

Our Philosophy on Periodontal Disease

Periodontal disease is a new hot topic in medicine, and rightly so. We recommend that everyone receiving this should do their own search on the link between periodontal disease and coronary artery disease, cancer, and various other serious medical conditions that can decrease life expectancy and quality of life. We do not endorse any particular source of information.

Briefly, periodontal disease (with the exception on gingival recession caused by abrasion, which will be explained in another paper), is caused by the body's reaction to the bacteria that live in the mouth. These bacteria cause chronic inflammation, which is believed to be the causal link between periodontal disease and the other health problems listed above. Essentially, the body's attempt to combat this chronic inflammation overworks the immune system, which leads to a cascade of events that can harm us.

Periodontal disease is detected and measured by periodontal probing. Probing depths of 3 mm or less are considered normal. Probing depths of 4 mm or greater, with bleeding on probing, are considered abnormal and are defined as periodontitis, or periodontal disease. The greater the probing depths, the greater the problem. There are some exceptions to this rule. It is possible to have probing depths that are abnormal, but to have no bleeding on probing. This is usually seen in patients who have already been treated for periodontitis and are meticulous with their home care. These patients are deemed to be periodontally stable, but must be monitored carefully.

In the past, before this research had been done, and these health risks were known, it was considered acceptable to tolerate a certain amount of periodontitis as 'normal', in adults. All that is now changed. The answer to the question: 'How much periodontal disease is tolerable in a patient?' is: 'None'.

That means that we will aggressively attempt to treat every patient diagnosed with periodontal disease. Even 'mild' periodontitis (defined as no probings greater than 4 mm but with bleeding on probing) will no longer be acceptable in our practice. This may seem severe, but anything else is allowing a chronic infection (which periodontitis is) to exist in our patients. Our goal is to create in all patients an oral environment that is healthy and that can be maintained by them at home, and with routine dental cleanings by us.

It is important to remember that the treatment of periodontal disease is an ongoing process. Unfortunately, at this time, there are no quick fixes. Obviously, meticulous home care will always help, but usually it is insufficient alone, to cure periodontitis (mild periodontitis may be an exception to this). The details of your specific problem will be explained to you along with specific recommendations for your treatment, since each person is unique.