Periodontology as medical science. Goals and tasks. Perticularities of periodontology as specialization in dentistry. Terminology



## Periodontology or periodontics

(from <u>Ancient Greek</u> <u>περί</u>, *perí* – 'around'; and <u>ὀδούς</u>, odoús – 'tooth', genitive <u>ὀδόντος</u>, odóntos) is the specialty of dentistry that studies supporting structures of teeth, as well as diseases and conditions that affect them.

https://en.wikipedia.org/wiki/Periodontology

The supporting tissues are known as the <u>periodontium</u>, which includes the

- gingiva (gums),
- alveolar bone,
- cementum,
- periodontal ligament.

A person who practices this specialty is known as a **periodontist**.

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## Why is periodontology important?

In many ways, the mouth can be seen as a mirror of the general condition of your body. In particular, our periodontal status can often tell us more than simply what is happening locally in our gums.

https://www.efp.org/patients/what-is-periodontology.html

Periodontitis is always triggered by plaque accumulation on the teeth, diseases affecting the rest of the body, known as systemic diseases, can weaken the supporting structures of the teeth.

https://www.efp.org/patients/what-is-periodontology.html

Also, some serious disorders are known to show themselves in the mouth before they are evident in any other part of the body. Sometimes the case that a trained periodontist is the first person to detect the signs of a general disease, such as diabetes or blood disorders, when examining a patient's mouth.

Periodontal diseases are considered by the World Health Organisation (WHO) as one of two significant global problem of oral disease, with the other being dental caries. Severe periodontitis is now recognised as being the sixth most prevalent disease of humanity. Periodontitis is a chronic inflammatory disease of bacterial aetiology that affects the supporting tissues around the teeth. The host has an important role in susceptibility to the disease. In the early stages of periodontitis, some patients are not aware of any problems. However, as the disease progresses, patients may complain of bleeding gums, awareness of a bad taste in their mouth and, in later stages, become aware of loose teeth. If periodontitis is not treated, it can result in both loss of teeth and function which can negatively impact a patient's quality of life.

According to the latest prevalence data from the 2009 UK Adult Dental Health Survey, 37% of the adult population suffer from moderate levels of chronic periodontitis (with 4-6mm pocketing), while 8% of the population suffer from severe periodontitis (with pocketing exceeding) 6mm). Severe periodontitis has been found to affect 11% of adults worldwide.

## **RISK FACTORS**

The pathogenesis of periodontal disease is complex and evidence indicates that it is the patient's response to the bacterial challenge which is the major determinant of susceptibility. Identifying the various inherited and acquired factors influencing susceptibility is thus an important part of the periodontal assessment.

Risk factors are those factors that influence the likelihood of periodontitis developing in an individual and how fast the disease progresses.

## **Risk factors**

Modifiable factors		Non-modifiable factors
Acquired:	Anatomical:	
Plaque & calculus Partial dentures Open contacts Overhanging & poorly contoured restorations	Malpositioned teeth Furcations Root grooves & concavities Enamel pearls	
Smoking Diabetes Poor diet Certain medications Stress		Socioeconomic status Genetics Adolescence Pregnancy Age
Emerging evidence: Nutrition Alcohol Obesity/ overweight		Leukaemia