



CÁTEDRA EXTRAORDINARIA

DENTAID

EN INVESTIGACIÓN
PERIODONTAL

formación continua



CASOS CLÍNICOS E.T.E.P.

La nueva clasificación de las enfermedades periodontales y periimplantarias



Periodontitis Estadío II, Grado A
Paula Matesanz y el Grupo de Investigación ETEP



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Grupo de Investigación ETEP (Etiología y Terapéutica de las Enfermedades Periodontales)
ETEP Research Group (Etiology and Therapy of Periodontal Diseases)

- ✓ Hombre
- ✓ 48 años
- ✓ Policía

Motivo de consulta

“Le han dicho en un dentista que va a perder sus dientes”

Refiere

Recesión de encías, movilidad dentaria y sangrado al cepillado.

Historia médica

- Sin enfermedades sistémicas relevantes
- Sin medicaciones relevantes
- Sin antecedentes familiares
- No fumador

Historia dental

- Tratamiento periodontal previo (hace 2 meses), con profilaxis "profunda" de toda la boca
- Acudió a la primera visita de mantenimiento a los 3 meses, aunque posteriormente dejó de ir

Técnicas de higiene bucodental

- Higiene bucal correcta. No cumple adecuadamente con todas las instrucciones de higiene interdental
- No utiliza técnicas de higiene interdental

- **Cabeza y cuello**

No presentan asimetrías, ni anormalidades

- **ATM**

Inspección de ATM normal

- **Labios**

Inspección de los labios normal

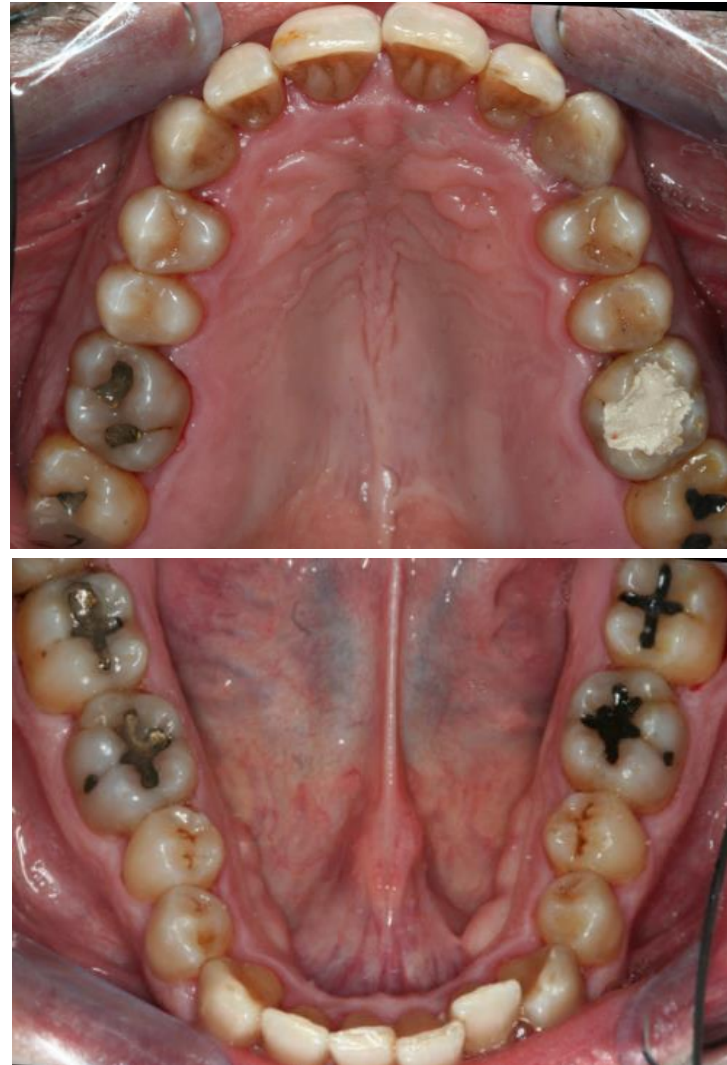
- **Mucosas**

No se aprecian alteraciones de color o consistencia en membranas mucosas

- **Lengua**

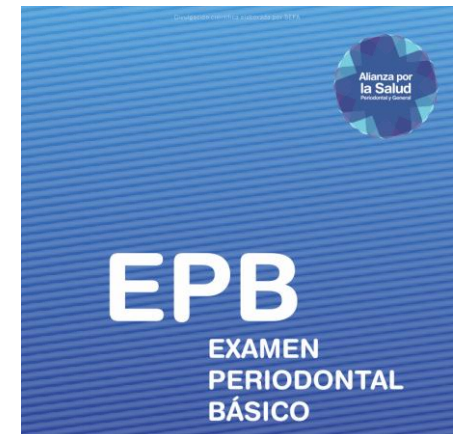
Exploración de la lengua es normal

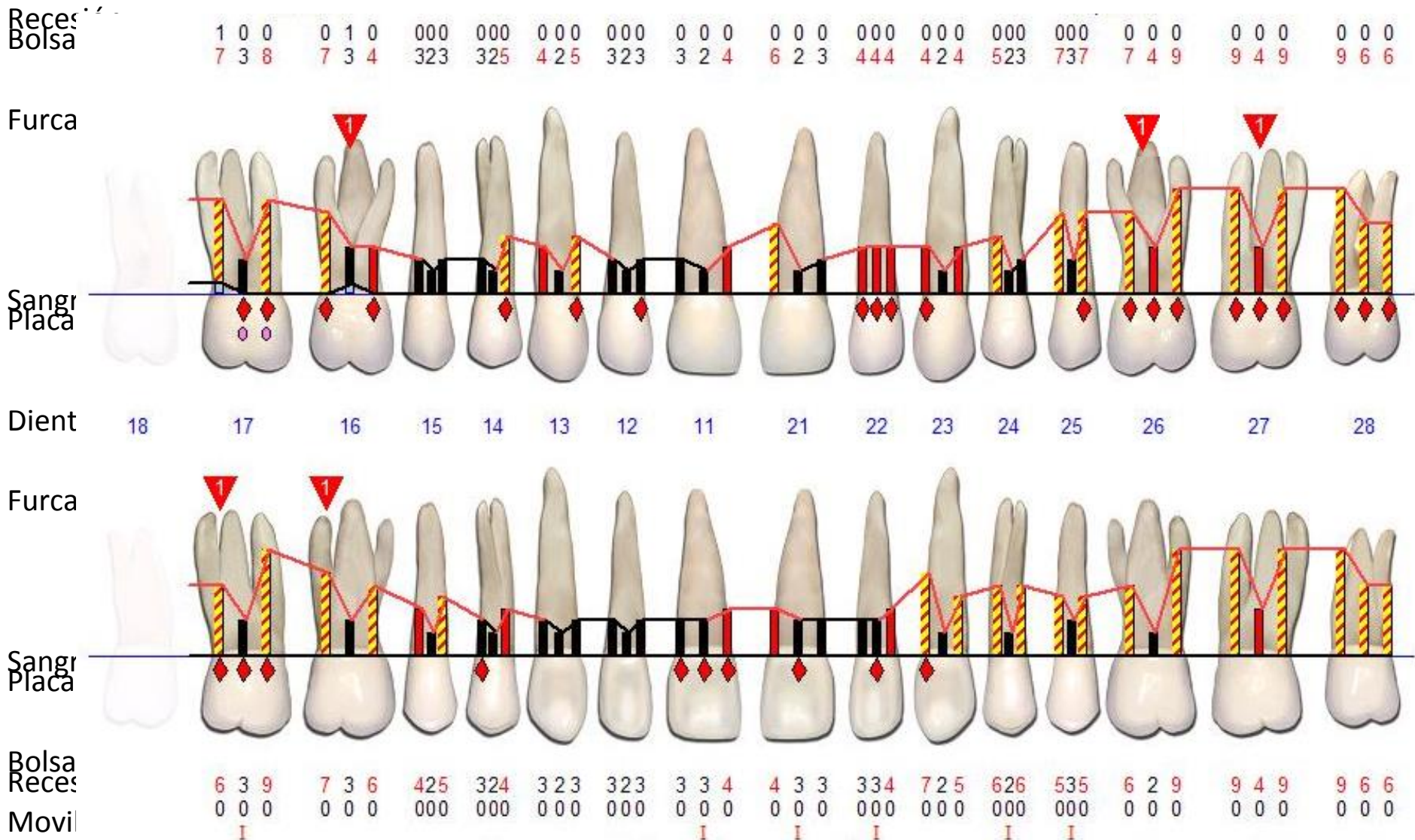


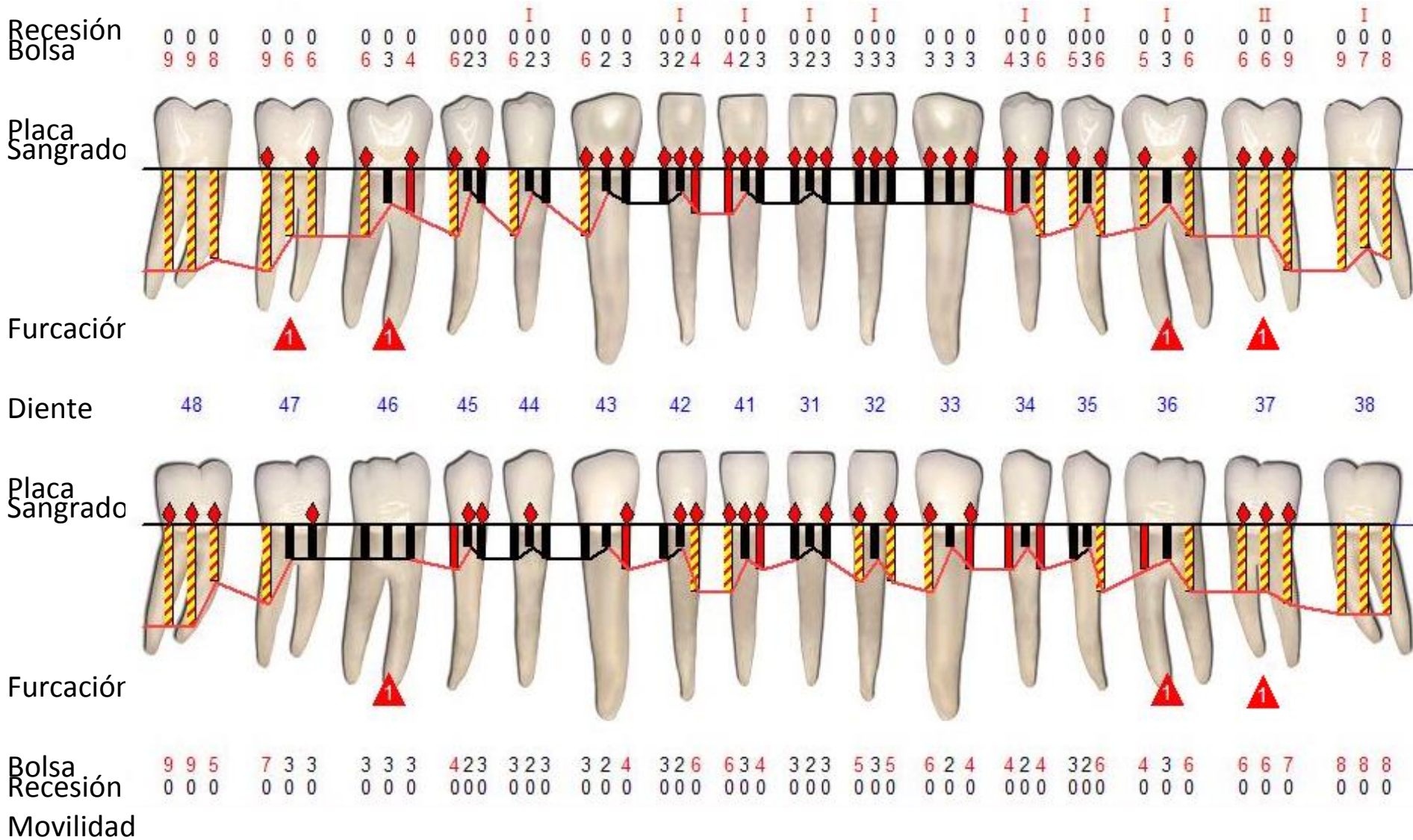


- ✓ El paciente presenta integridad de arcada
- ✓ No presenta acumulación importante de placa dental y cálculo
- ✓ El aspecto de las mucosas es normal
- ✓ Vitalidad positiva en todos sus dientes excepto en el 26, que está endodonciado y tiene imagen periapical

4*	3	4*
4*	3	4*
EXAMEN PERIODONTAL BÁSICO		

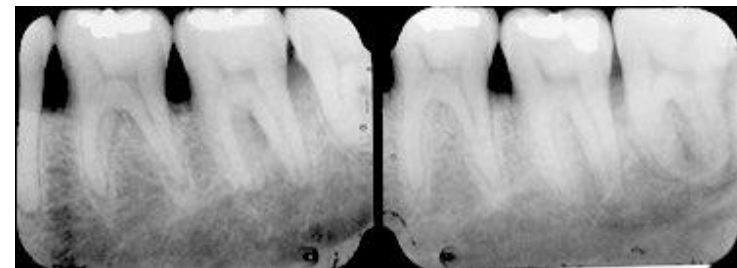
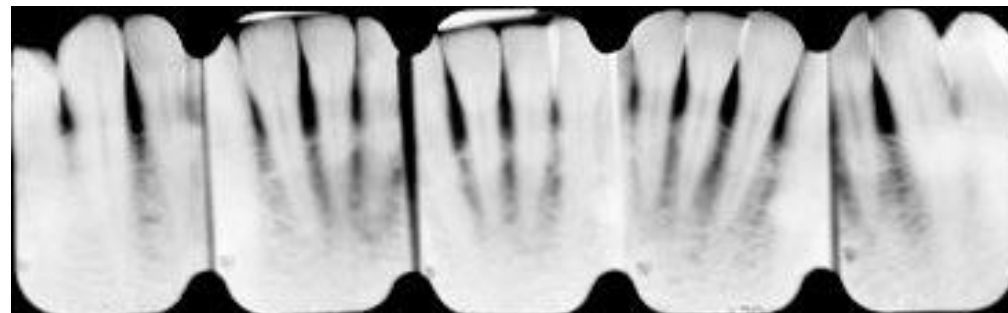
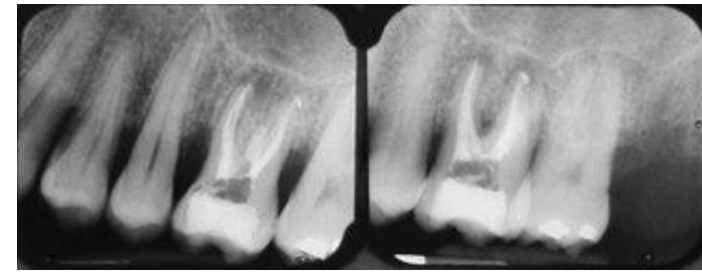












- *Porphyromonas gingivalis*: 2.41%
- *Prevotella intermedia*: 18.7%
- *Fusobacterium nucleatum*: 1%
- *Tannerella forsythia*: 7.06%

TOTAL: 6×10^6 unidades formadoras de colonia/ml

- I. Gingival Diseases
 - A. Dental plaque-induced gingival diseases*
 1. Gingivitis associated with dental plaque only
 - a. without other local contributing factors
 - b. with local contributing factors (See VIII A)
 2. Gingival diseases modified by systemic factors
 - a. associated with the endocrine system
 - 1) puberty-associated gingivitis
 - 2) menstrual cycle-associated gingivitis
 - 3) pregnancy-associated
 - a) gingivitis
 - b) pyogenic granuloma
 - 4) diabetes mellitus-associated gingivitis
 - b. associated with blood dyscrasias
 - 1) leukemia-associated gingivitis
 - 2) other
 3. Gingival diseases modified by medications
 - a. drug-influenced gingival diseases
 - 1) drug-influenced gingival enlargements
 - 2) drug-influenced gingivitis
 - a) oral contraceptive-associated gingivitis
 - b) other
 4. Gingival diseases modified by malnutrition
 - a. ascorbic acid-deficiency gingivitis
 - b. other
 - B. Non-plaque-induced gingival lesions
 1. Gingival diseases of specific bacterial origin
 - a. *Neisseria gonorrhoea*-associated lesions
 - b. *Treponema pallidum*-associated lesions
 - c. streptococcal species-associated lesions
 - d. other
 2. Gingival diseases of viral origin
 - a. herpesvirus infections
 - 1) primary herpetic gingivostomatitis
 - 2) recurrent oral herpes
 - 3) varicella-zoster infections
 - b. other
 3. Gingival diseases of fungal origin
 - a. *Candida*-species infections
 - 1) generalized gingival candidosis
 - b. linear gingival erythema
 - c. histoplasmosis
 - d. other
 4. Gingival lesions of genetic origin
 - a. hereditary gingival fibromatosis
 - b. other
 5. Gingival manifestations of systemic conditions
 - a. mucocutaneous disorders
 - 1) lichen planus
 - 2) pemphigoid
 - 3) pemphigus vulgaris
 - 4) erythema multiforme
 - 5) lupus erythematosus
 - 6) drug-induced
 - 7) other
 - b. allergic reactions
 - 1) dental restorative materials
 - a) mercury
 - b) nickel
 - c) acrylic
 - d) other
 - 2) reactions attributable to
 - a) toothpastes/dentifrices
 - b) mouthrinses/mouthwashes
 - c) chewing gum additives
 - d) foods and additives
 - 3) other
 6. Traumatic lesions (factitious, iatrogenic, accidental)
 - a. chemical injury
 - b. physical injury
 - c. thermal injury
 7. Foreign body reactions
 8. Not otherwise specified (NOS)

Figure 1.

Classification of periodontal diseases and conditions.

* Can occur on a periodontium with no attachment loss or on a periodontium with attachment loss that is not progressing.

- II. Chronic Periodontitis[†]
 - A. Localized
 - B. Generalized
- III. Aggressive Periodontitis[†]
 - A. Localized
 - B. Generalized
- IV. Periodontitis as a Manifestation of Systemic Diseases
 - A. Associated with hematological disorders
 - 1. Acquired neutropenia
 - 2. Leukemias
 - 3. Other
 - B. Associated with genetic disorders
 - 1. Familial and cyclic neutropenia
 - 2. Down syndrome
 - 3. Leukocyte adhesion deficiency syndromes
 - 4. Papillon-Lefèvre syndrome
 - 5. Chediak-Higashi syndrome
 - 6. Histiocytosis syndromes
 - 7. Glycogen storage disease
 - 8. Infantile genetic agranulocytosis
 - 9. Cohen syndrome
 - 10. Ehlers-Danlos syndrome (Types IV and VIII)
 - 11. Hypophosphatasia
 - 12. Other
 - C. Not otherwise specified (NOS)
- V. Necrotizing Periodontal Diseases
 - A. Necrotizing ulcerative gingivitis (NUG)
 - B. Necrotizing ulcerative periodontitis (NUP)
- VI. Abscesses of the Periodontium
 - A. Gingival abscess
 - B. Periodontal abscess
 - C. Pericoronal abscess
- VII. Periodontitis Associated With Endodontic Lesions
 - A. Combined periodontic-endodontic lesions
- VIII. Developmental or Acquired Deformities and Conditions
 - A. Localized tooth-related factors that modify or predispose to plaque-induced gingival diseases/periodontitis
 - 1. Tooth anatomic factors
 - 2. Dental restorations/appliances
 - 3. Root fractures
 - 4. Cervical root resorption and cemental tears
 - B. Mucogingival deformities and conditions around teeth
 - 1. Gingival/soft tissue recession
 - a. facial or lingual surfaces
 - b. interproximal (papillary)
 - 2. Lack of keratinized gingiva
 - 3. Decreased vestibular depth
 - 4. Aberrant frenum/muscle position
 - 5. Gingival excess
 - a. pseudopocket
 - b. inconsistent gingival margin
 - c. excessive gingival display
 - d. gingival enlargement (See I.A.3. and I.B.4.)
 - 6. Abnormal color
 - C. Mucogingival deformities and conditions on edentulous ridges
 - 1. Vertical and/or horizontal ridge deficiency
 - 2. Lack of gingiva/keratinized tissue
 - 3. Gingival/soft tissue enlargement
 - 4. Aberrant frenum/muscle position
 - 5. Decreased vestibular depth
 - 6. Abnormal color
 - D. Occlusal trauma
 - 1. Primary occlusal trauma
 - 2. Secondary occlusal trauma

Figure 1. (Continued)

[†] Can be further classified on the basis of extent and severity. As a general guide, extent can be characterized as Localized = ≤30% of sites involved and Generalized = >30% of sites involved. Severity can be characterized on the basis of the amount of clinical attachment loss (CAL) as follows: Slight = 1 or 2 mm CAL, Moderate = 3 or 4 mm CAL, and Severe = ≥5 mm CAL.

- ✓ La lesión corresponde al apartado II, Periodontitis Crónica
- ✓ En lo relativo a la extensión y severidad podría añadirse que es generalizada moderada

- II. Chronic Periodontitis[†]
 - A. Localized
 - B. Generalized

CLASSIFICATION OF PERIODONTAL AND PERI-IMPLANT DISEASES AND CONDITIONS 2017

Periodontal Diseases and Conditions

Periodontal Health, Gingival Diseases and Conditions			Periodontitis			Other Conditions Affecting the Periodontium				
Chapple, Mealey, et al. 2018 Consensus Rept link			Papapanou, Sanz et al. 2018 Consensus Rept link			Jepsen, Caton et al. 2018 Consensus Rept link				
Trombelli et al. 2018 Case Definitions link			Tonetti, Greenwell, Kornman. 2018 Case Definitions 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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Caton J, Armitage G, Berglundh T, Chapple ILC, Jepsen S, Kornman K, Mealey B, Papapanou PN, Sanz M, Tonetti M. (2018) A new classification scheme for periodontal and peri-implant diseases and conditions - Introduction and key changes from the 1999 classification. J Clin Periodontol, 45 Suppl. 20, S1-S8.

- ✓ La situación clínica del paciente corresponde puede incluirse dentro del apartado de Periodontitis
- ✓ En la exploración del caso queda patente la pérdida de inserción, y se confirma la pérdida de hueso interdental en las radiografías. Existe, asimismo, una considerable proporción de localizaciones con sangrado al sondaje.

TABLE 1A Classification of periodontitis based on stages defined by severity (according to the level of interdental clinical attachment loss, radiographic bone loss and tooth loss), complexity and extent and distribution

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 mid-third of root and beyond	Extending to mid-third of root and beyond
	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)
		For each stage, describe extent as localized (<30% of teeth involved), generalized, or molar/incisor pattern			
Extent and distribution	Add to stage as descriptor	For each stage, describe extent as localized (<30% of teeth involved), generalized, or molar/incisor pattern			

Papapanou PN, Sanz M, Buduneli N, Dietrich T, Feres M, Fine DH, Flemmig TF, Garcia R, Giannobile WV, Graziani F, Greenwell H, Herrera D, Kao RT, Kerschull M, Kinane DF, Kirkwood KL, Kocher T, Kornman KS, Kumar PS, Loos BG, Machtei E, Meng H, Mombelli A, Needleman I, Offenbacher S, Seymour GJ, Teles R, Tonetti MS. (2018). Periodontitis: Consensus report of workgroup 2 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions. *J Clin Periodontol*, 45 Suppl 20, S162-S170.

TABLE 1B Classification of periodontitis based on grades that reflect biologic features of the disease including evidence of, or risk for, rapid progression, anticipated treatment response, and effects on systemic health

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

Papapanou PN, Sanz M, Buduneli N, Dietrich T, Feres M, Fine DH, Flemmig TF, Garcia R, Giannobile WV, Graziani F, Greenwell H, Herrera D, Kao RT, Kebschull M, Kinane DF, Kirkwood KL, Kocher T, Kornman KS, Kumar PS, Loos BG, Machtei E, Meng H, Mombelli A, Needleman I, Offenbacher S, Seymour GJ, Teles R, Tonetti MS. (2018). Periodontitis: Consensus report of workgroup 2 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions. *J Clin Periodontol*, 45 Suppl 20, S162-S170.

- ✓ Dada la pérdida ósea alrededor del 30%, el caso se considera Periodontitis Estadío II generalizado. Por otra parte, el paciente no ha perdido ningún diente como consecuencia de la periodontitis, lo que ayuda a definir la severidad del caso
- ✓ Por la profundidad de las bolsas podría haber duda entre los estadios II y III, sin embargo la pérdida ósea constataba en la radiografía, así como el patrón de pérdida ósea inclinan el diagnóstico hacia un estadio II
- ✓ Por otro lado, las furcas grado II son características del estadio II

- ✓ Para definir el grado, en este caso no se cuenta con registros que permitan valorar la evolución directamente, pero por el resto de descriptores se infiere que la tasa de progresión es baja y, por tanto, se definiría como un grado A
- ✓ Los depósitos de biofilm no son abundantes, lo que puede confundir en el análisis de la progresión, pero el paciente había recibido un tratamiento periodontal recientemente



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