PERIODONTAL HEALTH, GINGIVAL DISEASE AND CONDITIONS

The concept of gingival health includes absence of histologic and clinical inflammation. It is important to note that the concept of health also applies to three categories of patients:

- Patients with less than 10% of probed sites exhibiting bleeding on probing.
- Patients with absence of inflammation, but with reduced periodontal support due to previous crown lengthening surgery and/or recession.
- Patients with a history of periodontal disease who were successfully treated and are currently stable.

PERIODONTISIS

The new classification recognizes that periodontal disease is similar to many other progressive medical conditions which are strongly influenced by the host’s systemic health as well as by various risk factors. The important aspects of this classification include:

- The terms “staging” and “grading,” similarly used in oncology, have been incorporated into the new system:
  - Staging: Identifies the severity, extent (localized/generalized/molar-incisor distribution) and complexity of the treatment (Stage I – Stage IV).
  - Grading: Indicates the rate of disease progression (Grade A – C), and estimates the future risk and impact on the systemic condition of the patient (smoking and diabetes).
- Both chronic and aggressive periodontitis are now grouped under the single classification of periodontitis because the current evidence fails to support the difference between the two.
- Necrotizing periodontal diseases, which are associated with host immune response impairment are classified as a distinct subgroup of periodontitis.
- The diagnosis of endodontic-periodontal lesions is based on the presence of root damage and/or periodontitis.
- Periodontal abscess is classified as present in the presence or absence of periodontitis.

PERIODONTAL MANIFESTATION OF SYSTEMIC DISEASE/DEVELOPMENT AND ACQUIRED CONDITION

This new group includes systemic diseases which adversely affect the periodontal apparatus. Such conditions may include diabetes, cancers, and external factors such as smoking. Other new key findings include:

- The term “biologic width” has been replaced by “supracrestal tissue attachment” and the “biotype” has been replaced by “phenotype.”
- Excessive occlusal force now is concluded as no evidence, but the splitting is recommended when traumatic occlusion causes progressive mobility.

PERIODONTAL DISEASE AND CONDITIONS

For the very first time, this new classification clarifies and addresses peri-implant disease:

- Peri-implant health: Absence of the sign of inflammation and further additional bone loss after the initial healing.
- Peri-implant mucositis: Presence of inflammation without further additional bone loss after the initial healing.
- Peri-implantitis: Presence of inflammation, evidence of bone loss and increasing probing depth after the implant restoration in placed.
- Soft and hard tissue deficiencies

It is noted that defining the health status of a dental implant by the range of probing depth alone is not appropriate. It is recommended that the clinician should always obtain the radiographic and probing measurements. We hope this introduction can be beneficial to your daily practice. For more detailed information about the new periodontal classification, please refer to the American Academy of Periodontology, www.perio.org.