

DRS. CACCHILLO, DANIEL & STANGER

✿ PROBING THE PRACTICE ✿



A NOTE FROM THE DOCTORS

Summer is finally here! We hope you all have been doing well and have had a chance to enjoy some relaxing sunny days! We have had quite a few dental professionals reach out to us asking what the referral protocol should be for periodontal patients. When should they be referred to us? Why do we complete SRP if it has already been completed? Should they be referred before any SRP is started? These are all great questions, and the answers can vary depending on the patients needs, your office preferences and the patients preference as well. This article answers many of these questions and we hope you find it useful in navigating the best route for periodontal treatment for your patients.

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FREE CE CREDIT: PERIODONTAL DIAGNOSIS: WHEN SHOULD YOU REFER TO A PERIODONTIST?

Periodontal Diagnosis: A new classification, but similar treatment planning

In 2018 there was a new periodontal classification published. This breaks down periodontitis into stages and grades. The stage and grade are determined by a full examination of the patient, including radiographic bone loss, teeth lost to periodontitis, systemic health, and smoking habits. The increases in stages correlate to the previous classification (mild, moderate, severe) while getting rid of the previous distinction between “chronic” and “aggressive”. This is because we treat the patient similarly based on their severity. So think of Stage I and II to be mild to moderate, Stage III being severe, and Stage IV being severe with additional complexity. The grading indicates how fast this is progressing (ie. A 30 year old patient with 40% bone loss is progressive faster than a 60 year old with 40% bone loss, thus the 30 year old has a more severe grade). See the below chart for all factors included in staging and grading.

In your office, both the doctor and hygiene staff may feel comfortable diagnosing and performing initial therapy with scaling and root planing (SRP). If not, upon finding probe depths of 5mm or more, it is recommended to refer to a periodontist for SRP and follow up treatment. Approximately 4-6 weeks after the SRP, we will bring the patient back for a re-evaluation. At that time, if 5mm or greater pockets are present, we are likely to recommend surgical treatment. The surgical treatment will vary depending on both patient information and the characteristics of the soft tissue and bone. If you perform the SRP in your office, we recommend referring the patient if they have 5mm or greater pockets still present at the re-evaluation appointment. More extreme cases with complexity including vertical bone loss, furcation involvement, or severe ridge defects (these are stage III and stage IV patients) should be referred to a periodontist initially for comprehensive treatment.

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity	Interdental CAL <i>(at site of greatest loss)</i>	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
	RBL	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	Tooth loss <i>(due to periodontitis)</i>	No tooth loss		≤4 teeth	≥5 teeth
Complexity	Local	<ul style="list-style-type: none"> Max. probing depth ≤4 mm Mostly horizontal bone loss 	<ul style="list-style-type: none"> Max. probing depth ≤5 mm Mostly horizontal bone loss 	In addition to Stage II complexity: <ul style="list-style-type: none"> Probing depths ≥6 mm Vertical bone loss ≥3 mm Furcation involvement Class II or III Moderate ridge defects 	In addition to Stage III complexity: <ul style="list-style-type: none"> Need for complex rehabilitation due to: <ul style="list-style-type: none"> Masticatory dysfunction Secondary occlusal trauma (tooth mobility degree ≥2) Severe ridge defects Bite collapse, drifting, flaring < 20 remaining teeth (10 opposing pairs)
Extent and distribution	Add to stage as descriptor	For each stage, describe extent as: <ul style="list-style-type: none"> Localized (<30% of teeth involved); Generalized; or Molar/incisor pattern 			

	Progression		Grade A: Slow rate	Grade B: Moderate rate	Grade C: Rapid rate
Primary criteria <i>Whenever available, direct evidence should be used.</i>	Direct evidence of progression	Radiographic bone loss or CAL	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 expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
Grade modifiers	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

Case 1

Patient is a 68 year old female who presents with generalized pocketing ranging from 5-9mm with bleeding upon probing. All molar teeth have class I-II furcation involvement. Patient is a non-smoker without any medical conditions. She has not been to the dentist in approximately 7-10 years. Assume the included radiograph is consistent with the rest of the mouth.

Diagnosis: Stage IV, Grade B

This patient should be referred to a periodontist to assess which teeth need to be extracted and which can be managed via surgical treatment.

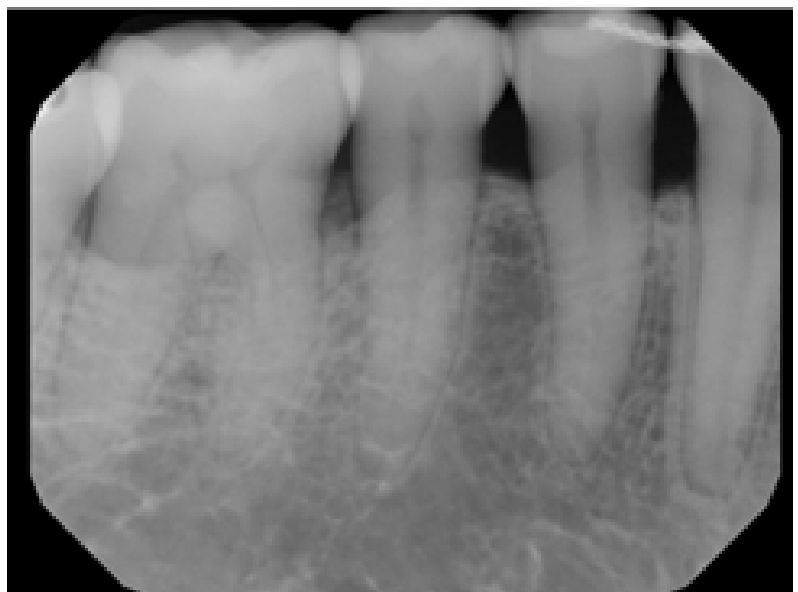


Case 2

Patient is a 35 year old male who presents with 5mm pockets isolated to all posterior teeth. Class I furcation involvement is present on mandibular molars. Patient is a 2 pack a day smoker. Assume the included radiograph is consistent with the rest of the mouth.

Diagnosis: Stage II, Grade C

This patient's periodontal disease is likely caused by his heavy smoking. Smoking cessation and SRP should be planned, with the possibility of periodontal surgery if the pockets don't improve.



References:

Tonetti MS, Greenwell H, Kornman KS. Staging and grading of periodontitis: Framework and proposal of a new classification and case definition. J Periodontol. 2018 Jun;89 Suppl 1:S159-S172. doi: 10.1002/JPER.18-0006. Erratum in: J Periodontol. 2018

CE QUESTIONS

1. If a patient has lost 7 teeth from periodontitis, what staging would this put them in?
 - a. Stage I
 - b. Stage II
 - c. Stage III
 - d. Stage IV
2. A type 2 diabetic patient who is consistently uncontrolled with an HbA1c of 10 presents to your office. What grade will this patient fall into?
 - a. Grade A (slow progression)
 - b. Grade B (moderate progression)
 - c. Grade C (rapid progression)
3. True or false: A patient with 6mm residual pockets will need periodontal surgery to control their periodontitis.
 - a. True
 - b. False
4. After scaling and root planing, patients with pocketing greater or equal to ___ should be referred to a periodontist.
 - a. 2mm
 - b. 3mm
 - c. 4mm
 - d. 5mm



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 8/6, 10/22

Periodontal Seminar for the Dental Hygienist:
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NC4K Toy Drive
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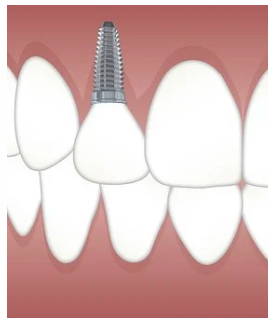
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Answer Key: 1.D 2.C 3.A 4.D



COMMUNITY SUPPORT

Reynoldsburg Helping Hands Food Drive

Dr. Cacchillo, Dr. Daniel, Dr. Stanger, and staff would like to thank each and every one of our spring seminar attendees who helped make our food drive a success!

Reynoldsburg Helping Hands Food Pantry was so excited and appreciative of all of the donations they received from our event that will help them serve our local neighbors.