

Beautiful Tissue Response - Full-mouth Advanced Case

Advanced periodontitis treated non-surgically by a hygienist using RPE (regenerative periodontal endoscopy) shows amazing results.

Periopeak

Posted: 2/6/2011

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Female African American in her late 20s, non-smoker, no health issues, no meds, and has two young children. She came to our office for routine cleaning and checkup. Advanced generalized periodontitis was diagnosed. Patient underwent full-mouth initial therapy (traditional root planing with one of our hygienists), followed by a re-evaluation three months later, prior to being referred to PerioPeak for regenerative periodontal endoscopy (RPE). She still had generalized 5-13mm pockets when I consulted with her for RPE treatment. It was performed in two sessions (two hours per side). This was my first well-documented case using natural enzyme inhibitors instead of Periostat. Patient started natural enzyme inhibitor/antioxidant one week before RPE to reduce bleeding and inflammation, thus creating healthier tissues, enhancing visibility and post-op healing. No antibiotics were used in this case.



Fig. 1: #18 mesial before, 13mm

All before photos taken during RPE treatment, before placing Emdogain, minimal tissue trauma due to tiny instruments and sub-g microscope, plus enzyme inhibitors taken systemically.

Fig. 2: 10 months after - 2mm, no BOP

Note in all after pictures minimal or no recession created

Fig. 3: #3 mesial before - 8mm

Fig. 4: After - 3mm, no BOP

Fig. 5: #3 before - 7mm Class II furcation

Fig. 6: After - 2mm, no BOP

Fig. 7: #28 mesial before - 10mm

Fig. 8: After - 2mm, no BOP

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Fig. 9



Fig. 10

Fig. 9: Before 11mm

Fig. 10: After - 1mm (I couldn't really get the probe in the tissue due to the tightness here)

Nice results can be achieved with this noninvasive periodontal therapy option using an endoscope, enzyme inhibitors, and Emdogain, instead of surgery. We achieved nice bone fill on this case as well, with generalized 1-3mm probing depths with only a couple of localized 4mm sites and very slight BOP. Patient is using the WaterPik Water Flosser and sonic toothbrush daily.

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I would also like to add that this patient has a tongue thrust habit. Note how this anterior tooth healed, it moved slightly mesially. I would love to refer her for myofunctional therapy but she would have to drive to Seattle for this.

Fig. 11: Before #24 distal - 7-8mm, advanced mobility, tongue thrust

Fig. 12: 10 months after - 2mm, no BOP, mobility reduced to Class I

[Posted: 2/6/2011]

Additional before and after case photos.



Fig. 11



Fig. 12



Fig. 13



Fig. 14



Fig. 15



Fig. 16



Fig. 17



Fig. 18

Fig. 13: #5 before RPE - 7mm

Fig. 14: After - 3mm, no BOP

Fig. 15: #27 ML - 8mm

Fig. 16: After - 3mm (note adjacent tissue on #26 slight bleeding where I had just removed supra during her three month perio maintenance appointment)

Fig. 17: #30 mesial from lingual - 10mm

Fig. 18: After - 4mm, no BOP

Fig. 19: #30 mesial - 8mm

Fig. 20: After - 3mm, no BOP



Fig. 19



Fig. 20

[Posted: 2/7/2011]

X-rays showing bone fill at six months.

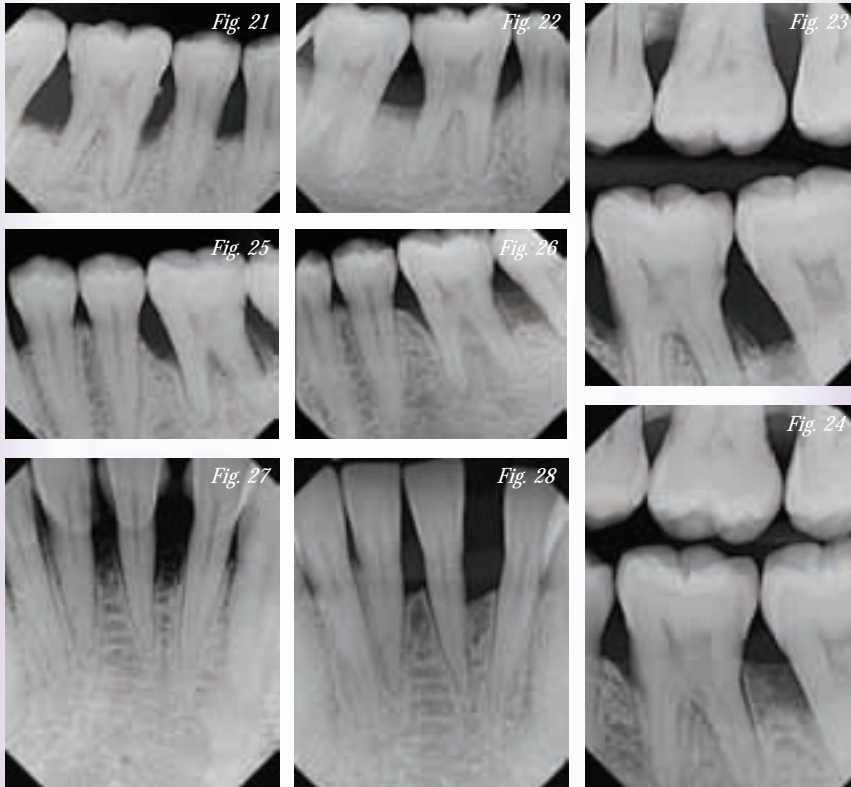


Fig. 21: Before

Fig. 22: Six months after RPE

Fig. 23: Before

Fig. 24: 10 months after RPE

Fig. 25: Before

Fig. 26: Six months after

Fig. 27: Before

Fig. 28: Six months after ■

Nice radiographic bone fill on the mesial of #18 and calcification of the interproximal bone on the mandibular anteriors! I was wondering if you had three arms (Judy) in order to take those beautiful initial and post-op photos. ■



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