A non-surgical option

Amit Patel describes his methods for treating two recent cases of periodontal disease.

Case 1

A 45 year old, non-smoking male presented with pus draining from his lower right premolar tooth. He also complained of food trapping between his teeth.

After a full consultation, a diagnosis of generalised moderate to severe chronic periodontitis was made. It was also noted that the LR5 had severe bone loss with an intra-bony defect and the tooth was vital to Endofrost.

The patient underwent a course of initial therapy, which included oral hygiene instruction. The use of large interdental brushes and a circular oscillating electric toothbrush was recommended. Root surface debridement then commenced using local anaesthetic.

At the three month periodontal reassessment appointment all the periodontal pockets had healed apart from the LR5 distal pocket, which was 7mm deep. Periodontal regeneration surgery was discussed but the patient expressed a preference for non-surgical therapy.

After performing subgingival plaque removal of the site, a PerioChip containing 2.5mg of chlorhexidine digluconate was placed into the pocket as an adjunct to suppress bacterial flora. As part of the post treatment instructions the patient was asked to avoid using the larger interdental brushes for two weeks before carrying on with his improved routine.

Another periodontal review took place three months later, which showed a significant improvement; the periodontal pocket had reduced to 3mm.

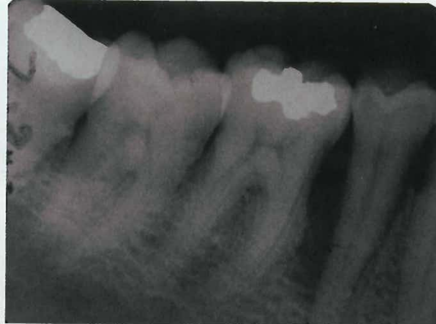

Figure 1: Severe bone loss noted LR5 distal aspect.

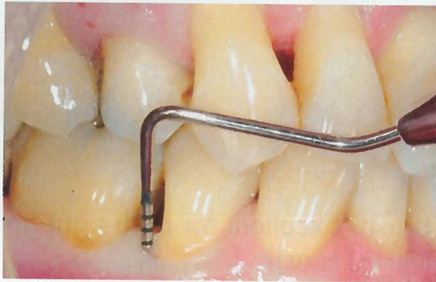

Figure 2: Initial probing depth of 10mm.

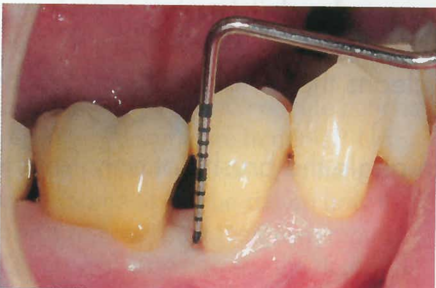

Figure 3: Probing depth after utilising PerioChip – three months post placement showing a reduction in pocket depth to 3mm.

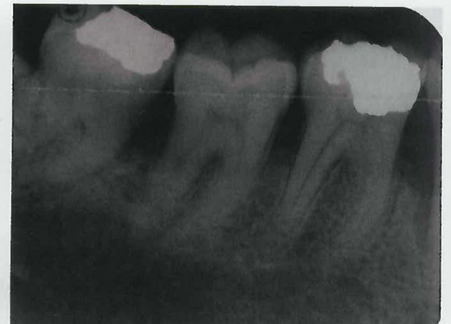

Figure 4: Radiograph shows bony healing six months after non-surgical therapy and PerioChip placement.

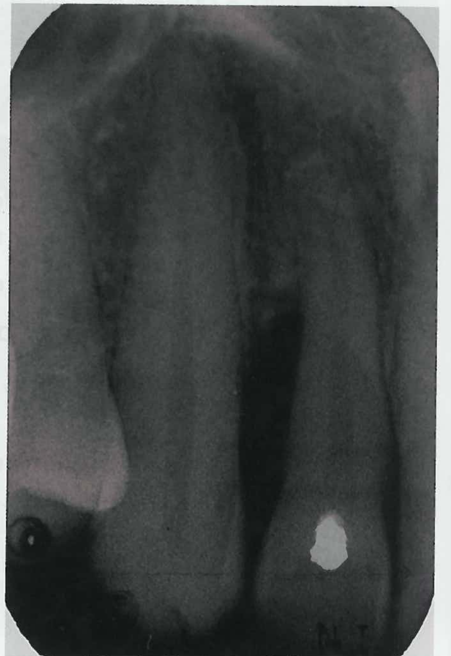

Figure 5: Severe bone loss noted on the UR2.

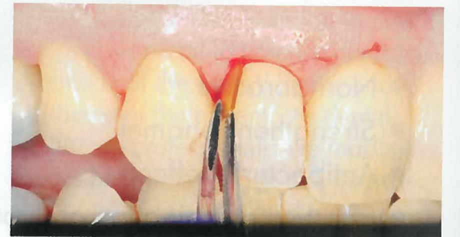

Figure 6: Placement of PerioChip in the UR2 periodontal pocket.

Amit Patel

is a specialist in periodontics practising at Birmingham Dental Specialists.

Case 2

In another case, a 55 year old, non-smoking female was diagnosed with localised moderate to severe chronic periodontitis. After a full consultation, a periodontal pocket of 6mm was observed to the upper right lateral tooth.

The patient underwent a course

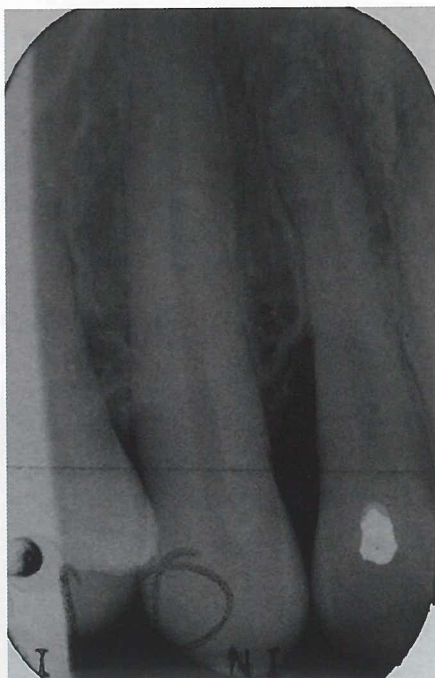
Figure 7: Radiograph shows bony healing 12 months post non-surgical therapy and PerioChip placement.

of initial therapy, which included oral hygiene instruction with techniques to improve her dental heath routine. Treatment options were discussed and the patient opted for a non-surgical, more conservative solution.

Root surface debridement using local anesthetic was carried out to stabilise the periodontal disease. After subgingival plaque removal from the site a PerioChip was then placed into the periodontal pocket.

PerioChip was chosen as an adjunct because it begins working almost immediately and the active ingredient is slowly released over seven days killing bacteria and suppressing the growth of further bacteria for up to 11 weeks. At the first periodontal review three months later, the pocket had reduced to 3mm.

Both patients have now

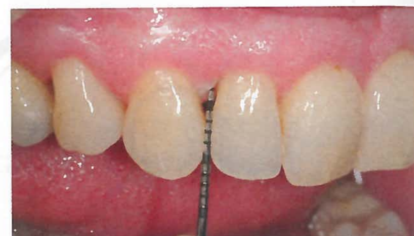
Figure 8: Three months post placement of PerioChip – showing periodontal pocket reduction to 3mm

been placed on a bespoke perio-maintenance programme. The patients are called for three-four monthly visits with the hygienist for subgingival plaque removal of any deep sites and placement of PerioChip if necessary. To implemen an effective lifetime regime, oral hygiene education is reinforced at every visit so that patients remain motivated to clean thoroughly and t preserve not only their teeth, but als their health and well being.

Refugee aid mission

Three third year students from King's College London's Dental Institute recently travelled to Calais and Dunkirk to volunteer their services to the people in the refugee camps there. As part of the Refugee Crisis Foundation, a group of young healthcare professionals wanting to make a difference, Salman Sheikh, Obaid Khalid and Yousuf Bashir spent a weekend providing dental aid to those in need.

The group experienced varying conditions at the two refugee camps, and had to adapt their techniques to the different environments. They were met with a hugely diverse group of people; language barriers provided another challenge with Arabic, Urdu, Pashrun, Farsi, Kurdish, English and more being spoken throughout. With professionalism and teamwork skills the students were able to assist with providing emergency dental aid to a significant number of refugees.

The group has since returned to the camps to provide more aid with the Refugee Crisis Foundation and hopes to inspire others to help out too. In February they took a larger team from KCL Dental Institute to join a team of 60 healthcare professionals from RCF working in the camps and supply warehouses again. The team included Robin Amanullah (clinical tutor for Palace and Monument) as well as Salman Sheikh, Obaid Khalid, Yousuf Bashir, Kasim Pervaiz, Junaid Mirza, Fahad Sheikh and Awais Ali. They are hoping to make another trip either to Greece or Calais soon.

Salman sums up their experiences and his determination to make a difference in the last paragraph of their account: "Politically we choose our sides and fight for a way for this to end but no one can ignore the humanitarian aid that these people need just across the border. One weekend of work is not enough. One drop load of welfare is not enough. It is only through the regular and consistent provision of care that the refugees' situation will once again become bearable and we can truly help."

For more information on the Refugee Crisis Foundation visit **www.refugeecrisisfoundation.com**