

# KIN INTERNATIONAL AWARDS

2<sup>ND</sup> INTERNATIONAL COMPETITION OF CLINICAL CASES IN PERIODONTOLOGY AND SURGERY

## Basic and surgical periodontal therapy in a young patient with generalized periodontitis. Stage II, grade A

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## Abstract

Correct management of soft and hard tissues from the beginning of the treatment plan ensures long-term stability. It allows other specialists such as orthodontists to correct malocclusion and create interdental spaces that are easy for the patient to clean.

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## Introduction

This is a multidisciplinary ortho-perio case in which basic periodontal treatment, resective surgery of the 2nd sextant and periodontal maintenance every 4 - 6 months during orthodontic treatment with self-ligating brackets were performed.

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## Anamnesis

A 27-year-old non-smoker with no clinical history of interest. Clinical examination revealed pseudo-pockets, high probing depths, large plaque deposits and generalised bleeding on probing. She does not use interdental hygiene techniques and aesthetically we can see how the gingival margin is blurred due to inflammation. The reason for the consultation is bleeding gums and to correct the malocclusion.



Initial photo

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## Treatment plan

- Basic periodontal treatment (periodontal study, microbiological study, scaling and root planing using FMD, personalised hygiene techniques).
- Exodontia of 18, 28
- Re-evaluation after 6 weeks
- Resective surgery 2nd sextant to harmonise margins and eliminate the volume of papillae generated by granulation tissue.
- Orthodontic study and treatment with self-ligating brackets for 18 months
- Periodontal maintenance every 4 months during orthodontic treatment and every 6 months at the end of orthodontic treatment.

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## Carrying out the treatment

Surgery of the 2nd sextant consisted of removal of residual periodontal pockets by means of a buckle design, flap elevation, removal of all granulation tissue and osteoplasty. The suture was dentoanchored with supramid 50.

During the post RAR phase and after surgery, we established guidelines with ultrasoft brushes, interdental brushes adapted to each space and the use of cold gel with hyaluronic acid 1% and chlorhexidine 0.2% twice a day for the first few weeks.



Disinflammation after RAR



Suture removal after resective surgery



Orthodontic cementing

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## Follow up

The patient underwent periodontal follow-up throughout the orthodontic treatment and periodontograms were carried out without finding pathological probing depths. After finishing the treatment and during the following 2 years, he continued to attend his periodontal check-ups where we have been able to see how the tissue remains stable over time.

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## Conclusion

Any treatment by orthodontic, prosthodontic, conservative or surgical specialists should be performed on a stable, deflated periodontium and provided that the patient has been instructed in correct hygiene techniques.