

PRIOR PERIODONTAL CLASSIFICATION SYSTEMS

1977

- I. Juvenile Periodontitis
- II. Chronic Marginal Periodontitis

1986

- I. Juvenile Periodontitis
 - A. Prepubertal
 - B. Juvenile Localized and Generalized
- II. Adult Periodontitis
- III. Necrotizing Ulcerative Periodontitis
- IV. Refractory Periodontitis

1989

- I. Early Onset Periodontitis
 - A. Prepubertal
 - B. Juvenile
 - C. Rapidly Progressing
- II. Adult Periodontitis
- III. Necrotizing Ulcerative Periodontitis
- IV. Refractory Periodontitis
- V. Periodontitis Associated with Systemic Disease

1999

- I. Gingival Diseases
- II. Chronic Periodontitis
- III. Aggressive Periodontitis
- IV. Periodontitis as a Manifestation of Systemic Disease
- V. Necrotizing Periodontitis and Gingivitis
- VI. Abscesses of the Periodontium
- VII. Periodontitis Associated with Endodontic Lesions
- VIII. Developmental or Acquired Deformities and Conditions

WHAT IS PERIODONTITIS

Recently, the American Academy of Periodontology published its newest classification of Periodontal and Peri-Implant Diseases and Conditions. This is based on a World Workshop on the subject held in 2017, that only now has been prepared for distribution to the dental community.

The first classification system originated in 1977, and had only 2 main classifications: Juvenile Periodontitis, and Chronic Marginal Periodontitis. Surprisingly simple.

There have been 4 updates to that classification in 1986, 1989, 1999, and now in 2017, all aimed at better delineating the disease patterns we see based on the most current research available, which should guide us in providing the best care available.

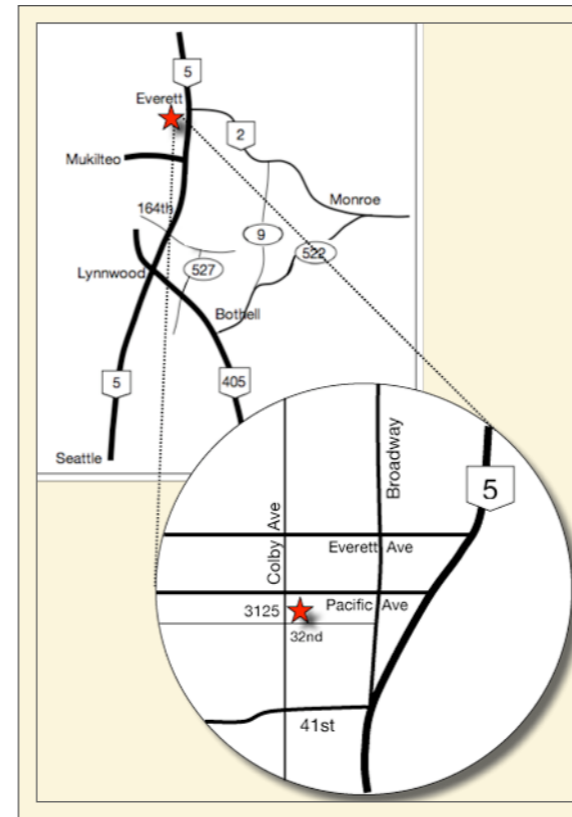
The biggest updates have been in our understanding that periodontitis is not just a bacterial infection. It is complicated by the systemic response of the host to those bacteria, and further modified by external factors such as smoking or stress.

This issue of ProbeTips will review the latest classification system from the American Academy of Periodontology which was developed with the European Federation of Periodontology in order to provide a global perspective on the diagnosis and treatment of periodontitis.

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Pamela A Nicoara DDS MSD PLLC

PERIODONTOLOGY IMPLANTOLOGY ORAL MEDICINE



3125 Colby Avenue, Suite H
Everett WA 98201
T: 425-374-5380 F: 425-374-5382

www.NICOARaperio.com
doctor@NICOARaperio.com

PROBE TIPS

A QUARTERLY PERIODONTAL
NEWSLETTER

BY PAMELA NICOARA DDS MSD

The Periodontal Classification Continuum



VOLUME 11, No. 4

FEBRUARY 2019

Classification of Periodontal and Peri-Implant Diseases and Conditions 2017

GENERAL CONSIDERATIONS

The full classification system is listed below, broken down into Periodontal and Peri-Implant conditions. Periodontitis is a type of Periodontal Disease, and will be expounded upon in the adjacent panels.

I. Periodontal Diseases and Conditions

A. Periodontal Health, Gingival Diseases and Conditions

1. Periodontal and Gingival Health
2. Gingivitis: Dental Biofilm induced
3. Gingival Disease: Non-dental Biofilm induced

B. Periodontitis

1. Necrotizing Periodontal Disease
2. **Periodontitis**
3. Periodontitis as a Manifestation of Systemic Disease

C. Other Conditions Affecting the Periodontium

1. Systemic Diseases or Conditions Affecting the Periodontal Supporting Tissues
2. Periodontal Abscesses and Endo-Perio Lesions
3. Mucogingival Deformities and Conditions
4. Traumatic Occlusal Forces
5. Tooth and Prosthesis Related Factors

II. Peri-Implant Diseases and Conditions

- A. Peri-Implant Health
- B. Peri-Implant Mucositis
- C. Peri-Implantitis
- D. Peri-Implant Soft and Hard Tissue Deficiencies

PERIODONTITIS STAGE AND GRADE

In the last classification system, periodontitis was either CHRONIC or AGGRESSIVE. These terms are no longer a part of the new classification, and have been replaced by attributing a STAGE and GRADE to the periodontal status.

STAGING: describes the Severity of disease.

- I. Initial Periodontitis
- II. Moderate Periodontitis
- III. Severe Periodontitis with potential for additional tooth loss
- IV. Advanced Periodontitis with extensive tooth loss and potential for loss of dentition.

Severity of disease is determined by **Clinical Attachment Loss (CAL)** interdentially, **Radiographic Bone Loss (RBL)**, Amount of **Tooth Loss**, and **Probing Depths**. For the general practitioner, probing depth and tooth loss are the easiest parameters to evaluate. The chart below better defines the parameters:

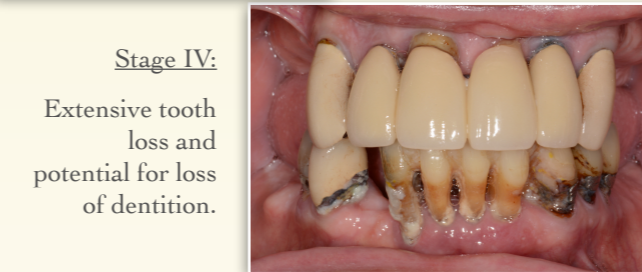
- I. <4mm probing, 1/3 bone loss; no tooth loss
- II. <5mm probing, >1/3 bone loss; no tooth loss
- III. >6mm probing, 50% bone loss, and furcation involvement; <4 teeth lost.
- IV. >6mm probing depth, furcations, >50% bone loss, bite collapse, flaring teeth; >5 teeth lost.

Complexity of disease management is also pertinent, such that the more difficult the management in terms of tooth replacement or occlusal relationships, the higher the stage of disease. **Extent** can also be characterized as local (<30% of teeth affected), generalized, or molar/incisor pattern.

Some examples of staging are shown below:



Stage I:
Initial
Periodontitis



Stage IV:
Extensive tooth
loss and
potential for loss
of dentition.

GRADING: describes Risk of progression.

- A. Low Risk
- B. Moderate Risk
- C. High Risk

Grading provides expected rate of progression of periodontal disease based on past history of disease. With **radiographs over time**, one can determine high rates of bone loss in a short period of time (high risk), or lesser bone loss over a longer period of time (low risk). In the absence of past history, then indirect evidence can be used for grading in terms of **plaque biofilm amount**. The lesser the amount of biofilm and the higher the amount of destruction, then higher the grade for risk of continued progression of disease at a rapid rate. **Smoking** and **uncontrolled diabetes** increase your risk for disease destruction and progression, as does high systemic inflammatory burden in the form of **high C-reactive protein** levels in the blood.

Some examples of grading are shown below:



Grade A:
Low Risk 40-
year-old never
been to dentist



Grade C:
High Risk youth
with no plaque
and significant
bone loss

DENTAL INSURANCE CONSIDERATIONS

So how does this translate to the Periodontal Case Type I-IV that we use for Insurance purposes? The probing depths for each Insurance Case Type are similar enough to the new Stages, that you can continue to make the same classification until the insurance companies request otherwise.

REFERENCES

- J Perio* Tonetti et al. 2018.
J Can Dent Assoc. Wiebe et al. 2000.

All cases are patients of Dr. Pamela Nicoara unless otherwise stated.

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