

Gjennomgang av nytt klassifiseringssystem for periodontale sykdommer

Odd Carsten Koldslund

CLASSIFICATION OF PERIODONTAL AND PERI-IMPLANT DISEASES AND CONDITIONS 2017

Periodontal Diseases and Conditions

Periodontal Health, Gingival Diseases and Conditions Chapple, Mealey, et al. 2018 Consensus Rept link Trombelli et al. 2018 Case Definitions link			Periodontitis Papapanou, Sanz et al. 2018 Consensus Rept link Jepsen, Caton et al. 2018 Consensus Rept link Tonetti, Greenwell, Kornman. 2018 Case Definitions link			Other Conditions Affecting the Periodontium Jepsen, Caton et al. 2018 Consensus Rept link Papapanou, Sanz et al. 2018 Consensus Rept link				
Periodontal Health and Gingival Health	Gingivitis: Dental Biofilm-Induced	Gingival Diseases: Non-Dental Biofilm-Induced	Necrotizing Periodontal Diseases	Periodontitis	Periodontitis as a Manifestation of Systemic Disease	Systemic diseases or conditions affecting the periodontal supporting tissues	Periodontal Abscesses and Endodontic-Periodontal Lesions	Mucogingival Deformities and Conditions	Traumatic Occlusal Forces	Tooth and Prosthesis Related Factors

Peri-Implant Diseases and Conditions

Berglundh, Armitage et al. 2018 Consensus Rept [link](#)

Peri-Implant Health	Peri-Implant Mucositis	Peri-Implantitis	Peri-Implant Soft and Hard Tissue Deficiencies
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Definisjoner

Vurderinger

Definition **peri-implant health:**

Absence of signs of clinical inflammation

(Araujo & Lindhe 2018)

Fravær av **inflammasjonstegn**

Ingen økning av **PPD** (Pocket Probing Depth)

Fravær av **BoP** (Bleeding on Probing)/**supp.**

Ikke tap av **ben** etter remodellering

(Berglundh et al. 2018)

Definition **peri-implant mucositis:**

Inflammation in the peri-implant mucosa and
the **absence of continuing marginal peri-
implant bone loss**

(Heitz-Mayfield & Salvi 2018)

Mulig økning av **PPD** i forhold til baseline

BoP / suppurasjon

Ikke tap av **ben** etter remodellering

(Berglundh et al. 2018)

Definition **peri-implantitis:**

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Dersom tidligere informasjon mangler

PPD \geq 6 mm

BoP / suppurasjon

Ben nivå \geq 3 mm lavere enn normalt

(Berglundh et al. 2018)

Workshop on Classification of Periodontal Diseases 1999

Klassifisering av periodontale sykdommer

Gingivale sykdommer

Kronisk periodontitt, generell/lokalisert

Aggressiv periodontitt, generell/lokalisert

Periodontitt som manifestasjon av systemiske sykdommer

Nekrotiserende periodontale sykdommer

Abscesser i periodontiet

Periodontitt assosiert med endodontiske lesjoner

Utviklings- eller tilførte deformiteter og tilstander

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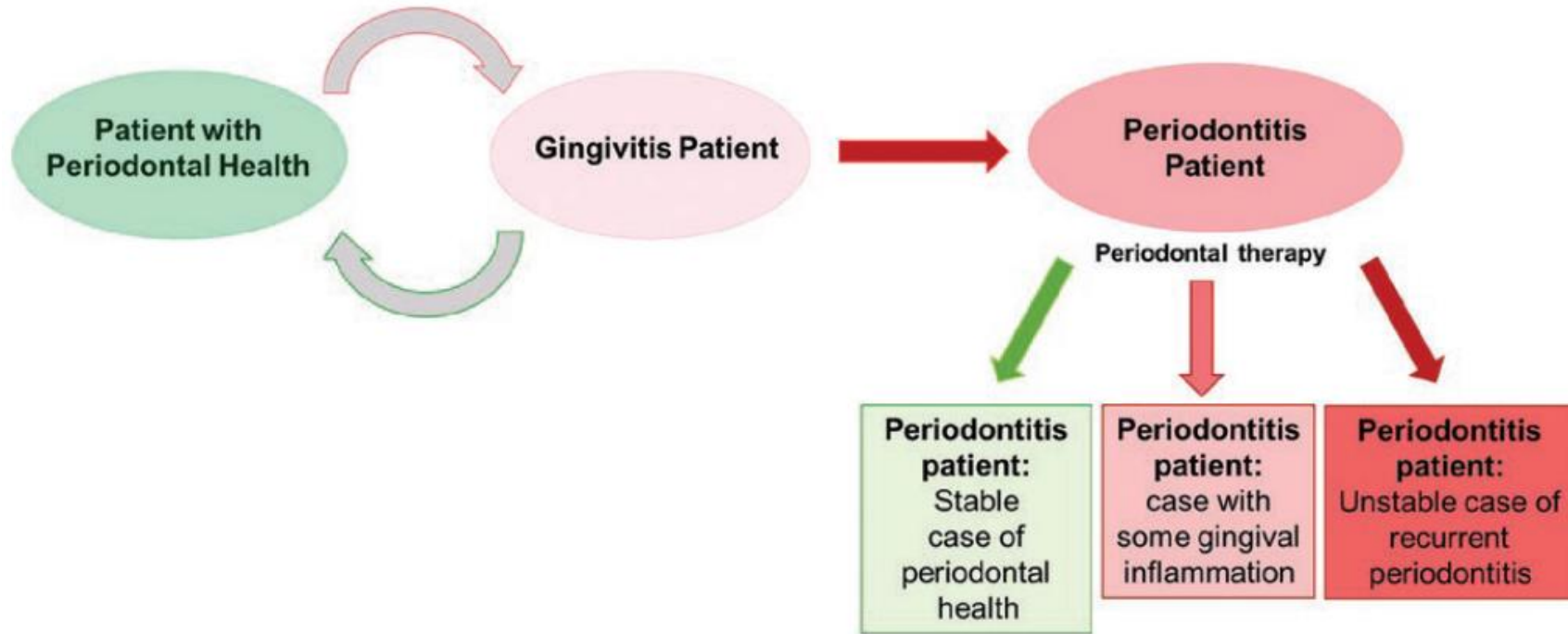
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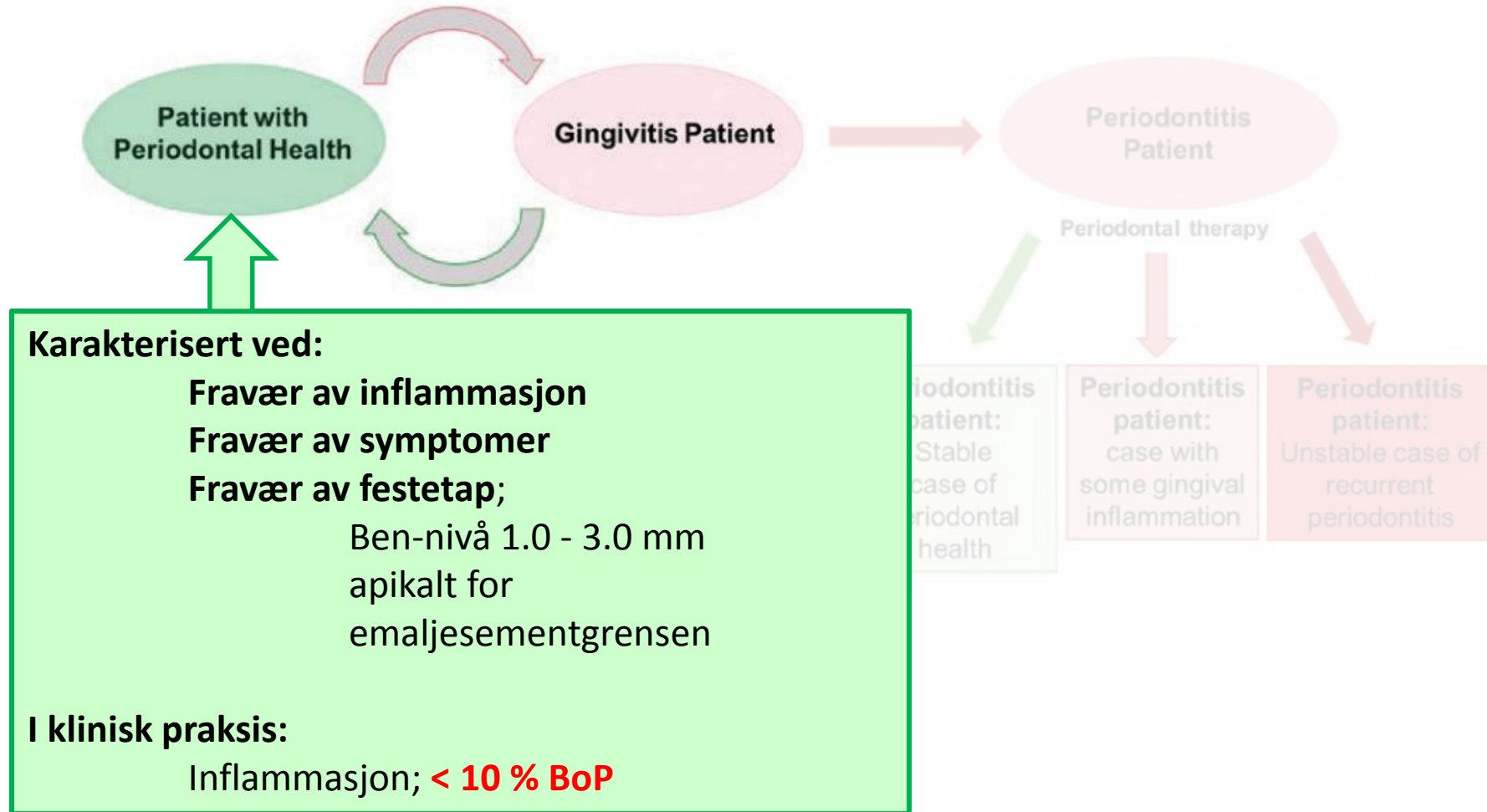
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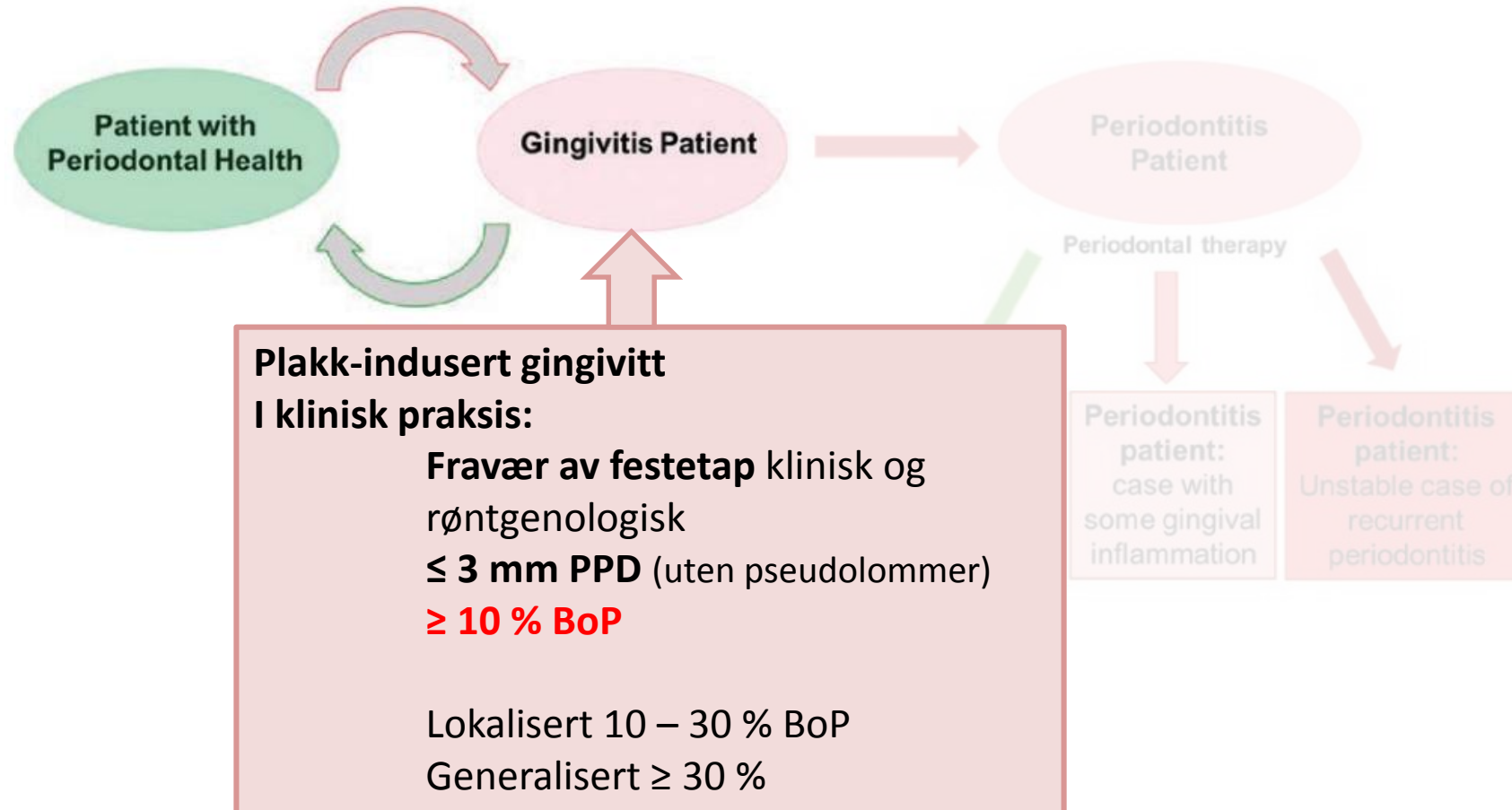
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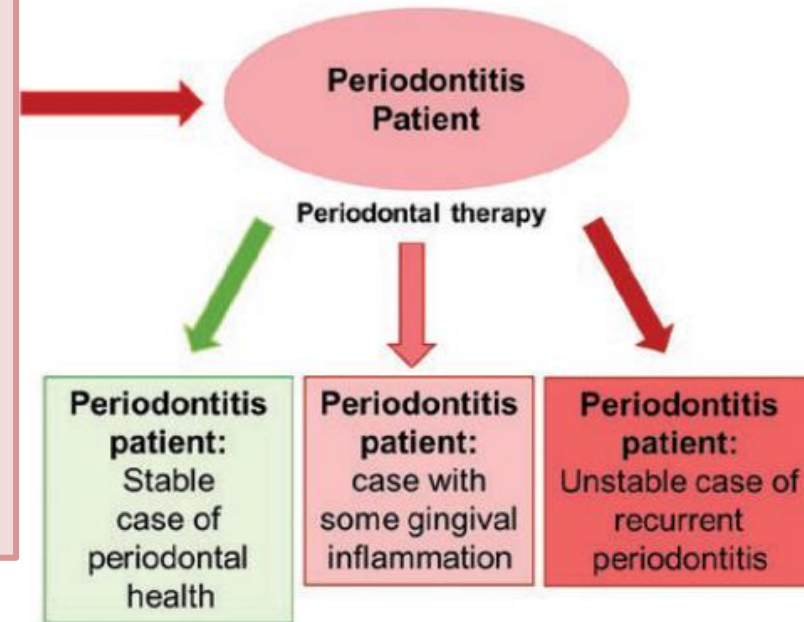
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I klinisk praksis:

Klinisk **festetap (CAL)** interdentalt på **≥ 2 tenner** (ikke i samme aproksimalrom)

eller

Buccal eller lingual **CAL ≥ 3 mm** med **≥ 3 mm PPD** på **≥ 2 tenner** der dette ikke kan tilskrives andre årsaker enn periodontitt



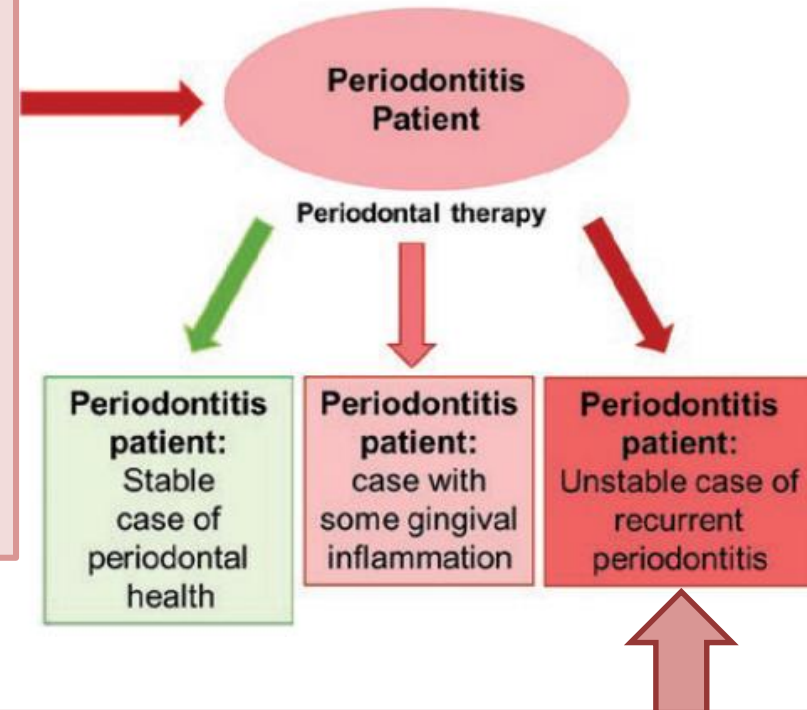
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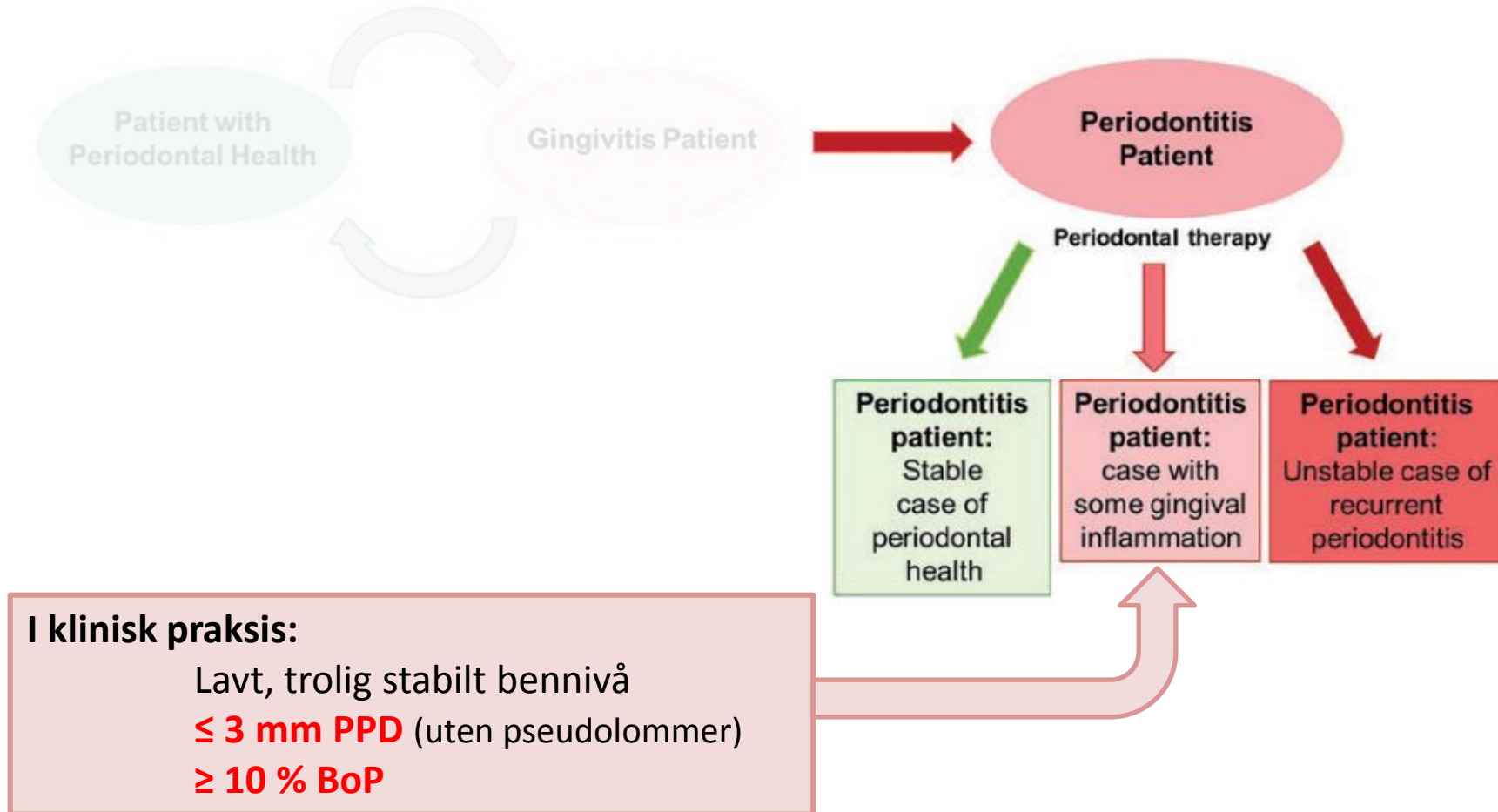
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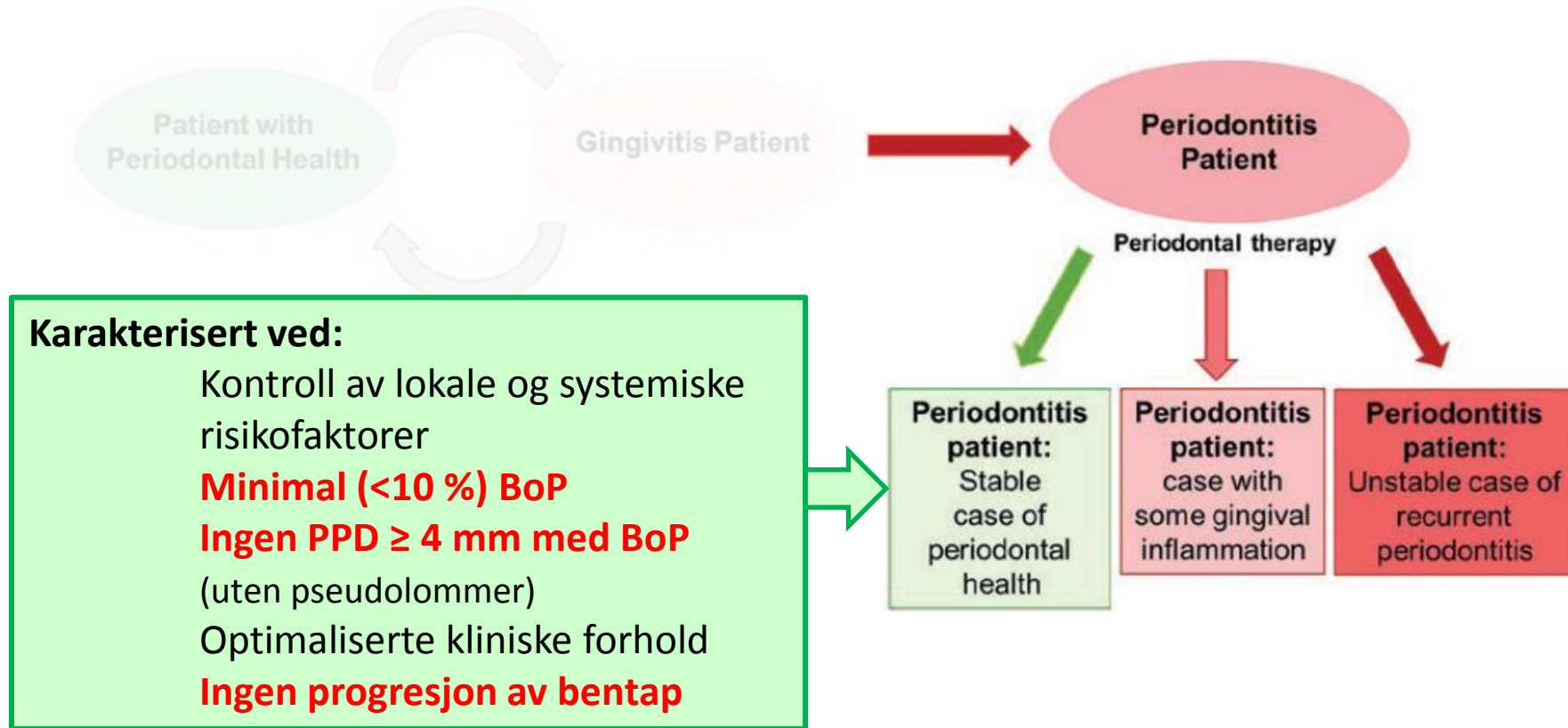


Klassifisert i henhold til alvorlighetsgrad/kompleksitet («stage I to IV») og progresjonshastighet («Grade A to C»)

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Staging and grading of periodontitis

		Disease Severity and Complexity of Management			
		Stage I: Initial periodontitis	Stage II: Moderate periodontitis	Stage III: Severe periodontitis with potential for additional tooth loss	Stage IV: Advanced periodontitis with extensive tooth loss and potential for loss of dentition
Evidence or risk of rapid progression, anticipated treatment response, and effects on systemic health	Grade A	Individual Stage and Grade Assignment			
	Grade B				
	Grade C				

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Stage I periodontitis

Stage I periodontitis is the borderland between gingivitis and periodontitis and represents the early stages of attachment loss.

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Stage II periodontitis

Stage II represents established periodontitis in which a carefully performed clinical periodontal examination identifies the characteristic damages that periodontitis has caused to tooth support.

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Stage III periodontitis

At stage III, periodontitis has produced significant damage to the attachment apparatus and, in the absence of advanced treatment, tooth loss may occur.

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Stage IV periodontitis

At the more advanced stage IV, periodontitis causes considerable damage to the periodontal support and may cause significant tooth loss, and this translates to loss of masticatory function. In the absence of proper control of the periodontitis and adequate rehabilitation, the dentition is at risk of being lost.

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Staging and grading of periodontitis

Periodontitis stage		Stage I	Stage II	Stage III	Stage IV
Severity	Interdental CAL at site of greatest loss	1 to 2 mm	3 to 4 mm	≥5 mm	≥5 mm
	Radiographic bone loss	Coronal third (<15%)	Coronal third (15% to 33%)	Extending to middle or apical third of the root	Extending to middle or apical third of the root
	Tooth loss	No tooth loss due to periodontitis		Tooth loss due to periodontitis of ≤4 teeth	Tooth loss due to periodontitis of ≥5 teeth
Complexity	Local	Maximum probing depth ≤4 mm Mostly horizontal bone loss	Maximum probing depth ≤5 mm Mostly horizontal bone loss	In addition to stage II complexity: Probing depth ≥6 mm Vertical bone loss ≥3 mm Furcation involvement Class II or III Moderate ridge defect	In addition to stage III complexity: Need for complex rehabilitation due to: Masticatory dysfunction Secondary occlusal trauma (tooth mobility degree ≥2) Severe ridge defect Bite collapse, drifting, flaring Less than 20 remaining teeth (10 opposing pairs)
Extent and distribution	Add to stage as descriptor	For each stage, describe extent as localized (<30% of teeth involved), generalized, or molar/incisor pattern			

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Staging and grading of periodontitis

Periodontitis grade		Grade A: Slow rate of progression	Grade B: Moderate rate of progression	Grade C: Rapid rate of progression	
Primary criteria	Direct evidence of progression	Longitudinal data (radiographic bone loss or CAL)	Evidence of no loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% bone loss/age	<0.25	0.25 to 1.0	>1.0
		Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectation given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease (e.g., molar/incisor pattern; lack of expected response to standard bacterial control therapies)
Grade modifiers	Risk factors	Smoking	Non-smoker	Smoker <10 cigarettes/day	Smoker ≥10 cigarettes/day
		Diabetes	Normoglycemic / no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

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