November 9-11, 2017 Chicago, IL

Classification of Periodontal and Peri-Implant Diseases and Conditions

Proceedings of the World Workshop Jointly Held by the American Academy of Periodontology and European Federation of Periodontology

Co-edited by Kenneth S. Komman and Maurizio S. Tonetti





Dental plaque-induced gingival conditions

2017 AAP/EFP world workshop

Murakami, S., Mealey, B.L., Mariotti, A. and Chapple, I.L., 2018. Denta plaque–induced gingival conditions. *Journal of clinical periodontolog*

Dr. Reem Al Yousef

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Outline

I. Revision of the 1999 classification system of plaque-induced gingival conditions

II. New categories in the dental plaqueinduced gingival diseases taxonomy

III. Changes and new concepts

Revision of the 1999 classification system of plaque-induced gingival conditions

- Similar to the 1999 classification clinical characteristics common to dental plaque-induced inflammatory gingival conditions:
- A) Signs and symptoms are confined to the gingiva.
- B) Reversibility of the inflammation
- C) Presence of a high bacterial plaque burden to initiate/or/ exacerbate the severity of inflammation
- D)Stable (unchanging) attachment levels of periodontium which may or may not have experienced attachment loss or bone loss

TREY research

Revision of the 1999 classification system of plaque-induced gingival conditions:

Common clinical signs of plaque-induced gingivitis



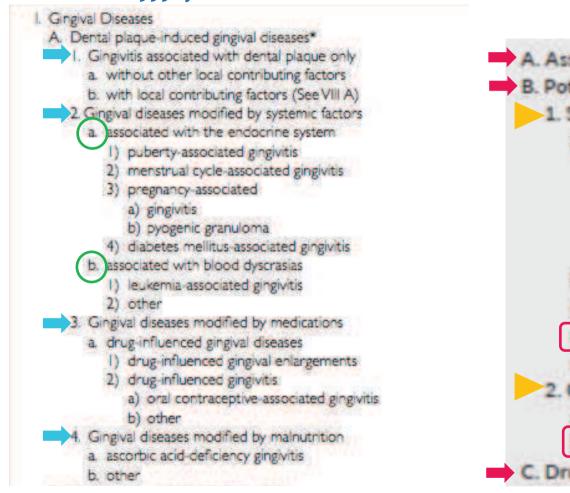


Murakami, S., Mealey, B.L., Mariotti, A. and Chapple, I.L., 2018. Dental plaque-induced gingival conditions. *Journal of clinical periodontology*



New categories in the dental plaque-induced gingival diseases

1999 system taxonomy



A. Associated with bacterial dental biofilm only B. Potential modifying factors of plaque-induced gingivitis 1. Systemic conditions a) Sex steroid hormones 1) Puberty 2) Menstrual cycle 3) Pregnancy 4) Oral contraceptives b) Hyperglycemia c) Leukemia d) Smoking e) Malnutrition 2. Oral factors enhancing plaque accumulation a) Prominent subgingival restoration margins b) Hyposalivation C. Drug-influenced gingival enlargements

2017 system



Changes and new concepts

"menstrual cycle–associated gingivitis"

"oral contraceptive– associated gingivitis"

"ascorbic acid–associated gingivitis"

Terms were removed from the classification

 As the new taxonomy is focused on "Clinically identifiable conditions" in population.

Murakamı, S., Mealey, B.L., Mariotti, A. and Chapple, I.L., 2018. Dental plaque–induced gingival conditions. Journal of clinical periodontology



Changes and new concepts

Introduction of a new concept "Incipient gingivitis"

- Few sites are affected by mild inflammation, expressed as (mild redness and/or a delayed and broken line of bleeding)
- May be regarded as a condition that is part of a spectrum of "clinical health"

Changes and new concepts

Description of extent & severity:

1)Gingival inflammation:

A- Extent

Localized < 30% of the teeth are affected</pre>

Generalized ⇒ ≥30% of the teeth are affected

B-Severity (GI by Loe 1967)

- -Mild: minor change in color and texture of the tissue.
- -Moderate: glazing, redness, edema, enlargement& BOP
- -Severe: clear redness, edema, bleeding when touched rather than probed.

1)Drug influenced gingival enlargement:

A- Extent

Localized: involves single tooth or group of teeth enlargement

Generalized: involves the gingiva throughout the mouth

B-Severity

- -Mild: gingival papilla only
- -Moderate: gingival papilla + gingival margin
- -Severe: gingival papilla + gingival margin + attached gingiva

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A) Gingivitis associated with dental biofilm only

Dental biofilm induced gingivitis on reduced periodontium

B)Modifying factors of dental biofilm induced gingivitis

1)Systemic conditions

2)Oral factors enhancing biofilm accumulation

A-Sex steroid hormones

- 1)Puberty
- 2)Menstrual cycle
- 3)Pregnancy
- (pregnancy associated pyogenic granuloma)
- 4)Oral contraceptives
- **B-Hyperglycemia**
- C-Leukemia
- **D-Smoking**
- **E-Malnutrition**

A-Prominent subgingival restoration margins

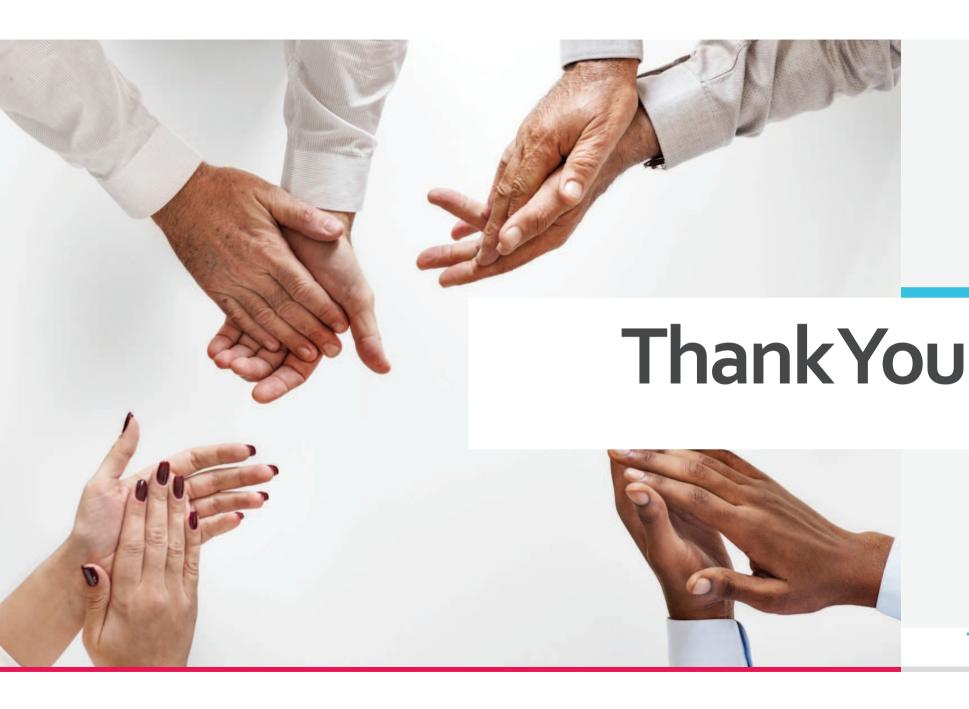
B-Hyposalivation

C)Drug influenced gingival enlargement

- Antiepileptic drugs (phenytoin, sodium valproate)
- Calcium channel– blocking drugs (nifedipine,verapamil, diltiazem, amlodipine, felodipine)
- Immunoregulating drugs (cyclosporine)
- High-dose oral contraceptives

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