

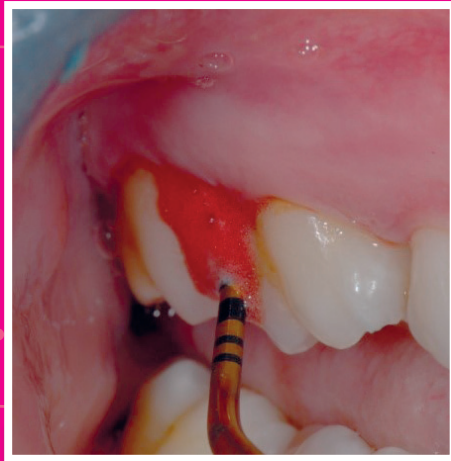
CLINICAL INFO

NON-SURGICAL PERIODONTAL APPROACH

Case treated by:

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BEFORE



AFTER



In the non-surgical periodontal therapy, traditional methods are integrated with laser therapy. Wiser therapy is painless and after a few applications bleeding, sensitivity, the probing depth and the symptomatology associated with periodontopathy disappear.

Patient:

The patient shows a generalized plate-induced inflammation, the abundant presence of calcified deposits justifies the extent of the inflammatory reaction. Upon the first examination, biometric periodontal indices are collected, including periodontal probing and bleeding index, which in this case was 94%. The probing depths, measured in the lingual zone, are slightly above the standard values, but also associated with particularly marked bleeding. The most critical zones appear associated with the maxillary molars, in both arches, with probing depths greater than 6 mm.

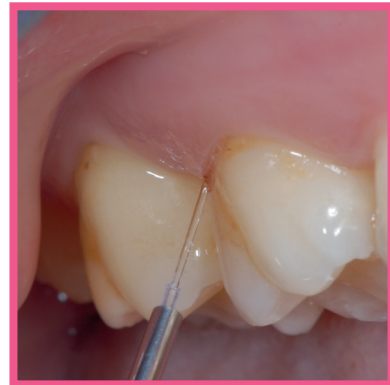
Hypothetical therapies: surgery or laser treatment.

	Methods	Benefits	Disadvantages
Traditional	Periodontal instrumentation performed with ultrasound and manual instruments, and also surgical treatment to reduce the pocket by 7 mm.	Improvement of periodontal state, probing, and bleeding.	Surgical treatment: -Invasive -Long healing times -Poor patient adherence
Laser	Periodontal instrumentation performed with ultrasonic instruments and manual instruments and Wisar therapy.	Improvement of periodontal state, probing, and bleeding. Patient comfort..	None

Treatment:



Periodontal instrumentation performed with a universal curette, using vertical movements. It is recommended to always dip the manual tool in 3% (10 vol) hydrogen peroxide solution.



The use of diode laser, used in conjunction with 3% (10 vol) hydrogen peroxide, for pocket decontamination both before and after non-surgical periodontal instrumentation.



year after causal therapy and after the laser therapy, a probing depth of 2 mm is detected, and no bleeding.



One year later an X-ray examination confirms a condition of clinical stability.

Conclusions: After diagnosis of chronic periodontal disease, in a mild to moderate and severe localized form, the patient underwent two professional hygiene sessions, with the additional use of Wisar. The two appointments were scheduled within a week, a third session was set one month apart from the previous ones, after which the patient was monitored every three months for the first year. On the right maxillary molar, which had an initial probing depth of 7 mm associated with bleeding, the improvement achieved was so significant that the surgical treatment, which seemed to be indicated during the first visit, was no longer necessary immediately, after the reassessment of initial therapy. It is advisable to monitor the area over time to identify any relapses.