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IDENTIFYING CLINICAL DIAGNOSIS OF AGGRESSIVE PERIODONTITIS CASES

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ABSTRACT

In general, the prevalence of periodontitis affects nearly 50% of adult population world wide, four percent of it is aggressive periodontitis. Clinical symptom and characteristic of periodontitis aggressive is very complex and varied to be diagnosed. Well anamnensis and holistic examination are required to diagnose the disease. Case report: Four aggressive periodontitis patients aged ranging from 32-52 years old complained of their significant tooth mobility will be discussed. Some of them complain of their tooth loss since their young age. Medical general check-up is performed to eliminated the possibility of systemic disease involvement. Clinical (periodontal and OIHs) and radiographic examination are executed to diagnose the aggressive periodontitis. Conclusion: Well understanding of its characteristic will support the result of periodontal therapy. Comprehensive anamnensis, clinical periodontal examination and supporting assessment are required to diagnose the aggressive periodontitis.

Key words: aggressive, periodontitis, diagnosis

INTRODUCTION

Periodontitis is known as an inflammatory disease on periodontal tissues. It caused by specific groups of microorganisms resulting in destruction of the periodontal ligament, attachment and alveolar bone with the formation of periodontal pocket and recession, or both. The 1999 International Workshop for a Classification of Periodontal Diseases and Conditions classified periodontal disease in children as: Dental plaque-induced gingival diseases; aggressive periodontitis (previously known as “pre-pubertal” or “early onset periodontitis”); chronic periodontitis; periodontitis as a manifestation of a systemic disease; and necrotizing periodontal diseases. Based on the progress of destruction, it is generally classified into two form of periodontitis, the chronic and aggressive periodontitis. Chronic periodontitis is characterized by the periodontal destruction that caused by the accumulation of dental plaque and aggravated by local factors. Whereas aggressive periodontitis is described as the involvement of numerous teeth with a vertical pattern of bone loss (include molar and incisor); a rapid progression of disease; an early age of onset (≤35 years old); and the absence of systemic diseases. In some patients, periodontal tissue damage may initiate before puberty, or even during or somewhat after the circumpubertal period. Although the prevalence of aggressive periodontitis has been reported less than chronic periodontitis, but it may cause the premature tooth loss that will lead to diffuse its diagnosis. In general, the prevalence of periodontitis affects nearly 50% of adult population world wide. Five percent of it is aggressive periodontitis. Epidemiologic study by Prayitno SW et al (1991) found 4% aggressive periodontitis subject from 1339 subjects aged 18-30 year old. Often aggressive periodontitis is seems undetected. Well anamnensis and holistic examination are required to diagnose the disease.

Nowadays, the diagnosis of aggressive periodontitis is achieved by using anamnensis (family record, systemic and dental history), clinical examination and radiographic evaluation. Since the aggressive periodontitis is suspected have a genetic linked, then the family record of the tooth loss seems important to be explored through a well anamnensis. The accumulation of dental plaque and calculus are not reliable to determine the diagnose of periodontitis. By understanding the etiology, pathogenesis and characteristic of this disease, it may contribute to an earlier diagnosis and prevention of further disfunction.
OBJECTIVE

This case report aims to provide several cases including an information relatively to the clinical and radiographic appearance. By knowing its characteristic, we could clearly indentify the pattern of aggressive periodontitis.

CASE REPORTS

Four aggressive periodontitis patients will be discussed. The age is ranging from 32-52 years old. All patients complained of their significant tooth mobility. All patient had been confirmed that they are free from systemic diseases by having medical general check-up. Clinical (periodontal and OHI-s) examination and radiographic evaluation are executed to diagnose the aggressive periodontitis.

Case 1 (Male, 32 years old)
He is complaining about his anterior tooth migration which he felt getting worse since the last three years (Figure 1). He said that his mother also had experience of the same condition at her young adult age. He never get periodontal therapy before. He is not a smoker. Two years ago, he had an endodontic therapy on his lower left second molar, as seen in figure 2. Generally, this patient is free from caries. Moreover, from the result of general medical check-up, the patient is confirmed free from any systemic diseases. From the clinical examination, we determine that the oral hygiene is poor, the bleeding index is quite high, general tooth mobility from '3'-4', periodontal abscess on several teeth, probing depth 4mm - ≥10 mm (Figure 1). From the radiograph evaluation, we could see the vertical bone destruction ranging from 1/3 middle root until 1/3 apical (Figure 2).

Case 2 (Female, 53 years old)
She came with her significant mobility from all her teeth. From the anamnesis, she said that she start to losing her teeth since ≥ 20 years ago. Her parent also lost their teeth at very early adult age. Currently, she using a partial removable denture, but it is not good enough since her teeth is continue to lose. The general medical check-up consultation concluded that she had a allergic condition with several types of antibiotic and analgetic drugs. Based on the clinical examination, I found that the oral hygiene is poor, the bleeding index is relatively high, generalized tooth mobility from '3'-4', dental caries on several teeth, radix, probing depth 4mm - ≥10 mm (Figure 3). From the radiograph evaluation, we could see the vertical bone destruction lost ranging from 1/3 middle root until 1/3 apically (Figure 4).

Case 3 (Female, 36 years old)
She came with the reference letter from her dentist to Periodontia Specialist Clinic to treat her periodontal disease. She had several periodontal therapy, but she is not satisfied with the outcome. She started to feel the mobility and tooth loss since approximately 5 years ago. She had difficulties in chewing and speaking because of several tooth lost. Based on the clinical examination, I found that the oral hygiene is poor, the bleeding index is relatively high, generalized tooth mobility from '3'-4', probing depth 4mm - ≥10 mm (Figure 5). From the radiograph evaluation, we could see the vertical bone destruction ranging from 1/3 middle root until 1/3 apical (Figure 6).

Figure 1. Clinical appearance Case 1 (Male, 33 years old)

Case 4 (Female, 33 years old)
She work as accounting staff. She came because she fell her teeth is starting to mobile. She afraid the teeth is going to lose. From the anamnesis, she confessed that her parents have the same problem at their young age. She notice that their parents use a denture since their young age. She is also concerned of her teeth relative to her job. She already had a general medical check-up, and the result reveals that she is free from any systemic disease. Based on the clinical examination, it is found that the oral hygiene is good, the bleeding index is quite low, tooth mobility from '3'-4', probing depth 4mm - ≥10 mm (Figure 7). From the radiograph evaluation, it could see the vertical bone destruction bone lost ranging from 1/3 middle root until 1/3 apical or even seems “floating” (Figure 8).

DISCUSSION

All data is gathered using conventional method which are affordable and efficient in diagnose the aggressive periodontitis. Conventional method is based on anamnesis, clinical finding and radiographic evaluation. Exploring the family record, dental history and systemic disease are important in formulate the diagnosis. Besides the infection with specific microorganisms, a host response seems playing a key role in the pathogenesis of aggressive periodontitis, as evidenced by the familial aggregation of the disease.5,6

Based on the characteristic aspect, aggressive periodontitis (previously known as early-onset periodontitis (EOP) or juvenile periodontitis (JP)) is contrast with chronic periodontitis. The contrasts are from the rapid rate of disease progression and an absence of large accumulation
Figure 2. Radiograph evaluation Case 1 (Male, 33 years old)

Figure 3. Clinical appearance Case 2 (Female, 53 years old)

Figure 4. Radiograph evaluation Case 2 (Female, 53 years old)

Figure 5. Clinical appearance Case 3 (Female, 36 years old)

Figure 6. Radiograph evaluation Case 3 (Female, 36 years old)

Figure 7. Clinical appearance Case 4 (Female, 33 years old)

Figure 8. Radiograph evaluation Case 4 (Female, 33 years old)
of dental plaque and calculus. Aggressive periodontitis usually affects young people at or after puberty, during the second and third decade of life (as seen in case 1, case 3 and case 4), or moreover in late adult (as seen in case 2). The primary features of aggressive periodontitis include a history of rapid attachment and bone loss and with history of family record. Mostly, cases of aggressive periodontitis, should be noted that the clinical impression of the amount of periodontal destruction observed is not equal with the amount of local irritants which can be found. The severity of the bone destruction is generally dependent on the time when the lesion is diagnosed in an early or advanced stage. Based on teeth that have been involved, aggressive periodontitis can be localized or generalized.

Future advancements in understanding the pathogenesis as well as characteristic of this disease may contribute to an earlier detection, diagnosis and management. Additional microbiology test and genetic polymorphism is required to predict the diagnosis of aggressive periodontitis. In 1986, Boughman et al reveals that a major gene located on chromosome 4q was responsible for autosomal dominant transmission of Localised Aggressive Periodontitis in an extended family that also exhibited Dentinogenesis Imperfecta. This may significantly enhance the predictive value of these sophisticated tests and detect cases of aggressive periodontitis.

Author summarize the protocol how to assess the aggressive periodontitis patient (Figure 9). Anamnesis and clinical examination play an important role in detecting the aggressive periodontitis. Anamnesis is include the onset / age when disease is occurs, family record of having a same periodontal problems, and also systemic disease (Diabetes mellitus, blood disorder, etc) that related to periodontal manifestation. Clinical examination consist of evaluation of Oral Hygiene Index (OHIs), bleeding index, probing depth, attachment loss tooth mobility, involvement of local factors, the condition of molar and incisor teeth, existence of dental caries and also missing involved teeth. Supportive examination such as radiograph and laboratory assessment is essential to reinforced the diagnosis.

CONCLUSION

Well understanding of its characteristic will support the result of periodontal therapy. Comprehensive anamnesis, clinical periodontal examination and supporting assessment are required to diagnose the aggressive periodontitis.

REFERENCES