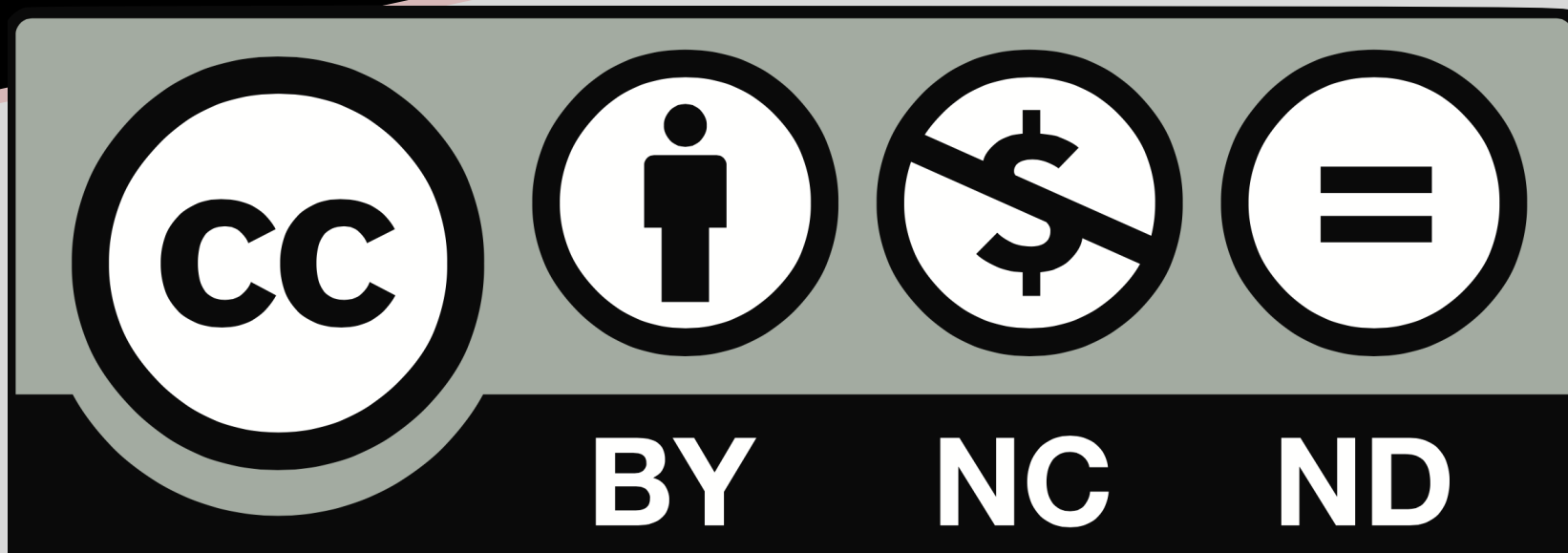




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CLASSIFICATION OF PERIODONTAL AND PERI-IMPLANT DISEASES AND CONDITIONS 2017

Periodontal Diseases and Conditions

Periodontal Health, Gingival Diseases and Conditions			Periodontitis			Other Conditions Affecting the Periodontium				
Periodontal Health and Gingival Health	Gingivitis: Dental Biofilm-Induced	Gingival Diseases: Non-dental Biofilm-Induced	Necrotizing Periodontal Diseases	Periodontitis	Periodontitis as a Manifestation of Systemic Diseases	Systemic Diseases or Conditions Affecting the Periodontal Supporting Tissues	Periodontal Abscesses and Endodontic-Periodontal Lesions	Mucogingival Deformities and Conditions	Traumatic Occlusal Forces	Tooth and Prosthesis Related Factors

Peri-Implant Diseases and Conditions

Peri-Implant Health	Peri-Implant Mucositis	Peri-Implantitis	Peri-Implant Soft and Hard Tissue Defencies
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PERIODONTITIS: GRADING

Grading aims to indicate the rate of periodontitis progression, responsiveness to standard therapy, and potential impact on systematic health. Clinicians should initially assume grade B diseases and seek specific evidence to shift to grade A or C. See perio.org/2017wwdc for additional information.

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	Progression		Grade A: Slow Rate	Grade B: Moderate Rate	Grade C: Rapid Rate
Primary Criteria <i>Whenever available, direct evidence should be used.</i>	Direct evidence of progression	Radiographic bone loss or CAL	No loss over 5 years	<2 mm over 5 years	≥2 mm over 5 years
	Indirect evidence of progression	% bone loss/age	<0.25	0.25 to 1.0	>1.0
		Case phenotype	Heavy biofilm deposits with low levels of destruction	Destruction commensurate with biofilm deposits	Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease.
Grade Modifiers	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic No diabetes diagnosis	HbA1c <7.0% in patients with diabetes	HbA1C >7.0% in patients with diabetes

Table recreated from Tonetti, Greenwell, Kornman. *J Periodontol* 2018;89 (Suppl 1): S159-S172

The 2017 Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions was co-presented by the American Academy of Periodontology (AAP) and the European Federation of Periodontology (EFP).

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Steps to Staging and Grading Periodontal Disease

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<p>Step 1: Initial Case Overview to Access Diseases</p>	<p>Screen:</p> <ul style="list-style-type: none"> • Full mouth probing depths • Full mouth radiographs • Missing teeth <p>Mild to moderate periodontist will typically be Stage I or Stage II</p> <p>Severe to very severe periodontitis will typically be Stage III or Stage IV</p>
<p>Step 2: Establish Stage</p>	<p>For mild to moderate periodontitis (typically Stage I or Stage II):</p> <ul style="list-style-type: none"> • Confirm clinical attachment loss (CAL) • Rule out non-periodontitis causes of CAL (e.g., cervical restorations or caries, root fractures, CAL due to traumatic causes) • Determine maximum CAL or radiographic bone loss (RBL) • Confirm RBL patterns <p>For moderate to severe periodontitis (typically Stage III or Stage IV):</p> <ul style="list-style-type: none"> • Determine maximum CAL or RBL • Confirm RBL patterns • Assess tooth loss due to periodontitis • Evaluate case complexity factors (e.g., severe CAL frequency, surgical challenges)
<p>Step 3: Establish Grade</p>	<ul style="list-style-type: none"> • Calculate RBL (% of root length x 100) divided by age • Assess risk factors (e.g., smoking, diabetes) • Measure response to scaling and root planning and plaque control • Assess expected rate of bone loss • Conduct detailed risk assessment • Account for medical and systematic inflammatory considerations

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Staging and Grading Periodontitis

The 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions resulted in a new classification of periodontitis characterized by a multidimensional staging and grading system. The charts adjacent provide an overview. Please visit perio.org/2017wwdc for the complete suite of reviews, case definition papers, and consensus reports.

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PERIODONTITIS: STAGING

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of destroyed and/or damaged tissue as a result of periodontitis and to assess the specific factors that may attribute to the complexity of long-term case management. Initial stage should be determined using clinical attachment loss (CAL). If CAL is not available, radiographic bone loss (RBL) should be used. Tooth loss due to periodontitis may modify stage definition. One or more complexity factors may shift the stage to a higher level. See perio.org/2017wwdc for additional information.

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity	Interdental CAL <i>(at site of greatest loss)</i>	1 - 2 mm	3 - 4 mm	≥5 mm	≥5 mm
	Radiographic Bone Loss (RBL)	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond.	Extending to middle third of root and beyond.
	Tooth loss <i>(due to periodontitis)</i>	No tooth loss		≤4 teeth lost	≤5 teeth lost
Complexity	Local	<ul style="list-style-type: none"> Max. probing depth ≤4 mm Mostly horizontal bone loss 	<ul style="list-style-type: none"> Max. probing depth ≤5 mm Mostly horizontal bone loss 	In addition to Stage II complexity: <ul style="list-style-type: none"> Probing depths ≥6 mm Vertical bone loss ≤3 mm Furcation involvement Class II or III Moderate ridge defects 	In addition to Stage III complexity: <ul style="list-style-type: none"> Need for complex rehabilitation due to: <ul style="list-style-type: none"> Masticatory dysfunction Secondary occlusal trauma (tooth mobility degree ≥2) Severe ridge defects Bite collapse, drifting, flaring ≤20 remains teeth (10 opposing pairs)
Extent and Distribution	Add to stage as descriptor	For each stage, describe event as: Localized (<30% of teeth involved); Generalized; or Molar/incisor pattern			

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					Periodontitis (reduced periodontium)	
	Pristine Periodontal Health	Clinical Periodontal Health (intact periodontium)	Gingivitis		Periodontal Disease Stability	Periodontal Disease Remission/Control
Bleeding on probing	None	None - Minimal	Yes		None - Minimal	Significantly Reduced
Normal gingival sulcus depth	Yes	Yes	Yes		No	No
Normal bone heights	Yes	Yes	Yes		No	No
Modifying factors	Controlled	Controlled	May be present		Controlled	Not fully controlled
Predisposing factors	Controlled	Controlled	May be present		Controlled	Not fully controlled

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