Treatment of patient with necrotising periodontal disease

Dr Ana Araoz González
Dr David Herrera González

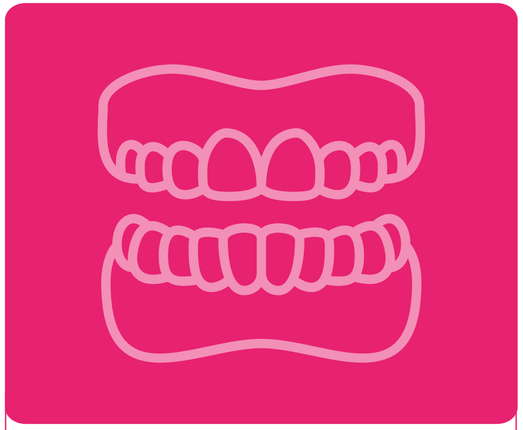
Complutense University of Madrid, School of Dentistry, ETEP (Periodontitis and Peri-implantitis Aetiology and Therapeutics) Research Group, Postgraduate specialisation in periodontics

Contents

DENTAID
Oral health. Better life.

INITIAL VISIT
DIAGNOSTIC TESTING
DIAGNOSIS
TREATMENT
OUTCOME

Clinical history

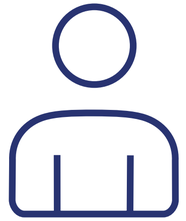


Initial clinical image

INITIAL VISIT
DIAGNOSTIC TESTING
DIAGNOSIS
TREATMENT
OUTCOME

Clinical history

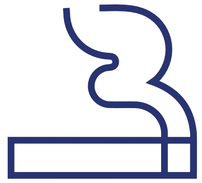
Reason for the consultation:
sharp pain in the gums for the past week



Age:
19 years

Systemic diseases:
none

Medication:
none



Tobacco smoker:
no

Last visit:
2 years ago for a prophylaxis

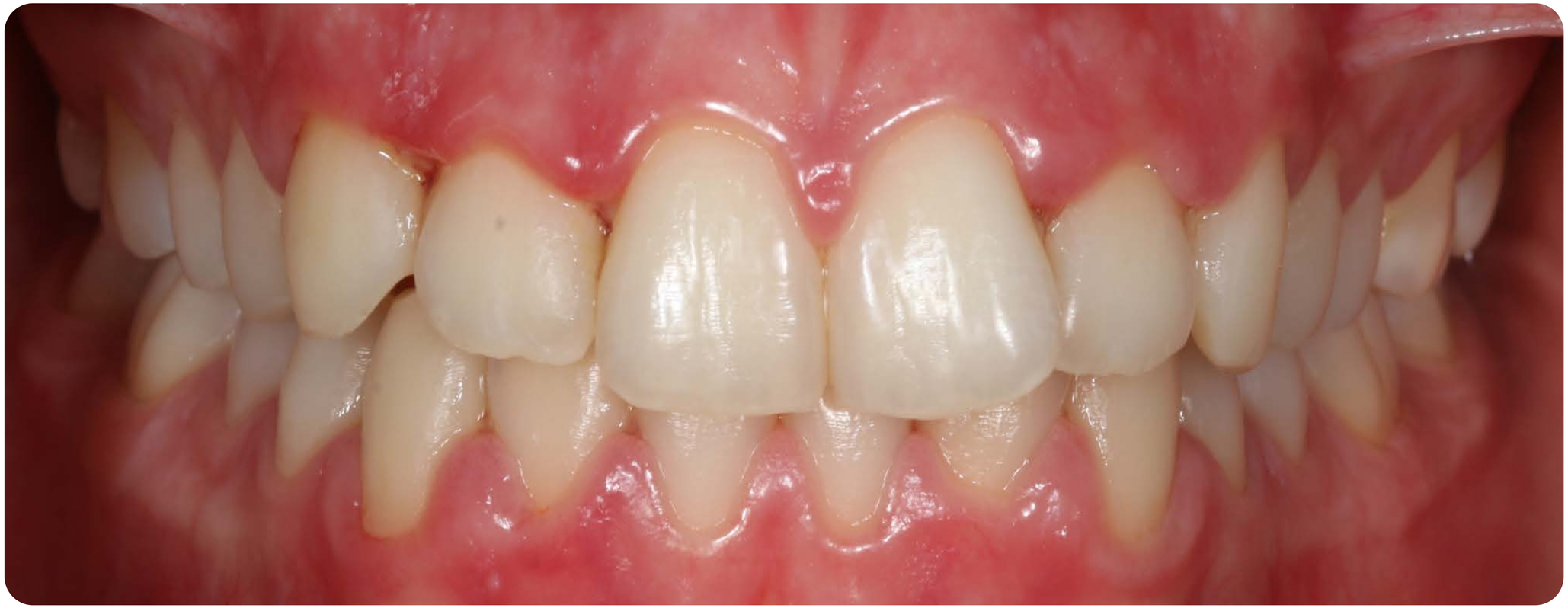
Stress level:
high, undergoing exams

INITIAL VISIT
DIAGNOSTIC TESTING
DIAGNOSIS
TREATMENT
OUTCOME

Initial clinical image

INITIAL EVALUATION — RE-EVALUATION 4 WEEKS →

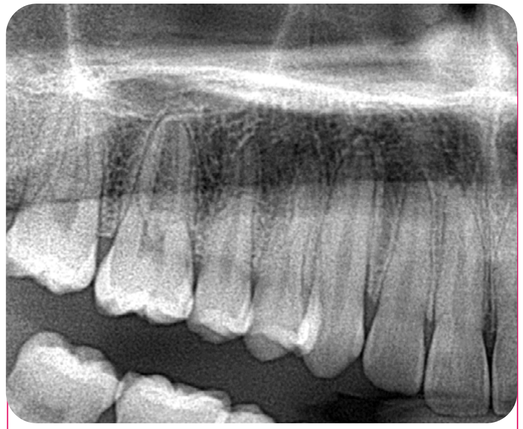
W1 W2 W3



W6 W5 W4

Interpretation: Generalised inflammation is observed in the interdental papillae, more evident in the papillae of the upper anterior sextant, where signs of necrosis are also observed.

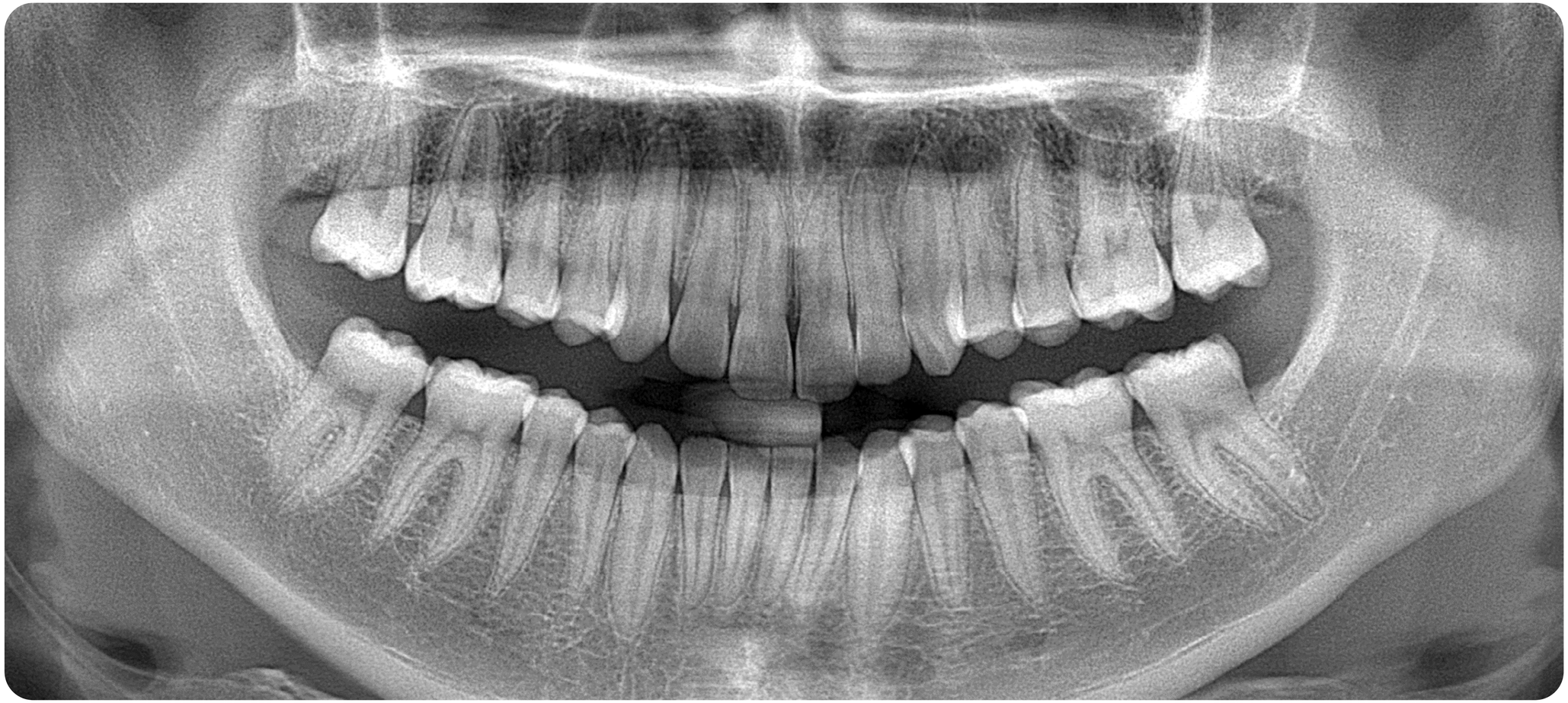
INITIAL VISIT
DIAGNOSTIC TESTING
DIAGNOSIS
TREATMENT
OUTCOME



Panoramic
x-ray

Panoramic x-ray

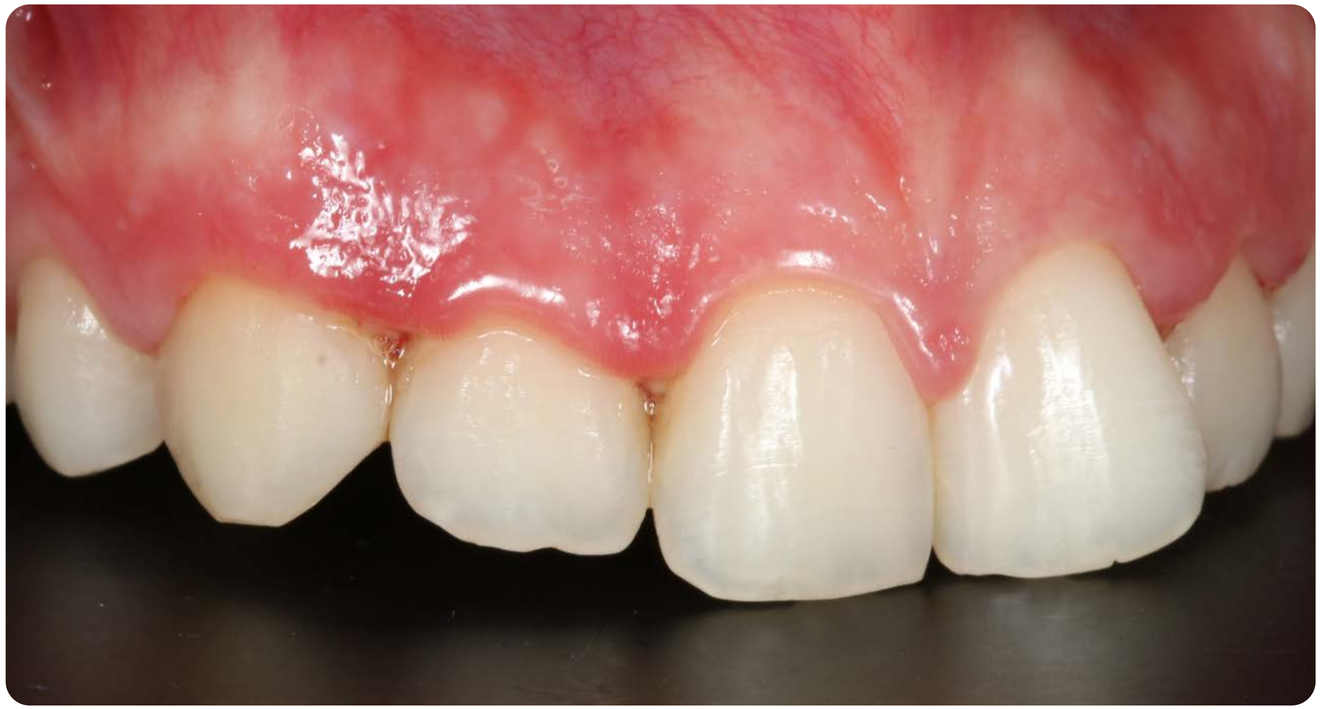
Interpretación: Nothing remarkable is observed on the panoramic x-ray.



Clinical signs/symptoms: necrotising gingivitis

Necrotising gingivitis

Info



The patient presents with necrosis/ulceration of the interdental papillae, gingival bleeding and pain.
These are primary signs/symptoms of necrotising periodontal diseases.
Secondary signs/symptoms include halitosis, pseudomembrane formation, regional lymphadenopathy, fever and sialorrhea (in children). In this case, the first two were present.

Diagnosis: Necrotising periodontal disease in a patient with moderate and/or temporary immunocompromise, clinically manifested as necrotising gingivitis

Necrotising periodontal diseases in patients with severe and continued immunological compromise	**In adults**	HIV+/AIDS with CD4 cell counts < 200 and viral load	**NG, NP, NS, Noma.** Possible progression
		Other severe systemic diseases (immunosuppression)	
	In children	Severe malnutrition	
		Extreme living conditions	
		Severe (viral) infections, febrile episodes	
Necrotising periodontal diseases in patients with moderate and/or temporary immunological compromise	**In patients with gingivitis**	**Uncontrolled factors: stress, nutrition, smoking, habits**	**Generalised NG.** Possible progression to NP
		Previous NPD: residual craters	**Generalised NG.** Possible progression to NP
		Local factors: root proximity, tooth malposition	**Localised NG.** Possible progression to NP
	In patients with periodontitis	Common predisposing factors for NPD	**NG.** Infrequent progression **NP.** Infrequent progression

NG= necrotising gingivitis
NP= necrotising periodontitis
NS= necrotising stomatitis

Herrera D, Retamal-Valdes B, Alonso B, Feres M. Acute periodontal lesions (periodontal abscesses and necrotizing periodontal diseases) and endo-periodontal lesions. J Clin Periodontol. 2018;45(Suppl 20):S78–S94.

Treatment sequence

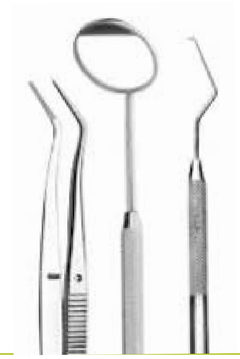
Management of the acute phase

- Superficial cleaning with ultrasonics. Info
- Limit mechanical oral hygiene. Info
- 0.12% Chlorhexidine 0.05% CPC twice/day while there are lesions and/or limited hygiene (7-10 days, maximum 14 days) to compensate.

Re-evaluation

- Checks every 24-48 hours during the acute phase.
- Additional superficial cleaning at every visit.

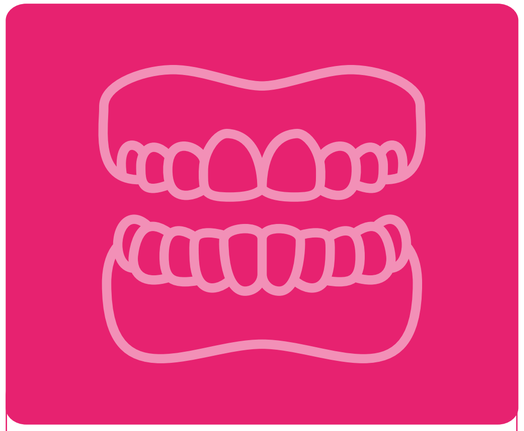
Info



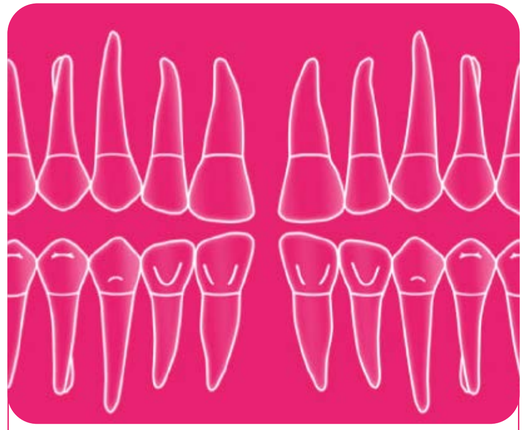
Definitive treatment

- Control predisposing factors (tobacco, stress, poor diet).
- Consider the need for treating the underlying disease and for surgical treatment of the residual craters.

Info



Clinical image on re-evaluation

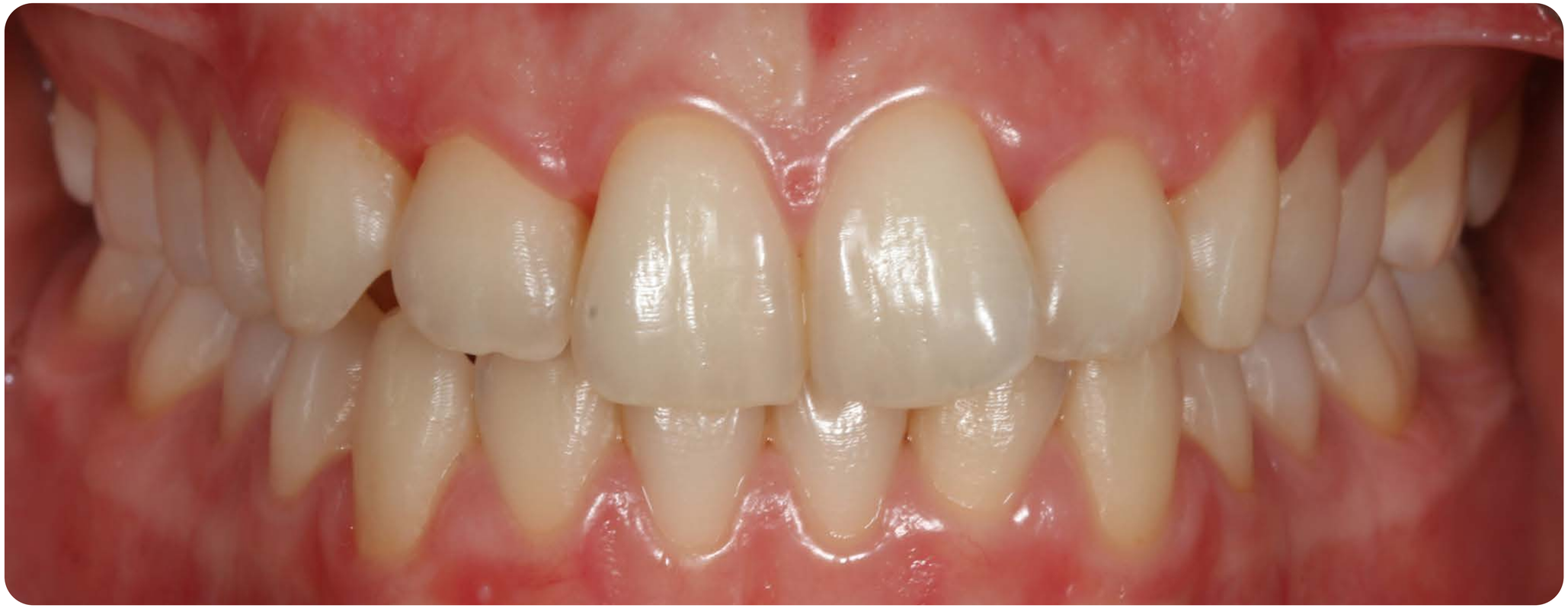


Periodontal chart on re-evaluation

Clinical image on re-evaluation

INITIAL EVALUATION — RE-EVALUATION 4 WEEKS →

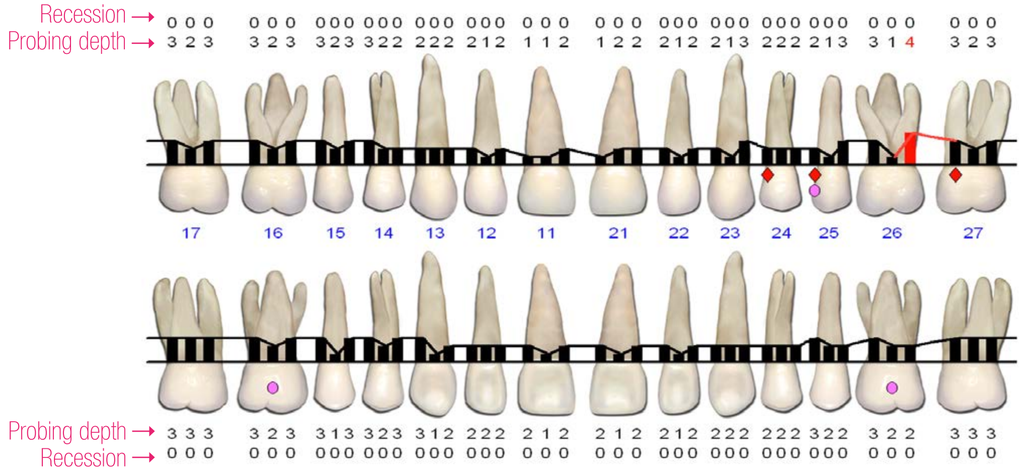
W1 W2 W3

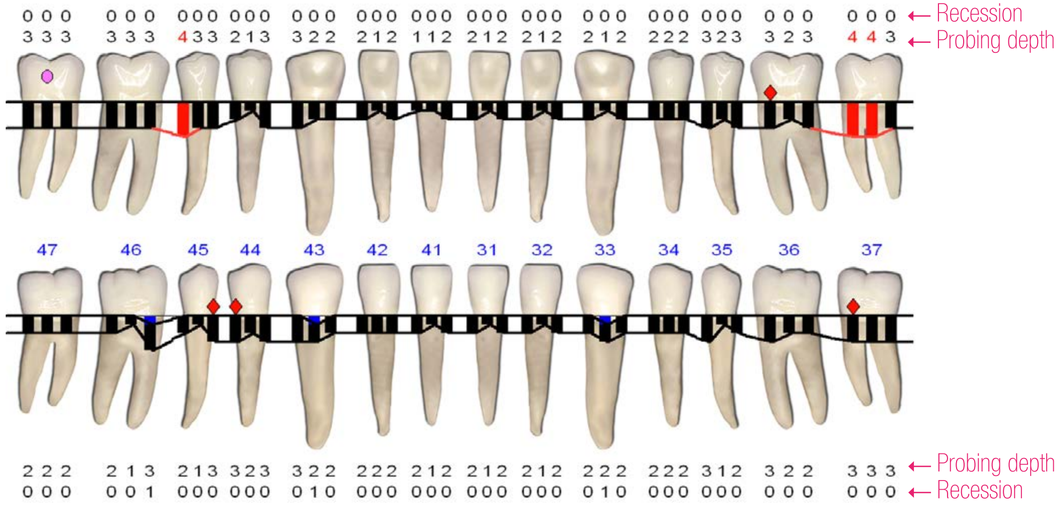


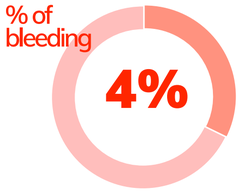
W6 W5 W4

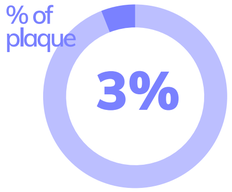
Interpretation: It is observed that there are no longer any lesions in the upper anterior sextant, although some loss in the height of the papillae is observed.

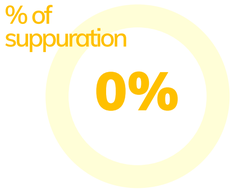
Periodontal re-evaluation: periodontal chart after treatment











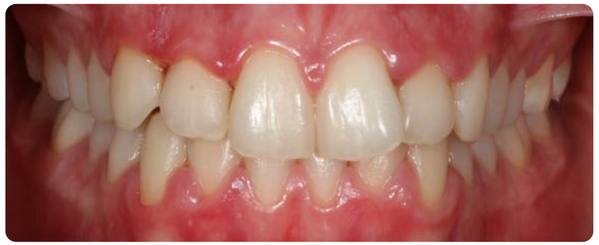
The patient shows good gingival health, as indicated by the periodontal chart and the low levels of bleeding on probing and plaque.

** Images were obtained with Florida® probe software under license from the Postgraduate Specialisation in Periodontics of the Complutense University of Madrid*

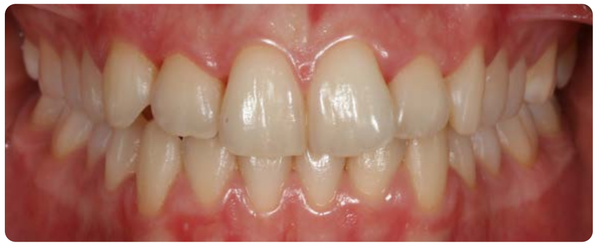
INITIAL VISIT
DIAGNOSTIC TESTING
DIAGNOSIS
TREATMENT
OUTCOME

Patient follow-up

Management of the acute phase



Re-evaluation



Definitive treatment

- In this case, surgical treatment was not necessary..
- Once the patient has gum health, she will have follow-up visits to check that she maintains good oral hygiene and properly uses interdental brushes/dental floss. We will also perform prophylaxis when we deem it appropriate based on her level of oral hygiene.

The patient has good gum health; follow-up visits will be made to check that she maintains good oral hygiene and properly uses interdental brushes/dental floss.

The satisfaction of optimal efficacy for all users

First antiseptic combination based on
Chlorhexidine + Cetylpyridinium Chloride

DENTAID
Oral health. Better life.