

Parameter On Acute Periodontal Diseases*

The American Academy of Periodontology has developed the following parameter on the treatment of acute periodontal diseases. Patients should be informed about the disease process, therapeutic alternatives, potential complications, expected results, and their responsibility in treatment. Consequences of no treatment should be explained. Failure to treat acute periodontal diseases appropriately can result in progressive loss of periodontal supporting tissues, an adverse change in prognosis, and could result in tooth loss. Given this information, patients should then be able to make informed decisions regarding their periodontal therapy. J Periodontol 2000;71:863-866.

KEY WORDS

Disease progression; health education, dental; periodontal disease/therapy; patient care planning; risk factors.

CLINICAL DIAGNOSIS

Definition

Acute periodontal diseases are clinical conditions of rapid onset that involve the periodontium or associated structures and may be characterized by pain or discomfort and infection. They may or may not be related to gingivitis or periodontitis. They may be localized or generalized, with possible systemic manifestations.

Clinical Features

Acute periodontal infections include:

1. Gingival abscess;
2. Periodontal abscess;
3. Necrotizing periodontal diseases;
4. Herpetic gingivostomatitis;
5. Pericoronal abscess (pericoronitis);
6. Combined periodontal-endodontic lesions.

GINGIVAL ABSCESS

Clinical Diagnosis

Definition. A localized purulent infection that involves the marginal gingiva or interdental papilla.

Clinical features. Clinical features may include combinations of the following signs and symptoms: a localized area of swelling in the marginal gingiva or interdental papillae, with a red, smooth, shiny surface. The lesion may be painful and appear pointed. A purulent exudate may be present.

Therapeutic Goals

The goal of therapy for a gingival abscess is the elimination of the acute signs and symptoms as soon as possible.

Treatment Considerations

Treatment considerations include drainage to relieve the acute symptoms and mitigation of the etiology.

Outcomes Assessment

1. The desired outcome of therapy in patients with a gingival abscess should be the resolution of the signs and symptoms of the disease and the restoration of gingival health and function.
2. Areas where the gingival condition does not resolve may be characterized by recurrence of the abscess or change to a chronic condition.
3. Factors which may contribute to the nonresolution of this condition may include the failure to remove the cause of irritation, incomplete debridement, or inaccurate diagnosis.
4. In patients where the gingival condition does not resolve, additional therapy may be required.

PERIODONTAL ABSCESS

Clinical Diagnosis

Definition: A localized purulent infection within the tissues adjacent to the periodontal pocket that may lead to the destruction of periodontal ligament and alveolar bone.

Clinical features. Clinical features may include combinations of the following signs and symptoms: a smooth, shiny swelling of the gingiva; pain, with the area of swelling tender to touch; a purulent exudate;

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and/or increase in probing depth. The tooth may be sensitive to percussion and may be mobile. Rapid loss of periodontal attachment may occur. A periodontal abscess may be associated with endodontic pathosis.

Therapeutic Goals

The goal of therapy for a periodontal abscess is elimination of the acute signs and symptoms as soon as possible.

Treatment Considerations

Treatment considerations include establishing drainage by debriding the pocket and removing plaque, calculus, and other irritants and/or incising the abscess. Other treatments may include irrigation of the pocket, limited occlusal adjustment, and administration of antimicrobials and management of patient comfort.

A surgical procedure for access for debridement may be considered. In some circumstances extraction of the tooth may be necessary. A comprehensive periodontal evaluation should follow resolution of the acute condition.

Outcomes Assessment

1. The desired outcome of therapy in patients with a periodontal abscess is the resolution of signs and symptoms. Resolution of the acute phase may result in partial regaining of attachment that had been lost.

2. Areas where the acute condition does not resolve may be characterized by recurrence of the abscess and/or continued loss of periodontal attachment.

3. Factors which may contribute to non-resolution of the condition may include failure to remove the causes of irritation, incomplete debridement, incomplete diagnosis (e.g., concomitant endodontic pathosis), or the presence of underlying systemic disease.

4. In patients where the condition does not resolve, additional evaluation and therapy may be required.

NECROTIZING PERIODONTAL DISEASES

Clinical Diagnosis

Definition. Necrotizing ulcerative gingivitis (NUG) is an acute infection of the gingiva. Where NUG has progressed to include attachment loss, it has been referred to as necrotizing ulcerative periodontitis (NUP).

Clinical Features. NUG may include combinations of the following signs and symptoms: necrosis and ulceration of the tips of the interdental papillae or gingival margin; and painful, bright red marginal gingiva which bleed on slight manipulation. The mouth may have a malodor and systemic manifestations may be present. In patients with NUG, there may be increased levels of personal stress, heavy smoking, and poor nutrition. Both NUG and NUP may be asso-

ciated with HIV/AIDS and other diseases where the immune system is compromised.

Therapeutic Goals

The goal of therapy for necrotizing periodontal diseases is the prompt elimination of the acute signs and symptoms.

Treatment Considerations

Treatment considerations include irrigation and debridement of the necrotic areas and tooth surfaces; oral hygiene instructions and the use of oral rinses, pain control, and management of systemic manifestations, including appropriate antibiotic therapy, as necessary. Patient counseling should include instruction on proper nutrition, oral care, appropriate fluid intake, and smoking cessation. A comprehensive periodontal evaluation should follow resolution of the acute condition.

Outcomes Assessment

1. The desired outcome of therapy in patients with necrotizing periodontal diseases should be the resolution of signs and symptoms and the restoration of gingival health and function.

2. Areas where the gingival condition does not resolve may occur and be characterized by recurrence and/or progressive destruction of the gingiva and periodontal attachment.

3. Factors which may contribute to non-resolution include the failure to remove the causes of irritation, incomplete debridement, inaccurate diagnosis, patient non-compliance, and/or underlying systemic conditions.

4. In patients where the condition does not resolve, additional therapy and/or medical/dental consultation may be indicated. These conditions may have a tendency to recur and frequent periodontal maintenance visits and meticulous oral hygiene may be necessary.

HERPETIC GINGIVOSTOMATITIS

Clinical Diagnosis

Definition. Herpetic gingivostomatitis is a viral infection (herpes simplex) of the oral mucosa.

Clinical Features

Clinical features may include combinations of the following signs and symptoms: generalized pain in the gingiva and oral mucous membranes, inflammation, vesiculation, and ulceration of the gingiva and/or oral mucosa, lymphadenopathy, fever, and malaise.

Therapeutic Goals

The goal of therapy for herpetic gingivostomatitis is the relief of pain to facilitate maintenance of nutrition, hydration, and basic oral hygiene.

Treatment Considerations

Treatment considerations include gentle debridement and the relief of pain (e.g., topical anesthetic rinses). Patient counseling should include instruction in proper nutrition, oral care, appropriate fluid intake, and reassurance that the condition is self-limiting. The use of antiviral medications may be considered. The patient should be informed that the disease is contagious at certain stages.

Outcomes Assessment

1. The desired outcome in patients with herpetic gingivostomatitis should be the resolution of signs and symptoms.
2. If the condition does not resolve, medical consultation may be indicated.

PERICORONAL ABSCESS (PERICORONITIS)

Clinical Diagnosis

Definition. A localized purulent infection within the tissue surrounding the crown of a partially or fully erupted tooth.

Clinical features. Clinical features may include signs and symptoms of the following: localized red, swollen, lesions that are painful to touch. Also evident may be a purulent exudate, trismus, lymphadenopathy, fever, and malaise.

Therapeutic Goals

The goal of therapy for a pericoronal abscess is the elimination of the acute signs and symptoms as soon as possible, including the causes of irritation.

Treatment Considerations

Treatment considerations include debridement and irrigation of the undersurface of the pericoronal flap, use of antimicrobials and tissue recontouring, or extraction of the involved and/or opposing tooth. Patients should be instructed in home care.

Outcomes Assessment

1. The desired outcome of therapy in patients with a pericoronal abscess should be the resolution of signs and symptoms of inflammation and infection and the restoration of tissue health and function.
2. Areas where the condition does not resolve may be characterized by recurrence of the acute symptoms and/or spread of infection to surrounding tissues.
3. Factors which may contribute to non-resolution may include the failure to remove the causes of irritation or incomplete debridement. In some cases of pericoronal abscess, trauma from the opposing tooth may be an aggravating factor.

4. In patients where the condition does not resolve, additional therapy may be indicated.

COMBINED PERIODONTAL/ENDODONTIC LESIONS (ABSCESSSES)

Clinical Diagnosis

Definition. Combined periodontal/endodontic lesions are localized, circumscribed areas of infection originating in the periodontal and/or pulpal tissues. The infections may arise primarily from pulpal inflammatory disease expressed itself through the periodontal ligament or the alveolar bone to the oral cavity. They also may arise primarily from a periodontal pocket communicating through accessory canals of the tooth and or apical communication and secondarily infect the pulp. In addition, they may arise as a sequela of a fractured tooth.

Clinical features. Clinical features may include combinations of the following signs and symptoms: smooth, shiny swelling of the gingiva or mucosa; pain, with the area of swelling tender to the touch; and/or a purulent exudate. The tooth may be sensitive to percussion and mobile. A fistulous track may be present. Rapid loss of the periodontal attachment and periradicular tissues may occur. Facial swelling and/or cellulitis may be present.

Therapeutic Goals

The goal of therapy for combined periodontal/endodontic lesions (abscesses) is the elimination of the signs, symptoms and etiology as soon as possible.

Treatment Considerations

Treatment considerations include establishing drainage by debriding the pocket and/or by incising the abscess. Other treatments may include endodontic therapy, irrigation of the pocket, limited occlusal adjustment, the administration of antimicrobials, and management of patient comfort.

A surgical procedure for access for debridement may be considered. In some circumstances, an endodontic consultation may be required. In other circumstances, extraction of the tooth may be necessary. In any case, a comprehensive periodontal and endodontic examination should follow resolution of the acute condition.

Outcomes Assessment

1. The desired outcome of therapy in patients with a periodontal/endodontic lesion is the resolution of the signs and symptoms.
2. Areas where the acute condition does not resolve may be characterized by recurrence of an

abscess and/or continued loss of periodontal attachment and periradicular tissues.

3. Factors which contribute to non-resolution of the condition may include failure to remove the causes of infection, incomplete debridement, incomplete diagnosis, or the presence of underlying systemic disease.

4. Resolution of the acute phase by management of the multiple etiologic factors may result in partial restoration of the clinical attachment that has been lost. In patients where the condition does not resolve, additional evaluation and therapy is required.

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