main Street, Malden, MA 02148-5020, USA

Tel: +1 781 388 8250

Iowa State Press, a Blackwell Publishing Company, 2121 State Avenue, Ames, Iowa 50014-8300, USA *Tel:* +1 515 292 0140

Blackwell Munksgaard, 1, Rosenørns Allè, P.O. Box 227, DK-1502 Copenhagen V, Denmark

Tel: +45 77 33 33 33 Blackwell Publishing Asia Pty Ltd, 550 Swanston Street, Carlton, Victoria 3053, Australia

Tel: +61 (0)3 8359 1011

Blackwell Verlag, Kurfürstendamm 57, 10707 Berlin, Germany

Tel: +49 (0) 30 32 79 060

Blackwell Publishing, 10 rue Casimir Delavigne, 75006 Paris, France

Tel: +33 1 53 10 33 10

The right of the Author to be identified as the Author of this Work has been asserted in accordance with the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by the UK Copyright, Designs and Patents Act 1988, without the prior permission of the publisher.

First Edition published 1983 by Munksgaard Second Edition published 1989 Third Edition published 1997 Fourth Edition published 2003 by Blackwell Munksgaard, a Blackwell Publishing Company Reprinted 2003

A catalogue record for this title is available from the British Library

ISBN 1-4051-0236-5

Library of Congress
Cataloging-in-Publication Data
Clinical periodontology and implant dentistry /
Jan Lindhe, Thorkild Karring, Niklaus P. Lang,
editors. — 4th ed.

p. ; cm.

Includes bibliographical references and index. ISBN 1-4051-0236-5

1. Periodontics. 2. Periodontal disease. 3. Dental implants. I. Lindhe, Jan. II. Karring, Thorkild. III. Lang, Niklaus Peter.

[DNLM: 1. Periodontal Diseases. 2. Dental Implantation. 3. Dental Implants. WU 240 C6415 2003]

RK361.C54 2003 617.6'32 — dc21

2003044334

Set in Palatino 9.5/12 by Tegneren Jens ApS, Vejle, Denmark Printed and bound in Slovenia using acid-free paper by Mladinska knjiga tiskarna d.d.

For further information on Blackwell Publishing, visit our website: www.blackwellpublishing.com

Foreword

It often happens that a textbook is obsolete by the time it is published. Furthermore, a book written by several authors is frequently lacking in both style and methodology.

This textbook, *Clinical Periodontology and Implant Dentistry*, is therefore an unusual and stimulating surprise to the reader. The many chapters included are all written by authors who apparently share an epistemological approach that guides the logic of research and scientific discovery. Each chapter tells the story of how different problems related to etiology, pathogenesis, treatment and prevention of different lesions in the periodontal tissues led to the formulation of hypotheses or theories that were subsequently subjected to testing.

We know that the formulation of a novel hypothesis requires fantasy and creativity and that experiments (testing) can be planned and meaningful observations can be made after an intelligent hypothesis is formulated. The authors of this book seem convinced, for logical reasons, that observations and experiments are always best performed after the formulation of hypotheses, and that "science will never grow by merely multiplying data and observations". Experiments are performed to examine if the theories proposed were correct, close to the truth or false.

The history of periodontology – as of any scientific domain – is also and above all the history of its errors. Indeed, the errors form the walls of our base of knowledge and allow us to appreciate the closeness to the truth, once unraveled.

The reading of *Clinical Periodontology and Implant Dentistry* invites student and specialist to take a fascinating intellectual journey that in the end allows her or him to understand how knowledge in various fields of this discipline of medicine was progressed and how it should be used in the practice of dentistry. Those reading this book will not only learn what to do or not to do in diagnosing, treating and preventing periodontal pathologies, but they will never cease to undertake its activity of rational criticism and critical control, being continuously reminded of Einstein's words that "all our knowledge remains fallible".

Giorgio Vogel Professor Department of Medicine, Surgery and Dentistry University of Milan Italy

Preface

Preparations for the 4th edition of Clinical Periodontology and Implant Dentistry started in 2001 when all senior authors of the various chapters of the current text were identified and invited to join the team of contributors. The authors were selected because of their reputations as leading researchers, clinicians or teachers in Periodontology, Prosthetic Dentistry, Implant Dentistry and associated domains. Their task was simple but demanding; within your field of expertise, find all relevant information, digest the knowledge and present to the reader a "state of the art" text that can be appreciated by (i) the student of dentistry and dental hygiene, (ii) the graduate student of Periodontology and related domains and (iii) the practicing dentist; the general practitioner and the specialist in Periodontology and/or Implant Dentistry.

I am proud to present the outcome of this collective effort as it appears in this 4th edition of *Clinical Periodontology and Implant Dentistry*.

As was the case in the 3rd edition, this textbook consists of three separate parts; *Basic Concepts*, *Clinical Concepts* and *Implant Concepts*; that together illustrate most, if not all, important aspects of contemporary Periodontology. Several chapters from the 3rd edition of this book have been thoroughly revised, some have required only modest amendment, while several chapters in each separate part are entirely new. The amendments and additions illustrate that Periodontology is continuously undergoing change and that the authors of the textbook are at the forefront of this conversion.

Jan Link

Classification of Periodontal Diseases

Denis F. Kinane and Jan Lindhe

In 1999 the American Academy of Periodontology staged an International Workshop, the sole purpose of which was to reach a consensus on the classification of periodontal disease and conditions. The most notable changes are in the terminology of the various disease categories which reflect a better understanding of the disease presentations and their differences but also in the acceptance that adult and early-onset forms of periodontitis can occur at any age. Thus we have: adult periodontitis becoming chronic periodontitis; early-onset forms of periodontitis becoming aggressive forms of periodontitis; systemic disease forms of periodontitis; and necrotizing forms of periodontitis.

ADULT PERIODONTITIS - CHRONIC PERIODONTITIS

The International Workshop recommended that the term "adult periodontitis" be discarded since this form of periodontal disease can occur over a wide range of ages and can be found in both the primary and secondary dentition (Consensus Report 1999). The term "chronic periodontitis" was chosen as it was considered less restrictive than the age-dependent designation of "adult periodontitis". It was agreed that chronic periodontitis could be designated as localized or generalized depending on whether less than or more than 30% of sites within the mouth were affected.

EARLY-ONSET FORMS OF PERIODONTITIS - AGGRESSIVE PERIODONTITIS

The International Workshop recommended that the term "early-onset periodontitis" be discarded since this form of disease can occur at various ages and can persist in older adults. Thus aggressive periodontitis can be considered either localized or generalized. Thus the term "localized aggressive periodontitis" replaces the older term "localized juvenile periodontitis" or "localized early-onset periodontitis". The new

term "generalized aggressive periodontitis" replaces "generalized juvenile periodontitis" or "generalized early-onset periodontitis". The classification term "prepubertal periodontitis" has been discarded and these forms of periodontitis are described as localized or generalized aggressive periodontitis occurring prepubertally.

Systemic disease forms of periodontitis

The International Workshop agreed that certain systemic conditions (such as smoking, diabetes, etc.) can modify periodontitis (chronic or aggressive) and that certain systemic conditions can cause destruction of the periodontium (which may or may not be histopathologically periodontitis), for example neutropenias or leukaemias.

NECROTIZING FORMS OF PERIODONTITIS – NECROTIZING FORMS OF PERIODONTAL DISEASES

It was accepted by the International Workshop that "necrotizing ulcerative gingivitis" (NUG) and "necrotizing ulcerative periodontitis" (NUP) be collectively referred to as "necrotizing periodontal diseases". It was agreed that NUG and NUP were likely to be different stages of the same infection and may not be separate disease categories. Both of these diseases are associated with diminished systemic resistance to bacterial infection of periodontal tissues. A crucial difference between NUG and NUP is whether the disease is limited to the gingiva or also involves the attachment apparatus.

Reference

Consensus Report on Chronic Periodontitis (1999). Annals of Periodontology, 4, p. 38.

Contributors

Martin Addy Division of Restorative Dentistry Department of Oral and Dental Science Bristol Dental Hospital and School UK

Tomas Albrektsson
Department of Biomaterials
Faculty of Medicine
The Sahlgrenska Academy at Göteborg University
Sweden

Maurício Araújo Department of Odontology State University of Maringá Maringá Brazil

ROLF ATTSTRÖM
Department of Periodontology
Centre for Oral Health Sciences
Malmö University
Sweden

URS BELSER
Department of Prosthetic Dentistry
School of Dental Medicine
University of Geneva
Switzerland

Gunnar Bergenholtz Department of Endodontology and Oral Diagnosis Faculty of Odontology The Sahlgrenska Academy at Göteborg University Sweden

Tord Berglundh Department of Periodontology Faculty of Odontology The Sahlgrenska Academy at Göteborg University Sweden

JEAN-PIERRE BERNARD
Department of Stomatology and Oral Surgery
School of Dental Medicine
University of Geneva
Switzerland

URS BRÄGGER
Department of Periodontology and Fixed
Prosthodontics
School of Dental Medicine
University of Berne
Switzerland

Daniel Buser
Department of Oral Surgery and Stomatology
School of Dental Medicine
University of Berne
Switzerland

Gianfranco Carnevale Via Ridolfino Venuti 38 Rome Italy

Noel Claffey Dublin Dental School and Hospital Trinity College Dublin Republic of Ireland

Pierpaolo Cortellini Via C. Botta 16 Florence Italy

José Echeverría
Department of Periodontics
School of Dentistry
University of Barcelona
Spain

Ingvar Ericsson Department of Prosthetic Dentistry Faculty of Odontology Malmö University Sweden

Hans-Göran Gröndahl Department of Oral and Maxillofacial Radiology Faculty of Odontology The Sahlgrenska Academy at Göteborg University Sweden

XXII • CONTRIBUTORS

Anne Haffajee Department of Periodontology The Forsyth Institute Boston, MA USA

CHRISTOPH H.F. HÄMMERLE Clinic for Fixed and Removable Prosthodontics Centre for Dental and Oral Medicine and Cranio-Maxillofacial Surgery University of Zürich

Switzerland

GUNNAR HASSELGREN
Division of Endodontics
School of Dental and Oral Surgery
Columbia University
New York, NY
USA

Lars Heijl Department of Periodontology Faculty of Odontology The Sahlgrenska Academy at Göteborg University Sweden

David Herrera Facultad de Odontología Ciudad Universitaria, Madrid Spain

PALLE HOLMSTRUP
Faculty of Health Sciences
School of Dentistry, Department of Periodontology
University of Copenhagen
Denmark

THORKILD KARRING
Department of Periodontology
Royal Dental College
Faculty of Health Sciences
University of Aarhus
Denmark

DENIS F. KINANE
Department of Periodontics, Endodontics and
Dental Hygiene
School of Dentistry
University of Louisville
Kentucky, KY
USA

NIKLAUS P. LANG
Department of Periodontology and Fixed
Prosthodontics
School of Dental Medicine
University of Berne
Switzerland

ULF LEKHOLM
Department of Oral Maxillofacial Surgery
Faculty of Odontology
The Sahlgrenska Academy at Göteborg University
Sweden

Jan Lindhe
Department of Periodontology
Faculty of Odontology
The Sahlgrenska Academy at Göteborg University
Sweden

Bruno G. Loos Department of Periodontology ACTA, Amsterdam The Netherlands

LISA MAYFIELD
Department of Periodontics and Fixed
Prosthodontics
School of Dental Medicine
University of Berne
Switzerland

Andrea Mombelli Department of Periodontology and Oral Pathophysiology University of Geneva Switzerland

Sture Nyman Deceased

RICHARD PALMER
Department of Periodontology
Guy's, King's and St Thomas' Dental Institute
King's College London
UK

Panos N. Papapanou Division of Periodontics School of Dental and Oral Surgery Columbia University New York, NY USA

DAVID W. PAQUETTE
Department of Periodontology
School of Dentistry
University of North Carolina
Chapel Hill
North Carolina, NC
USA

Roberto Pontoriero Galleria Passarella 2 Milan Italy

Giovan Paulo Pini Prato Department of Odontology University of Florence Italy

MARC QUIRYNEN

School of Dentistry, Oral Pathology and

Maxillofacial Surgery Faculty of Medicine

Catholic University of Leuven

Belgium

JESPER REIBEL

Department of Oral Pathology and Oral Medicine

School of Dentistry University of Copenhagen Denmark

HARALD RYLANDER

Department of Periodontology Faculty of Odontology

The Sahlgrenska Academy at Göteborg University

Sweden

Giovanni Salvi

Department of Periodontology and Fixed

Prosthodontics

School of Dental Medicine University of Berne Switzerland

Mariano Sanz

Facultad de Odontontología Ciudad Universitaria, Madrid

Spain

Massimo Simion

Department of Periodontology and Implant

Rehabilitation

School of Dental Medicine University of Milan

Italy

SIGMUND SOCRANSKY

Department of Periodontology

The Forsyth Institute

Boston, MA

USA

Mena Soory

Department of Periodontology

Guy's, King's and St. Thomas' Dental Institute

King's College London

UK

Maurizio S. Tonetti

Department of Periodontology Eastman Dental Institute

University College, University of London

UK

Ubele van der Velden Department of Periodontology

ACTA, Amsterdam The Netherlands

Daniel van Steenberghe

School of Dentistry, Oral Pathology and

Maxillofacial Surgery Faculty of Medicine

Catholic University of Leuven

Belgium

Arie J. van Winkelhoff

Department of Oral Microbiology

ACTA Amsterdam The Netherlands

Giorgio Vogel

Department of Medicine, Surgery and Dentistry

University of Milan

Italy

Heiner Wehrbein

Poliklinik für Kieferorthopaedie

Augustusplatz 2

Mainz Germany

ANN WENNERBERG

Department of Biomaterials

Department of Prosthetic Dentistry/Dental Material

Science

Faculty of Medicine

The Sahlgrenska Academy at Göteborg University

Sweden

Jan L. Wennström

Department of Periodontology

Faculty of Odontology

The Sahlgrenska Academy at Göteborg University

Sweden

IYTTE WESTERGAARD Panum Instituttet School of Dentistry

University of Copenhagen

Denmark

xxiv • Contributors

RAY C. WILLIAMS
Department of Periodontology
School of Dentistry
University of North Carolina
Chapel Hill
North Carolina, NC
USA

Björn Zachrisson Stortingsgatan 10 Oslo Norway

Contents

Foreword xv Giorgio Vogel

Preface xvii
Jan Lindhe

Classification of Periodontal Diseases xix

Denis F. Kinane and Jan Lindhe

Adult periodontitis – chronic periodontitis

Early-onset forms of periodontitis – aggressive periodontitis

Systemic disease forms of periodontitis

Necrotizing forms of periodontitis – necrotizing forms of periodontal diseases

Contributors xxi

Basic Concepts

Chapter 1

Anatomy of the Periodontium 3
Jan Lindhe, Thorkild Karring and Maurício Araújo

Introduction 3

Gingiva 5

Macroscopic anatomy 5

Microscopic anatomy 8

Periodontal ligament 27

Root cementum 31

Alveolar bone 34

Blood supply of the periodontium 43

Lymphatic system of the periodontium 47

Nerves of the periodontium 48

Chapter 2

Epidemiology of Periodontal Diseases 50 Panos N. Papapanou and Jan Lindhe

Methodological issues 50

Examination methods – index systems 50

Critical evaluation 52

Prevalence of periodontal diseases 54

Introduction 54

Periodontitis in adults 54

Periodontitis in children and adolescents 57

Periodontitis and tooth loss 61

Risk factors for periodontitis 61

Introduction and definitions 61

Studies of putative risk factors for periodontitis 63

Longitudinal studies and conclusions 68

Periodontal infections and risk for systemic disease

Atherosclerosis – cardiovascular/cerebrovascular disease 70

Preterm birth 72
Diabetes mellitus 73
Concluding remarks 73

Chapter 3

Dental Plaque and Calculus 81 Niklaus P. Lang, Andrea Mombelli and Rolf Attström

Microbial considerations 81

General introduction to plaque formation 83

Dental plaque as a biofilm 85

Structure of dental plaque 85

Supragingival plaque 85

Subgingival plaque 90

Peri-implant plaque 98

Dental calculus 98

Clinical appearance, distribution and clinical

diagnosis 98

Attachment to tooth surfaces and implants 100

Mineralization, composition and structure 101

Clinical implications 102

Chapter 4

Microbiology of Periodontal Disease 106 Sigmund S. Socransky and Anne D. Haffajee

Introduction 106

Periodontal diseases and other infectious diseases 106 Unique features of periodontal infections 107

Historical perspective 108

The early search 108

The decline of interest in microorganisms 110

Non-specific plaque hypothesis 110

Mixed anaerobic infections 110

Return to specificity in microbial etiology of periodontal diseases 110 Changing concepts of the microbial etiology of	Pregnancy 184 Periodontal treatment during pregnancy 186 Menopause and osteoporosis 186
periodontal diseases 111	Hormonal contraceptives 187
Current suspected pathogens of destructive	Tobacco smoking 188
periodontal diseases 112	Periodontal disease in smokers 189
Criteria for defining periodontal pathogens 112	Modification of the host/bacteria relationship in
Periodontal pathogens 114	smoking 190
Mixed infections 122	Smoking cessation 192
The nature of dental plaque –	
the biofilm way of life 122	
The nature of biofilms 122	Chapter 7
Properties of biofilms 123	Plaque Induced Gingival Disease 198
The oral biofilms that lead to periodontal diseases 125	Noel Claffey
Microbial complexes 126	Histopathologic features of gingivitis 200
Factors that affect the composition of subgingival	Gingivitis associated with local contributing factors
biofilms 127	200
Microbial composition of supra and subgingival	Tooth abnormalities such as enamel pearls and
biofilms 132	cemental tears 200
Prerequisites for periodontal disease initiation and	Dental restorations 200
progression 132	Root fractures 201
The virulent periodontal pathogen 133	Cervical root resorption 201
The local environment 133	Treatment of plaque induced gingivitis 201
Host susceptibility 134	Gingival diseases modified by endocrine factors
Mechanisms of pathogenicity 135	(see also Chapter 6) 201
Essential factors for colonization of a subgingival	Pregnancy associated gingivitis 201
species 135	Puberty associated gingivitis 202
Final comments 139	Menstrual cycle associated gingivitis 202
	Pyogenic granuloma of pregnancy 202
Chapter 5	Gingival diseases modified by malnutrition 202
Host-Parasite Interactions in Periodontal Disease	Gingival diseases modified by systemic conditions
150	203
Denis F. Kinane, Tord Berglundh and Jan Lindhe	Diabetes mellitus 203
Initiation and progression of periodontal disease	Leukemias and other blood dysplasias 203
150	Gingival diseases modified by medications 203
Introduction 150	Necrotizing ulcerative gingivitis
Initiation of periodontal disease 150	(see also Chapter 10) 205
Initial, early, established and advanced lesions 155	Microbiology, host response and predisposing factors
Host-parasite interactions 163	205
Introduction 163	Host response in acute necrotizing ulcerative
Microbial virulence factors 164	gingivitis 206
Host defense processes 165	Treatment of NUG 207
Overall summary 175	
Chambar C	Chanter 9
Chapter 6	Chapter 8
Modifying Factors: Diabetes, Puberty, Pregnancy	Chronic Periodontitis 209 Denis F. Kinane and Jan Lindhe
and the Menopause and Tobacco Smoking 179 Sichard Palmer and Mena Soory	
Diabetes mellitus 179	Risk factors or susceptibility to chronic periodontitis 211
Type 1 and Type 2 diabetes mellitus 180	Bacterial risk factors 211
Clinical symptoms 180	Age 211
Oral and periodontal effects 180 Association of periodontal infection and diabetic	Smoking 211 Host response related 212
Association of periodontal infection and diabetic control 181	Host response related 212 Scientific basis for periodontal therapy 213
Modification of the host/bacteria relationship in	Tooth loss 213
diabetes 182	Subgingival instrumentation and maintenance 213
Periodontal treatment 183	Effect of surgical treatment 214
Puberty, pregnancy and the menopause 183	Comparisons of surgical and non-surgical therapy
Puberty and menstruation 184	214
9	

Chapter 9	Non-periodontitis-related abscess 261
Aggressive Periodontitis 216	Prevalence 261
Maurizio S. Tonetti and Andrea Mombelli	Pathogenesis and histopathology 261
Classification and clinical syndromes 217	Microbiology 262
Epidemiology 218	Diagnosis 262
Primary dentition 219	Differential diagnosis 264
Permanent dentition 220	Treatment 264
Screening 221	Complications 266
Etiology and pathogenesis 225	Tooth loss 266
Bacterial etiology 225	Dissemination of the infection 266
Bacterial damage to the periodontium 228	Dissemination of the injection 200
	Chapter 12
Host response to bacterial pathogens 228	Chapter 12
Genetic aspects of host susceptibility 231	Non-Plaque Induced Inflammatory Gingival
Environmental aspects of host susceptibility 232	Lesions 269
Current concepts 232	Palle Holmstrup and Daniel van Steenberghe
Diagnosis 233	Gingival diseases of specific bacterial origin 269
Clinical diagnosis 233	Gingival diseases of viral origin 269
Microbiologic diagnosis 235	Herpes virus infections 269
Genetic diagnosis 237	Gingival diseases of fungal origin 272
Principles of therapeutic intervention 237	Candidosis 272
Elimination or suppression of the pathogenic flora 238	Linear gingival erythema 274
	Histoplasmosis 275
Chapter 10	Gingival lesions of genetic origin 275
Necrotizing Periodontal Disease 243	Hereditary gingival fibromatosis 275
Palle Holmstrup and Jytte Westergaard	Gingival diseases of systemic origin 277
Nomenclature 243	Mucocutaneous disorders 277
Prevalence 243	Allergic reactions 286
Clinical characteristics 244	Other gingival manifestations of systemic conditions
Development of lesions 244	287
Interproximal craters 244	Traumatic lesions 289
Sequestrum formation 246	Chemical injury 289
Involvement of alveolar mucosa 246	Physical injury 289
Swelling of lymph nodes 246	Thermal injury 291
Fever and malaise 248	Foreign body reactions 291
Oral hygiene 248	Torcign body reactions 231
Acute and recurrent/chronic forms of necrotizing	Chapter 13
	•
gingivitis and periodontitis 249	Differential Diagnoses: Periodontal Tumors and
Diagnosis 249 Differential diagnosis 249	Cysts 298 Palle Holmstrup and Jesper Reibel
Histopathology 250	Reactive processes of periodontal soft tissues 298
Microbiology 251	Fibroma/focal fibrous hyperplasia 298
Microorganisms isolated from necrotizing lesions 251	Calcifying fibroblastic granuloma 300
Pathogenic potential of microorganisms 252	Pyogenic granuloma 301
Host response and predisposing factors 253	Peripheral giant cell granuloma 301
Systemic diseases 253	Reactive processes of periodontal hard tissues 302
Poor oral hygiene, preexisting gingivitis and history of	Periapical cemental dysplasia 302
previous NPD 254	Benign neoplasms of periodontal soft tissues 303
Psychologic stress and inadequate sleep 254	Hemangioma 303
Smoking and alcohol use 254	Nevus 304
Caucasian background 255	Papilloma 304
Young age 255	Verruca vulgaris 305
Treatment 255	Peripheral odontogenic tumors 305
Acute phase treatment 255	Benign neoplasms of periodontal hard tissues 306
Maintenance phase treatment 257	Ameloblastoma 306
	Squamous odontogenic tumor 307
Chapter 11	Benign cementoblastoma 308
The Periodontal Abscess 260	Malignant neoplasms of periodontal soft tissues 308
Mariano Sanz, David Herrera and Arie J. van Winkelhoff	Squamous cell carcinoma 308
Classification 260	Metastasis to the gingiva 309

Kaposi's sarcoma 310

Periodontitis-related abscess 260

Malignant lymphoma 310
Malignant neoplasms of periodontal hard tissues 311
Osteosarcoma 311
Langerhans cell disease 311
Cysts of the periodontium 312

Gingival cyst 313 Lateral periodontal cyst 313 Inflammatory paradental cyst 314 Odontogenic keratocyst 314 Radicular cyst 315

Chapter 14

Endodontics and Periodontics 318 Gunnar Bergenholtz and Gunnar Hasselgren

Influence of pathologic conditions in the pulp on the periodontium 319 Impact of disease conditions in the vital pulp 319 Impact of pulpal necrosis 319 Manifestations of endodontic lesions in the marginal periodontium from lateral canals 323

Manifestations of acute endodontic lesions in the marginal periodontium 324

Impact of endodontic treatment measures on the periodontium 326

Root perforations 328

Root perforations 328 Vertical root fracture 330

Influence of external root resorptions 333

Mechanisms of hard tissue resorption 333

Clinical manifestations of external root resorptions 334

Different forms of external root resorption 335
Influence of periodontal disease on the condition of the pulp 339

Influence of periodontal treatment measures on the pulp 340

Scaling and root planing 340 Root dentin hypersensitivity 341

Endodontic considerations in root resection of multirooted teeth in periodontal therapy 344 Differential diagnostic considerations 344

Treatment strategies for combined endodontic and periodontal lesions 346

Chapter 15

Trauma from Occlusion 352

Jan Lindhe, Sture Nyman and Ingvar Ericsson

Definition and terminology 352 Trauma from occlusion and plaque-associated periodontal disease 352 Analysis of human autopsy material 353 Clinical trials 355 Animal experiments 356 Conclusions 364

Chapter 16

Periodontitis as a Risk for Systemic Disease 366 Ray C. Williams and David Paquette

Ray C. Williams and David Paquette

Early beliefs 366

The concept of risk 367

Understanding the concept of risk 369

Periodontitis as a risk for coronary heart disease 370

Consistency, strength and specificity of associations

372

Specificity of the associations between periodontitis

and coronary heart disease 373

Correct time sequence 373

Degree of exposure 373

Biological plausibility 374

Experimental evidence 375

Periodontitis as a risk for pregnancy complications

376

Periodontitis as a risk for diabetic complications 378 Periodontitis as a risk for respiratory infections 380 Summary 381

Chapter 17

Genetics in Relation to Periodontitis 387 Bruno G. Loos and Ubele Van der Velden

Introduction and definitions 387

The twin model 388

Evidence for the role of genetics in periodontitis 388

Heritability of aggressive periodontitis (early onset periodontitis) 388

Heritability of chronic periodontitis (adult periodontitis) 388

Human genes and polymorphisms 390 Genetics in relation to disease in general 391 A major disease gene associated with periodontitis 392

Modifying disease genes in relation to periodontitis 392

Cytokine gene polymorphisms 392

IL-1 gene polymorphisms 393

TNF-α gene polymorphisms 396

IL-10 gene polymorphisms 396

FcγR gene polymorphisms 396

Conclusions and future developments 397

Clinical Concepts

Evaluation of the effect of the initial, cause-related Chapter 18 **Examination of Patients with Periodontal Disease** therapy 446 403 Sture Nyman and Jan Lindhe Chapter 21 Symptoms of periodontal disease 403 Mechanical Supragingival Plaque Control 449 The gingiva 404 José J. Echeverría, Mariano Sanz and Harald Rylander The periodontal ligament – the root cementum 406 Importance of supragingival plaque removal 449 Assessment of pocket depth 406 Self-performed plaque control 450 Assessment of attachment level 406 Brushing 450 Errors inherent in periodontal probing 407 Interdental cleaning 454 Assessment of furcation involvement 409 Adjunctive aids 457 Assessment of tooth mobility 409 Effects and sequelae of the incorrect use of mechanical The alveolar bone 409 plaque removal devices 459 Radiographic analysis 409 Importance of instruction and motivation in Sounding 410 mechanical plaque control 459 Diagnosis of periodontal lesions 410 Gingivitis 410 Chapter 22 Periodontitis levis The Use of Antiseptics in Periodontal Therapy 464 (overt periodontitis) 411 Martin Addy Periodontitis gravis The concept of chemical supragingival plaque (advanced periodontitis) 411 control 464 Oral hygiene status 412 Supragingival plaque control 465 Conclusion 412 Chemical supragingival plaque control 466 Rationale for chemical supragingival plaque control Chapter 19 **Treatment Planning 414** Approaches to chemical supragingival plaque control Jan Lindhe, Sture Nyman and Niklaus P. Lang Screening for periodontal disease 415 Vehicles for the delivery of chemical agents 469 Diagnosis 416 Chemical plaque control agents 471 Treatment planning 416 Chlorhexidine 476 Initial treatment plan 416 Toxicology, safety and side effects 476 Single tooth risk assessment 417 Chlorhexidine staining 477 Case presentation 418 Mechanism of action 478 Initial (cause-related) therapy 419 Chlorhexidine products 478 Re-evaluation 419 Clinical uses of chlorhexidine 479 Planning of additional therapy (definitive treatment Evaluation of chemical agents and products 481 plan) 420 Studies in vitro 482 Additional (corrective) therapy 422 Experimental plaque studies 483 Supportive periodontal therapy 422 Experimental gingivitis studies 484 Case reports 422 Home use studies 484 Patient K.A. (female, 29 years old) 422 Clinical trial design considerations 485 Patient B.H. (female, 40 years old) 425 Blindness 485 Patient P.O.S. (male, 30 years old) 427 Randomization 485 Controls 486 Chapter 20 Study groups 486 Cause-Related Periodontal Therapy 432 Harald Rylander and Jan Lindhe Chapter 23

Objectives of initial, cause-related periodontal

Removal of plaque-retention factors 441

Healing after initial, cause-related therapy 441

Means of initial, cause-related periodontal therapy

therapy 432

Scaling and root planing 432

Clinical measurements 441

Structural measurements 445

The Use of Antibiotics in Periodontal Therapy 494 Andrea Mombelli

Principles for antibiotic therapy 494 The limitations of mechanical therapy 494 Specific characteristics of the periodontal infection 495 Infection concepts and treatment goals 496 Drug delivery routes 497 Evaluation of antimicrobial agents for periodontal therapy 499

Systemic antimicrobial therapy in clinical trials 501

Local antimicrobial therapy in clinical trials 503 Comparison of treatment methods 506 Overall conclusion 507

Chapter 24

Breath Malodor 512 Daniel van Steenberghe and Marc Quirynen

Socio-economic aspects 512 Etiology and pathophysiology 513 Diagnosis 514 Patient history 514 Clinical and laboratory examination 515

Treatment 516 Conclusions 516

Chapter 25

Periodontal Surgery: Access Therapy 519 Jan L. Wennström, Lars Heijl and Jan Lindhe

Techniques in periodontal pocket surgery 519 Gingivectomy procedures 520 Flap procedures 522

Regenerative procedures 531

Distal wedge procedures 531

Osseous surgery 534

General guidelines for periodontal surgery 535

Objectives of surgical treatment 535 Indications for surgical treatment 535 Contraindications for periodontal surgery 537 Local anesthesia in periodontal surgery 538 Instruments used in periodontal surgery 540 Selection of surgical technique 543 Root surface instrumentation 545 Root surface conditioning/biomodification 546 Suturing 546 Periodontal dressings 549

Postoperative pain control 550 Postsurgical care 550

Outcome of surgical periodontal therapy 550 Healing following surgical pocket therapy 550 Clinical outcome of surgical access therapy in comparison to non-surgical therapy 552

Chapter 26

The Effect of Therapy on the Microbiota in the **Dentogingival Region 561** Anne D. Haffajee, Sigmund S. Socransky and Jan Lindhe

Introduction 561

The goals of periodontal infection control 561 Measurement of microbiological endpoints 562

Treatment of periodontal biofilms 562

The physical removal of microorganisms - mechanical debridement 563

Antibiotics in the treatment of periodontal infections

Therapies that affect the microbial environment supragingival plaque removal 568 Combined antimicrobial therapies 571 Long-term effects of antimicrobial therapy 571

Concluding remarks 571

Chapter 27

Mucogingival Therapy - Periodontal Plastic Surgery 576

Jan L. Wennström and Giovan P. Pini Prato

Gingival augmentation 577

Gingival dimensions and periodontal health 577

Marginal tissue recession 579

Marginal tissue recession and orthodontic treatment

Gingival dimensions and restorative therapy 586 Indications for gingival augmentation 586

Gingival augmentation procedures 587

Healing following gingival augmentation procedures 589

Root coverage 592

Root coverage procedures 594

Clinical outcome of root coverage procedures 610

Soft tissue healing against the covered root surface 613

Interdental papilla reconstruction 616

Crown lengthening procedures 619

Excessive gingival display 619

Exposure of sound tooth structure 622

Ectopic tooth eruption 628

The deformed edentulous ridge 630

Prevention of soft tissue collapse following tooth

extraction 630

Correction of ridge defects by the use of soft tissue grafts 631

Chapter 28

Regenerative Periodontal Therapy 650 Thorkild Karring, Jan Lindhe and Pierpaolo Cortellini

Introduction 650

Indications 650

Regenerative surgical procedures 651

Reliability of assessments of periodontal

regeneration 652

Periodontal probing 652

Radiographic analysis and re-entry operations 652

Histologic methods 652

Periodontal wound healing 652

Regenerative capacity of bone cells 657

Regenerative capacity of gingival connective tissue cells 658

Regenerative capacity of periodontal ligament cells 659

Role of epithelium in periodontal wound healing 659 Root resorption 660

Regenerative procedures 661

Grafting procedures 662

Root surface biomodification 667

Growth regulatory factors for periodontal regeneration

Guided tissue regeneration (GTR) 669

Clinical application of GTR 669

Conclusions 694

Orthodontic treatment considerations 748 Chapter 29 Esthetic finishing of treatment results 751 Treatment of Furcation-Involved Teeth 705 Gianfranco Carnevale, Roberto Pontoriero and Jan Lindhe Retention – problems and solutions; long-term Terminology 705 follow-up 751 Possibilities and limitations; legal aspects 752 Anatomy 706 Specific factors associated with orthodontic tooth Maxillary molars 706 Maxillary premolars 707 movement in adults 752 Tooth movement into infrabony pockets 752 Mandibular molars 707 Tooth movement into compromised bone areas 754 Other teeth 708 Tooth movement through cortical bone 756 Diagnosis 708 Probing 709 Extrusion and intrusion of single teeth - effects on periodontium, clinical crown length and esthetics 756 Radiographs 711 Differential diagnosis 711 Regenerative procedures and orthodontic tooth Trauma from occlusion 712 movement 762 Traumatic occlusion (jiggling) and orthodontic Therapy 712 Furcation involvement degree I 712 treatment 763 Furcation involvement degree II 712 Molar uprighting, furcation involvement 766 Furcation involvement degree III 712 Tooth movement and implant esthetics 766 Scaling and root planing 712 Gingival recession 768 Furcation plasty 712 Labial recession 768 Tunnel preparation 713 Interdental recession 771 Root separation and resection (RSR) 714 Minor surgery associated with orthodontic therapy Maxillary molars 717 Maxillary premolars 719 Fiberotomy 772 Frenotomy 772 Mandibular molars 719 Sequence of treatment at RSR 720 Removal of gingival invaginations (clefts) 774 Final prosthetic restoration 723 Gingivectomy 776 Regeneration of furcation defects 723 Extraction 726 Chapter 32 Prognosis 726 Supportive Periodontal Therapy (SPT) 781 Niklaus P. Lang, Urs Brägger, Giovanni Salvi and Maurizio Chapter 30 S. Tonetti Occlusal Therapy 731 Jan Lindhe and Sture Nyman Definitions 781 Clinical symptoms of trauma from occlusion 731 Basic paradigms for the prevention of periodontal Angular bony defect 731 disease 782 Increased tooth mobility 731 Patients at risk for periodontitis without SPT 784 Progressive (increasing) tooth mobility 731 SPT for patients with gingivitis 786 Tooth mobility crown excursion/root displacement SPT for patients with periodontitis 786 Continuous multilevel risk assessment 787 731 Initial and secondary tooth mobility 731 Subject risk assessment 787 Clinical assessment of tooth mobility (physiologic and Tooth risk assessment 792 pathologic tooth mobility) 733 Site risk assessment 794 Treatment of increased tooth mobility 734 Radiographic evaluation of periodontal disease progression 796

Situation I 734

Situation II 736 Situation III 736 Situation IV 738

Situation V 740

Chapter 31

Orthodontics and Periodontics 744 Björn U. Zachrisson

Orthodontic tooth movement in adults with periodontal tissue breakdown 744

(MRI) 799 Treatment of Reinfected Sites (TRS) 799 Polishing, Fluorides, Determination of recall interval (PFD) 801

Examination, Re-evaluation and Diagnosis (ERD)

Motivation, Reinstruction and Instrumentation

Clinical implementation 796

Objectives for SPT 797

SPT in daily practice 797