Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by **Reena Wadia**

New perio classification: Workgroup 1

Periodontal health and gingival diseases and conditions on an intact and a reduced periodontium: Consensus report of workgroup 1 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions

Chapple I L C *et al.* *J Clin Periodontol* 2018; **45 (Suppl 20):** S68–S77

If there are more than or equal to 10% of sites with bleeding on probing, no probing attachment loss or radiographic bone loss and probing pocket depths of 3 mm and below, this is classified as dental-plaque-induced gingivitis.

This is the first of the four consensus reports detailing the new classification. Periodontal health is defined by absence of clinically detectable inflammation. There is a biological level of immune surveillance that is consistent with clinical gingival health and homeostasis. Clinical gingival health may be found in a periodontium that is intact and on a reduced periodontium in either a non-periodontitis patient or in a patient with a history of periodontitis who is currently periodontally stable. Two categories of gingival diseases have been defined: non-dental plaque biofilm-induced gingival diseases and dental plaque-induced gingivitis. Dental plaque-induced gingivitis may arise on an intact periodontium or on a reduced periodontium in either a non-periodontitis or currently stable 'periodontitis patient'.

New perio classification: Workgroup 3

Periodontal manifestations of systemic diseases and developmental and acquired conditions: Consensus report of workgroup 3 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions

Jepsen S *et al.* *J Clin Periodontol* 2018; **45 (Suppl 20):** S219–S229

A variety of systemic diseases and conditions can affect the course of periodontitis or have a negative impact on the periodontal attachment apparatus.

There are rare systemic conditions with a major effect on the course of periodontitis and more common conditions with variable effects, as well as conditions affecting the periodontal apparatus independently of dental plaque biofilm-induced inflammation. Diabetes and smoking should be recognised as important modifying factors and included in a clinical diagnosis of periodontitis as a descriptor. Gingival phenotype, is recognised and a classification for gingival recessions is introduced. Traumatic occlusal forces lead to adaptive mobility in teeth with normal support, but progressive mobility in teeth with reduced support. Biologic width is replaced by supracrestal tissue attachment – infringement is associated with inflammation and/or loss of periodontal supporting tissue.

New perio classification: Workgroup 2

Periodontitis: Consensus report of workgroup 2 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions

Papapanou P N *et al.* *J Clin Periodontol* 2018; **45 (Suppl 20):** S162–S170

'Chronic' or 'aggressive' are now grouped under a single category of 'periodontitis' and characterised by a stage and grade.

Based on pathophysiology, three clearly different forms of periodontitis have been recognised in the revised classification system: necrotising periodontitis, periodontitis as a direct manifestation of systemic diseases and periodontitis. 'Chronic' or 'aggressive' are now grouped under 'periodontitis' and are further characterised based on a multidimensional staging and grading system. Staging is dependent upon the severity of disease at presentation as well as on the complexity of disease management, while grading provides supplemental information about biological features of the disease including a history-based analysis of the rate of periodontitis progression; assessment of the risk for further progression; analysis of possible poor outcomes of treatment; and assessment of the risk that the disease or its treatment may negatively affect the general health of the patient.

New perio classification: Workgroup 4

Peri-implant diseases and conditions: Consensus report of workgroup 4 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions

Berglundh T *et al.* *J Clin Periodontol* 2018; **45 (Suppl 20):** S286–S291

Peri-implant diseases and conditions can be classified as: peri-implant health, peri-implant mucositis, peri-implantitis as well as peri-implant soft and hard tissue deficiencies.

Peri-implant health is characterised by the absence of erythema, bleeding on probing, swelling, and suppuration. It is not possible to define a range of probing depths compatible with health. Peri-implant health can exist around implants with reduced bone support. The main clinical characteristic of peri-implant mucositis is bleeding on gentle probing. Peri-implantitis is a plaque-associated pathological condition occurring in tissues around dental implants, characterised by inflammation in the peri-implant mucosa and subsequent progressive loss of supporting bone. It is recommended that the clinician obtain baseline radiographic and probing measurements following the completion of the implant-supported prosthesis. The evidence is equivocal regarding the effect of keratinised mucosa on the long-term health of the peri-implant tissue. However, keratinised mucosa may have advantages regarding patient comfort and ease of plaque removal.