

ORAL HYGIENE AND SCALING IN PREVENTION AND TREATMENT OF PERIODONTAL DISEASES

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ABSTRACT. The role of oral hygiene and scaling in the prevention and treatment of the periodontal disease is undeniable. Unfortunately, the usual practice, these issues are often overlooked. Therefore, in our study, conducted on a group of 968 patients and over a period of four years, we evaluated the effects of oral hygiene instruction and scaling, the results confirm the value postulated affirmation.

Keywords: supra- and sub-gingival scaling, Oral Hygiene, teeth polish, Chronic periodontitis

INTRODUCTION

From a practical perspective, it is important to prevent progression of marginal periodontitis, which is widely prevalent in adults than eliminate gingivitis. However, as gingivitis precedes or accompanies the destructions caused by plaque and periodontal disease is a common etiologic agent, measures that are relevant and reduce gingivitis when marginal periodontitis. On the other hand, often encounter marginal periodontitis gingival pockets containing a microflora which perpetuates disease. Bags therapy is therefore an integral part of all types of periodontal treatment is achieved by surgical or non-surgical methods according to the indication of such cases.

Non-surgical methods act not only by eliminating gingivitis lesions but also by eliminating destructive control early and advanced lesions. The optimum application of preventive measures has been the subject of an investigation of Lightner and his collaborators (1971). In a study conducted over a period of four years, they show that the scaling and polishing teeth in one sitting for 40 minutes every three months, produces a sharp decrease in gingivitis. It is not less true that the treatment carried out once a year, administered in two sessions of 40 minutes at

5-11 days, was more economical and equally effective.

Loewdal's studies and his collaborators show that the combined effect of oral hygiene instruction and scaling leads to a decrease in gingivitis. The study group included the original 1428 men and women and was followed by a period of 5 years subject to a dispensary within 3-6 months depending on the severity of the case, showed an improvement in periodontal status, limited but only the bags that did not exceed 5 mm in depth and therefore available for scaling instruments.

In our study, conducted over four years (2006-2010), I watched a group of 968 people (men and women) affected by periodontal disease, cases that did not have bags over 3 mm that we performed oral hygiene instruction and scaling together a polisage in two sessions of 40 minutes at 6 months interval.

MATERIALS AND METHODS

The study group comprises 968 patients, men and women. After the initial assessment of periodontal status, there was staining the plate and oral hygiene instruction. The first session was performed manually supragingival scaling. In the second session

one week run, was manually subgingival scaling and polishing brush teeth, gums and polishing paste. Scaling and brushing, followed by a new evaluation were repeated every six months for a period of four years.

Assessment of periodontal status initially, the intermediate and the final were made using Community Periodontal Index of Treatment Needs (CPITN), developed by the World Health Organization and the International Dental Federation (Ainamo and collaborators, 1982).

Consideration is made using a special probe; it has sections for measuring the depth and color coded with top spherical plaque detection. The score is given to each segment after the most serious situation in that segment, as follows:

- Pockets of 6 mm or deeper Code: 4
- 4 or 5 mm pockets Code: 3
- Supra and subgingival calculus Code: 2
- Bleeding on probing Code: 1
- Unaffected Code: 0

The findings were processed by computer. Statistical data obtained are presented graphically in Excel Office application.

RESULTS AND DISCUSSIONS

This initial periodontal status following percentages: code 0-2%, code 1 to 30.5% and code from 2 to 67.5%. Evolution of periodontal status after 6 months a year, year and 6 months, 2 years, 3 years and 4 years is presented in the synoptic table below:

initial	2%	30.5%	67.5%	7%
after 6 months		44.5%	48.5%	
after one year		15%	53%	32%
after one year and six months	17%	55%	28%	
after two years		20%	61%	19%
after three years		21%	63%	17%
after four years		21%	62%	18%

The situation looked pretty good batch of cases is due to intentional removal of clinical

forms of more severe chronic periodontitis. Also, we can estimate a greater care of patients with their periodontal status, and material resources explained by socio-cultural situation of patients who attend private dental offices.

Following the evolution of graphics, it has been a slow improvement, but still, the periodontal status of patients due to oral hygiene instruction, scaling and polishing and periodic. Ultimii made two years reveals an aspect of the plateau can be explained by reaching the maximum impact training of the individual.

CONCLUSIONS

Oral hygiene instruction, scaling and polishing teeth are medical acts required to maintain an optimal periodontal status.

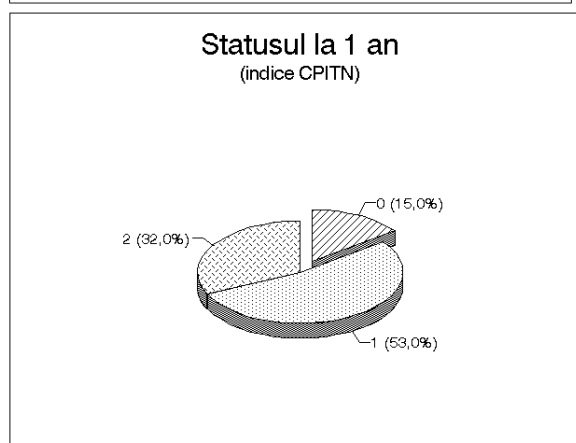
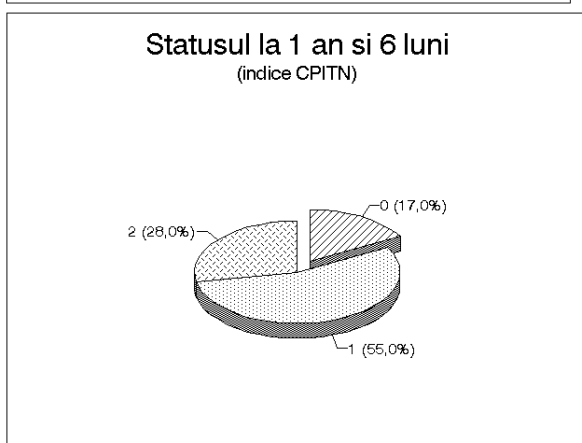
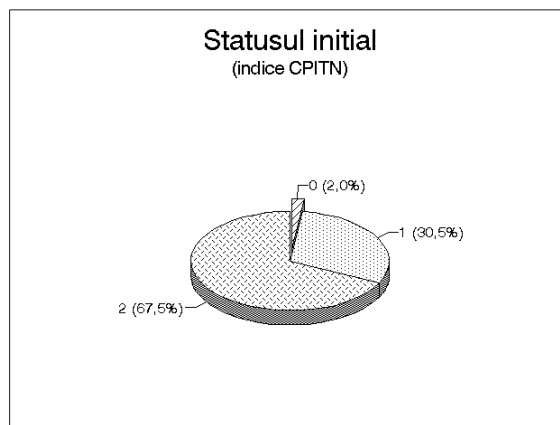
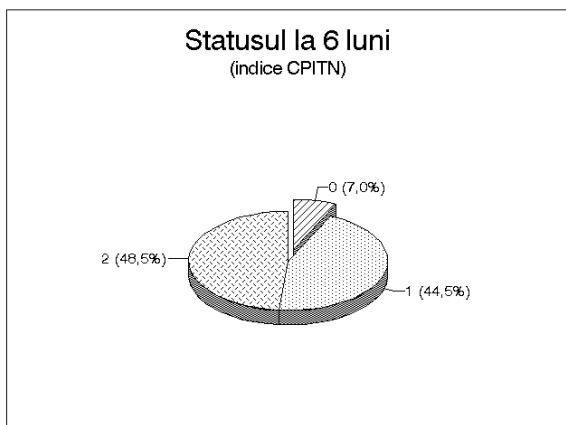
It is inadmissible attitude dentists carrying out scaling (meticulous workmanship) and more, which considers as untreatable periodontal disease.

Group selected by us, with all corrections applied, show that through proper oral hygiene and a thorough dental cleaning, periodontal disease can be cured and stopped in mild forms of development in more severe forms.

Finally, it is imperative to obtain the results expected rigor, thoroughness and accuracy with which a maneuvers mentioned above.

Given the aging population of Romania, together with caries prevention should focus efforts on prevention of periodontal disease. The effects of this disease on the dento-maxillary and thus its social costs require a conjugate campaign through audio-visual.

It is also desirable to familiarize medical practitioners with modern concepts of dental prophylaxis and treatment of periodontal disease is achieved through regular courses held in university clinics.



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