

The Value of Surgical Therapy

Periodontal therapy has proven to be effective in the control and rehabilitation of periodontal diseases.¹ Although initial therapy or the debrided phase is indicated for all types of periodontal diseases, it is not the only treatment that can or should be provided for patients suffering from moderate to advanced forms of periodontitis to achieve the appropriate goal of an environment that the patient and hygienist can keep clean.

Clinical trials have demonstrated that the yearly incidence of sites losing clinical attachment is less after surgical periodontal therapy compared to nonsurgical treatment in patients with advanced periodontal disease.² Moreover, the long-term results of surgically treated intrabony defects have shown a significant gain and stability of clinical attachment.³ The long-term survival rates of teeth with surgically treated intrabony defects are highly comparable with long-term dental implant studies.⁴

The scientific literature regarding the morbidity of patients following periodontal surgery appears to be insignificant, although a recent study has shown that surgeries performed by postgraduate periodontal students have a higher morbidity than those performed by experienced clinicians.⁵ The longer duration of surgeries performed by students compared to that by experienced clinicians appears to be the reason for these results. We all remember how difficult it was to perform our first periodontal surgeries as students as well as those performed during our early practice experience.

Assessing and understanding the benefits provided by periodontal surgeries to treat periodontal diseases should encourage all periodontal clinicians, students, and recent graduates to perform these valuable treatments when they are indicated to assist our patients in achieving dental health and maintaining their natural teeth. It is necessary to provide a maintenance system for all periodontally compromised patients and to encourage their compliance. They will outperform those poor souls who do not comply.

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References

1. Heitz-Mayfield LJ, Trombelli L, Heitz F, Needleman I, Moles D. A systematic review of the effect of surgical debridement vs non-surgical debridement for the treatment of chronic periodontitis. *J Clin Periodontol* 2002;29(suppl 3): 92–102.
2. Kaldahl WB, Kalkwarf KL, Patil KD, Molvar JP, Dyer JK. Long-term evaluation of periodontal therapy: II. Incidence of sites breaking down. *J Periodontol* 1996;67:103–108.
3. Sculean A, Kiss A, Miliauskaite A, Schwarz F, Arweiler NB, Hanning M. Ten-year results following treatment of intra-bony defects with enamel matrix proteins and guided tissue regeneration. *J Clin Periodontol* 2008;35:817–824.
4. Cortellini P, Tonetti MS. Long-term tooth survival following regenerative treatment of intrabony defects. *J Periodontol* 2004;75:672–678.
5. López A, Nart J, Santos A, Alcázar J, Frexia O. Assessment of morbidity after periodontal resective surgery. *J Periodontol* 2011;82:1563–1569.