1. Indication profile

- **Periodontal regeneration in an aesthetic area**
- **Severe generalized periodontitis**
- **Severe generalized gingival inflammation and large deposits of plaque**
- **Deep (10 mm) and wide 1-wall intrabony defect**
- **Primary wound closure possible**
- **Recession**
- **Impaired, missing papillae**
- **Primary wound closure not possible**
- **Thin biotype**
- **No bone defect present**
- **No recession**
- **Uneventful**

Further examination

Further periodontal examination

- Full mouth plaque score: 99%
- Full mouth bleeding score: 100%

### Literature references


### Suppliers

- Blades: Swann-Morton #5T, Swann-Morton LTD, Sheffield, England and Micro USM 6900, Sable Industries, Vista CA, USA
- Sutures: Gore-tex CV-6 P6K23A needle RT – 13 and CV-7 P7K13A needle RT – 11, W.L. Gore & Ass, Flagstaff AZ, USA
- Blades: Swann-Morton #15, Swann-Morton LTD, Sheffield, England and Micro USM 6900, Sable Industries, Vista CA, USA
2. Aims of the therapy

Aims of periodontal regeneration tooth 11: At re-evaluation, tooth 11 presented with residual pockets of 11 mm at the mesial side, 9 mm at the palatal side, and 7 mm at the distal side, associated with a deep and wide intrabony defect. Soft tissues were well preserved and represented by a consistent amount of thick attached gingiva. Periodontal regeneration was planned to reduce probing depth by increasing bone and attachment in order to avoid gingival recession and to reduce tooth hypermobility. Overall aims, therefore, were resolution of pockets, aesthetic preservation and function improvements.

3. Surgical procedure

Initial treatment plan: Cause related periodontal therapy, including motivation and instructions for home care, professional supra-gingival debridement and sub-gingival root planing. Re-evaluation for potential additional therapy.

Treatment objectives: Gain periodontal health, preserve teeth, improve function and aesthetics.

Re-evaluation 1 month after completion of cause-related therapy the patient reported the complete resolution of bad breath, resolution of inflammation and purulence, resolution of pain, lower mobility associated to tooth 11. Tooth 11 appeared also slightly repositioned with respect to baseline migration. Full mouth plaque score: 17%. Full mouth bleeding score: 10%. Presenting now with 13 sites with residual probing depth ≥5 mm. Residual pockets were associated to teeth 16-17 and tooth 11. Radiographic examination showed the presence of a deep intrabony defect associated with tooth 11.

Surgical treatment plan: Flap surgery teeth 16-17; periodontal regeneration tooth 11.
2. Aims of the therapy

- Aims of periodontal regeneration tooth 11: At re-evaluation, tooth 11 presented with residual pockets of 11 mm at the mesial side, 9 mm at the palatal side, and 7 mm at the distal side, associated with a deep and wide intrabony defect. Soft tissues were well preserved and represented by a consistent amount of thick attached gingiva. Periodontal regeneration was planned to reduce probing depth by increasing bone and attachment in order to avoid gingival recession and to reduce tooth hypermobility. Overall aims, therefore, were resolution of pockets, aesthetic preservation and function improvements.1,2,3,4,5

3. Surgical procedure

- Surgical treatment plan: Flap surgery teeth 16-17; periodontal regeneration tooth 11.
Indication Sheet PDR-1

Periodontal Regeneration

1. Indication profile

- Periodontal regeneration in an aesthetic area
- Severe generalized periodontitis
- Severe generalized gingival inflammation and large deposits of plaque
- Deep (10 mm) and wide interdental defect

Further periodontal examination

<table>
<thead>
<tr>
<th>Region</th>
<th>Soft tissue situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>aesthetic region</td>
<td>non-aesthetic region</td>
</tr>
<tr>
<td>single tooth gap</td>
<td>multiple tooth gap</td>
</tr>
<tr>
<td>bone defect present</td>
<td>no bone defect present</td>
</tr>
<tr>
<td>recession</td>
<td>no recession</td>
</tr>
<tr>
<td>infected</td>
<td>thin biotype</td>
</tr>
<tr>
<td>inflamed</td>
<td>primary wound closure possible</td>
</tr>
<tr>
<td>intact papillae</td>
<td>primary wound closure not possible</td>
</tr>
<tr>
<td>adequate keratinised mucosa</td>
<td>inadequate keratinised mucosa</td>
</tr>
<tr>
<td></td>
<td>full mouth plaque score: 99%</td>
</tr>
<tr>
<td></td>
<td>full mouth bleeding score: 100%</td>
</tr>
</tbody>
</table>

Treatment concept of Dr. Pierpaolo Cortellini, Florence, Italy

- Severe generalized periodontitis
- Periodontal regeneration in an aesthetic area
- Adequate keratinised mucosa
- Early re-entry possible
- Inadequate keratinised mucosa
- Full mouth bleeding score: 100%
- Bone defect present

Further reading


Suppliers

- Blades: Swann-Morton 6T, Swann Morton LTD, Sheffield, England and Micro USM 6900, Sable Industries, Vista CA, USA
- Sutures: Gore-tex CV-6 P6K23A needle RT – 13 and CV-7 P7K13A needle RT – 11, W.L. Gore & Ass, Flagstaff AZ, USA
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- Sutures: Gore-tex CV-6 P6K23A needle RT – 13 and CV-7 P7K13A needle RT – 11, W.L. Gore & Ass, Flagstaff AZ, USA

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