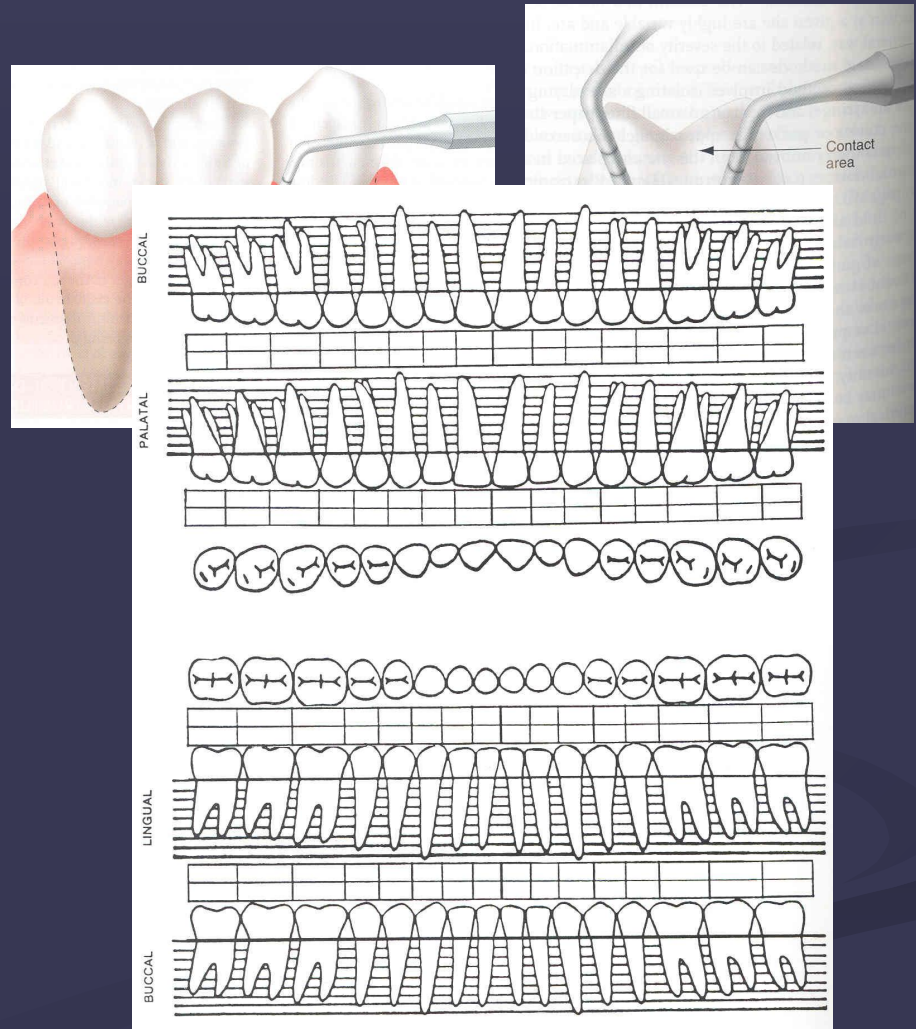


Examination, Diagnosis & Treatment Planning

Dr. Feryal Khlayfat
Periodontist

Data Collection

- Accurate
- Full Periodontal Examination
- Recorded



Data Collection

History

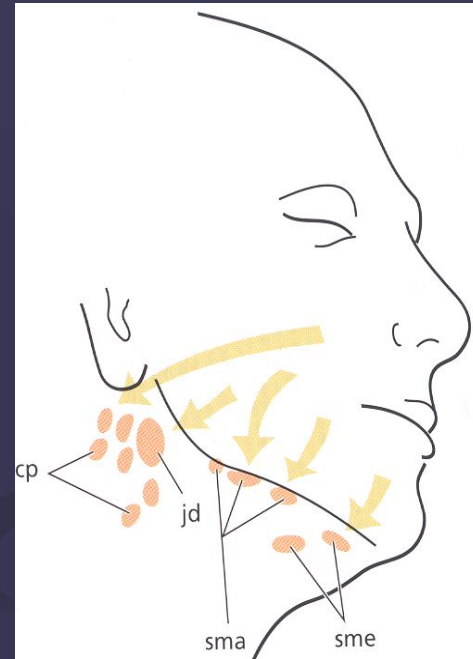
- Chief complaint
- History of C/C
- Medical history
- Dental history

Clinical examination

- Extraoral examination
- Intraoral examination

Extraoral Examination

- General appraisal
- Skin
- Eyes
- Facial Asymmetries
- TMJ
- Muscles of mastication
- Lymph nodes
- Infections (e.g. herpes simplex)



Intraoral Examination

- Oral hygiene
- Halitosis
- Oral mucosa
- Chief complaint
- Teeth



Teeth

- Attrition
- Erosion
- Abrasion
- Hypersensitivity
- Cracks
- Proximal contacts
- Caries
- Mobility
- Migration
- TTP
- Occlusion



Special investigations

- Radiographs
- Vitality tests
- Microbiological tests
- Blood investigations
- Biopsy



- Differential diagnosis
- Definitive diagnosis

Periodontal Examination

- Plaque & calculus



Don't forget: Value of disclosing agent



- *Gingiva*



- Indices
 - Plaque Index
 - Gingival Index

Plaque Index

- PI of Silness and Löe (1964)
- Records the plaque thickness on the gingival 1/3 of the tooth
- Complementary index to GI

Criteria

- 0 = No plaque in the gingival area
- 1 = A film of plaque adhering to the free gingival margin and adjacent area of the tooth. The plaque may be recognised only by running a probe across the tooth surface
- 2 = Moderate accumulation of soft deposits within the gingival pocket and on the gingival margin and/or adjacent tooth surface, which can be seen by the naked eye.
- 3 = Abundance of soft deposits within the gingival pocket and/or on the gingival margin and/or adjacent tooth surface

Gingival Index

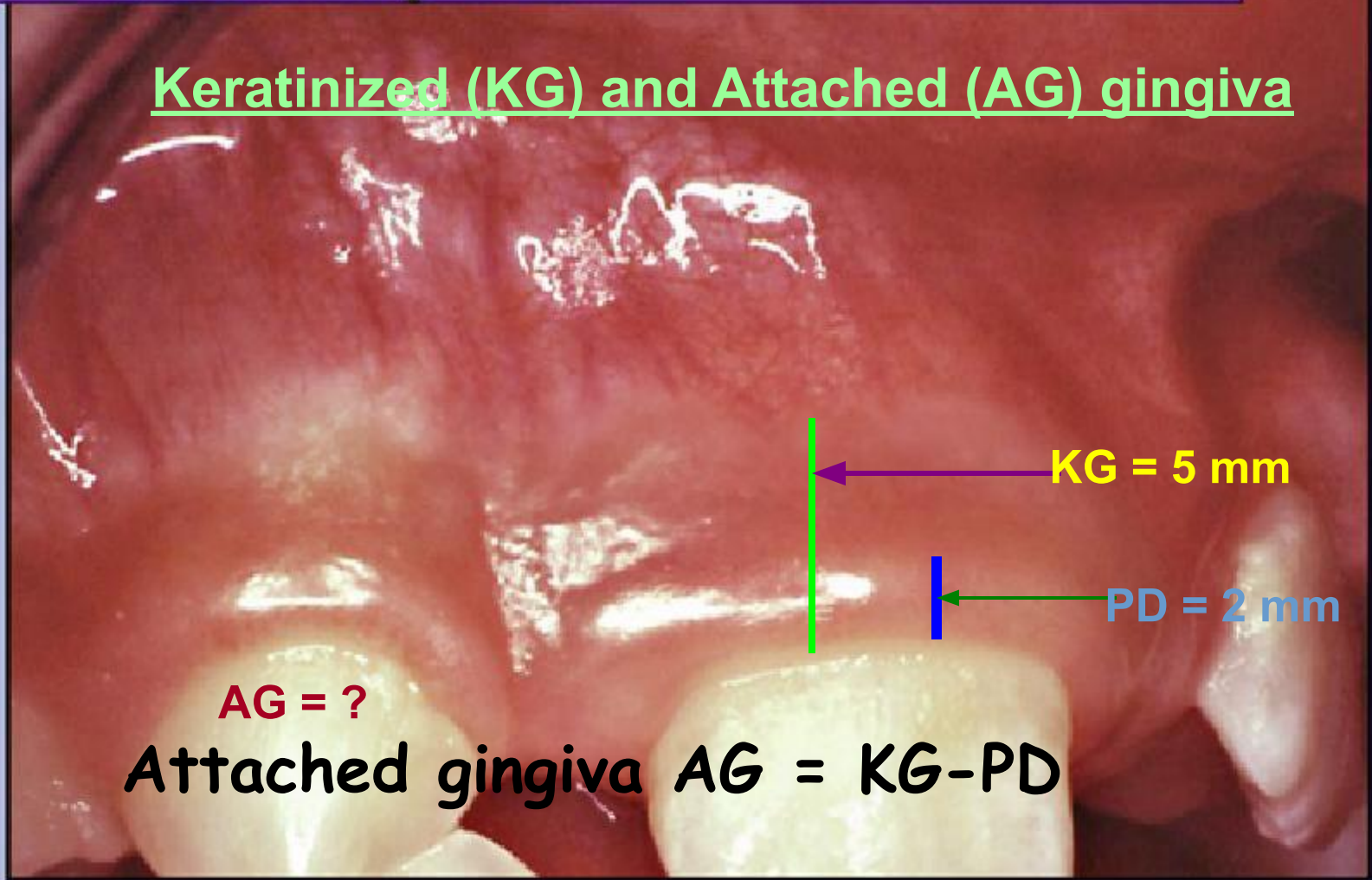
- Of Löe and Silness (1963)
- Assesses severity of gingivitis and its location in 4 areas:
 - Distofacial
 - Facial
 - Mesiofacial
 - Lingual

Criteria

Score	Criteria
0	Normal gingiva
1	Mild inflammation: slight change in color and slight edema. <i>No bleeding on probing.</i>
2	Moderate inflammation: redness, edema, and glazing. <i>Bleeding on probing.</i>
3	Severe inflammation: marked redness and edema. Ulceration. <i>Tendency toward spontaneous bleeding.</i>

Alveolar Mucosa: Facial Aspect

Keratinized (KG) and Attached (AG) gingiva



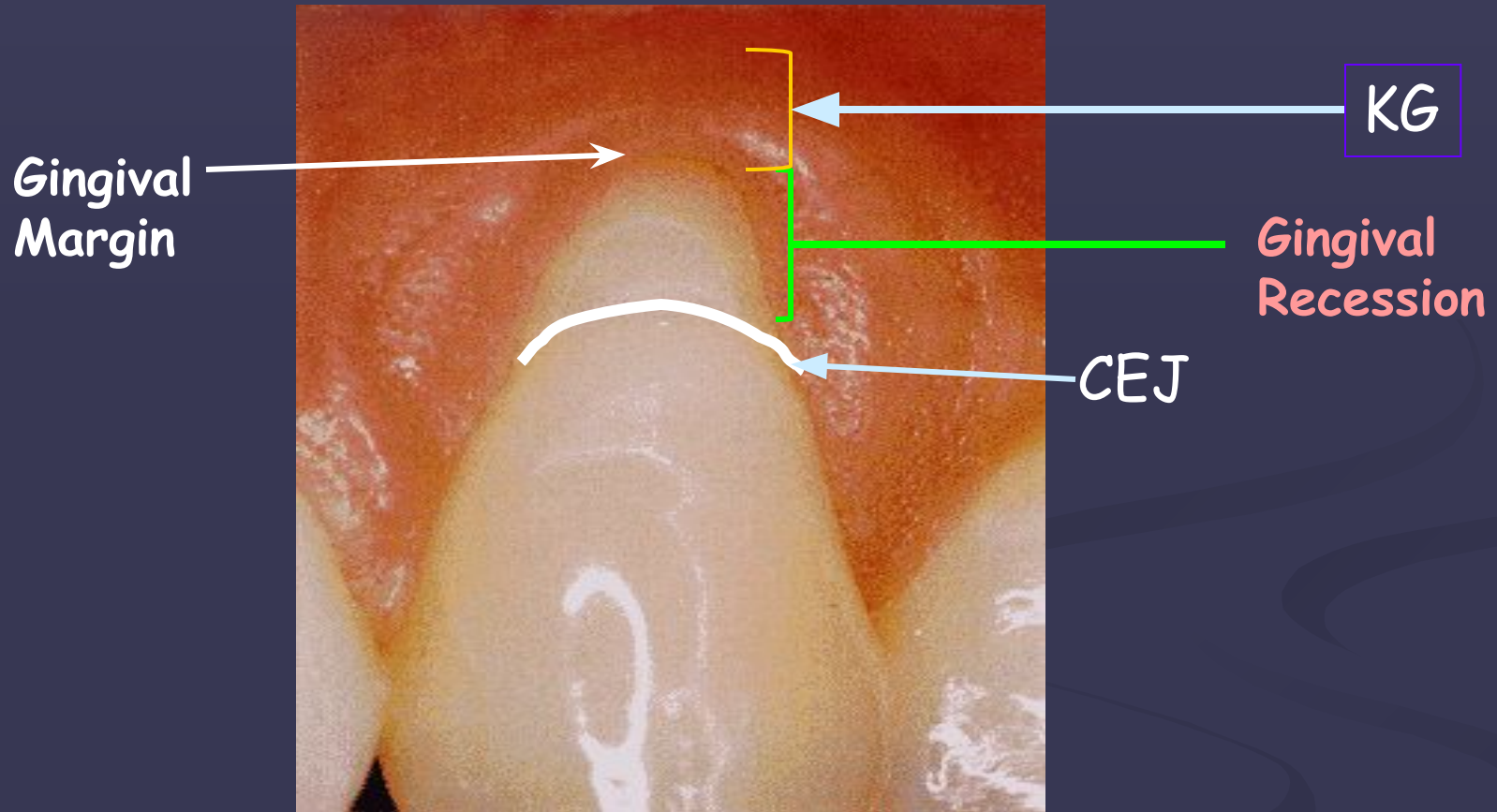
AG = ?

Attached gingiva $AG = KG - PD$

KG = 5 mm

PD = 2 mm

Gingival Recession



CAL = recession + PD

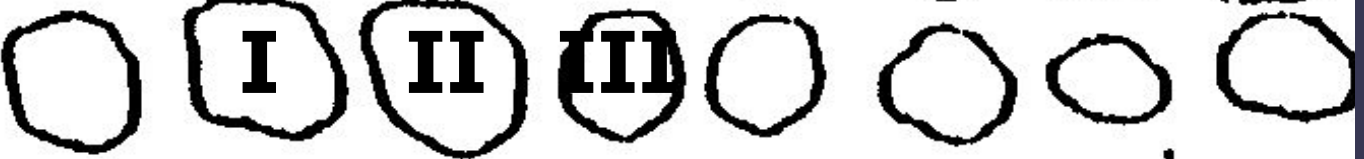
CAL	<input checked="" type="checkbox"/>							
PD	<input checked="" type="checkbox"/>	5	6	5	5	3	6	3

R

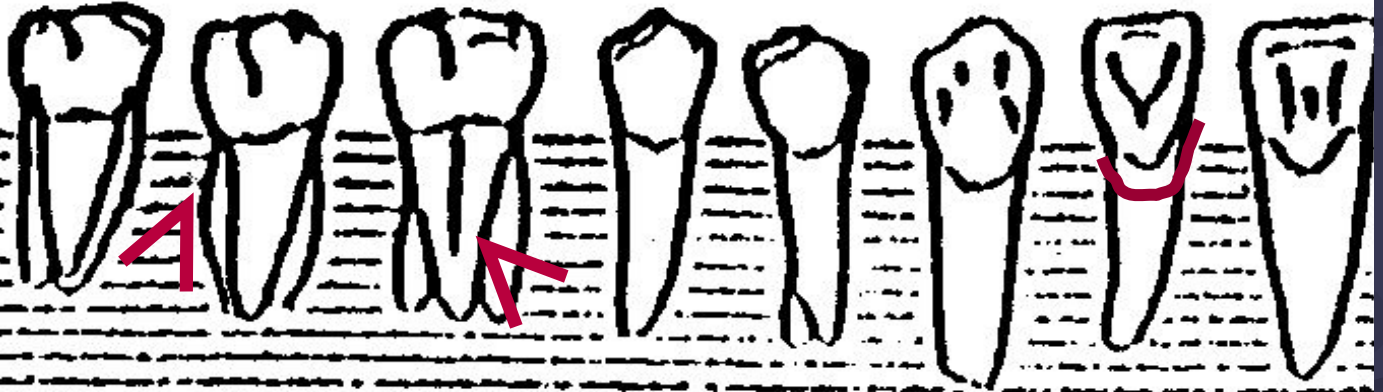
FACIAL



MODULITY

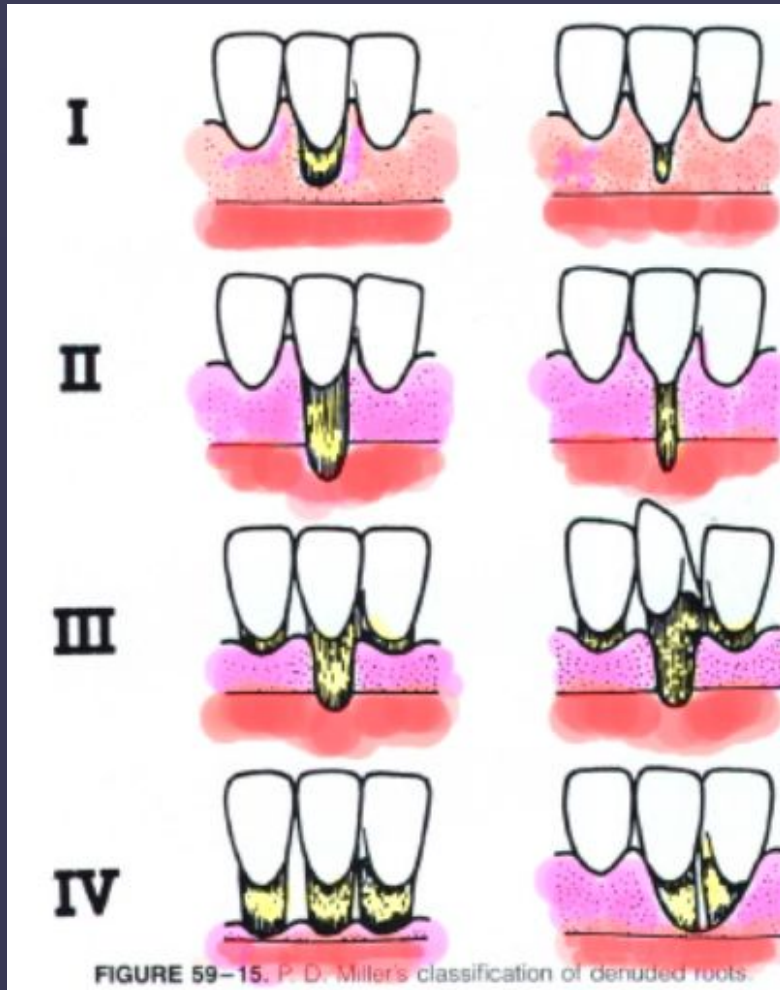


LINGUAL



PD	<input checked="" type="checkbox"/>							
CAL	<input checked="" type="checkbox"/>	8			5	3	3	3

Miller's Recession Classification



Graft ROOT

COVERAGE success:

- 100 % success
- 100% success
- 80-90% success
- Unpredictable outcome

**Are we Able to
Answer the Following
Questions?**

Disease present or not?

Type

Extent

Severity

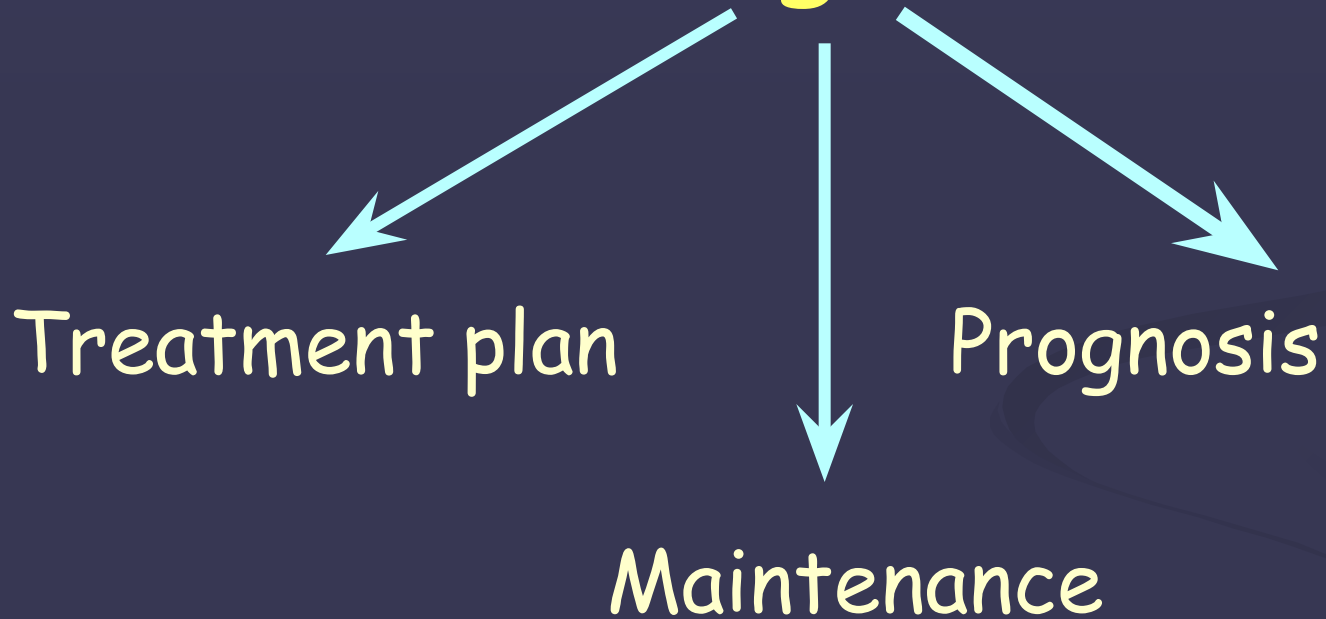
Pathological process



Proper Diagnosis

- Diagnosis is a changing and ongoing process
- Patient periodontal and systemic conditions continuously change

Diagnosis



Classification

- Main Disease Categories
 - Gingival diseases
 - Chronic periodontitis
 - Aggressive periodontitis
 - NPD
 - Abscesses of the periodontium
 - Endo-perio lesions
 - Developmental or acquired deformities

How to Write a Diagnosis ?

Diagnosis statement:

Extent + Severity + Disease Entity

- Localized early/moderate/advanced chronic periodontitis
- Localized early/moderate/advanced aggressive periodontitis
- Generalized mild/moderate/advanced marginal gingivitis

Diagnose







Diagnosis



Prognosis



Treatment Plan

Explaining the TP. to the patient

