

## Periodontal Practice Today...

The domain of periodontics has changed from being strictly a health service to one where esthetics has been brought to the forefront of treatment planning.

Any changes in the pre-existing lip-tooth-gingival relationship were thought to necessitate major orthodontic therapy, often in combination with orthognathic surgery or aggressive periodontal procedures.

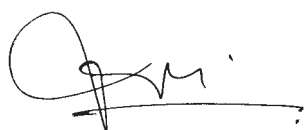
Today much of this has changed with the advent of periodontal plastic procedures designed to enhance dentofacial harmony.

In restorative dentistry, emphasis must be placed on the control of bacterial plaque, but creating and maintaining periodontal health at the restorative-gingival interface continues to represent one of the most difficult challenges for long-term stability of marginal contours.

Surgical treatments to reestablish biological width involve osseous resection and create loss of attachment. The technique of forced eruption or extrusion prevents osseous sacrifice and preserves the volume of interproximal tissues.

In a comprehensive approach to advanced periodontal diseases, minor orthodontic tooth movements can be used during a corrective phase of treatment in order to establish better morphological conditions, thereby improving esthetics and favoring plaque control.

During a reconstructive phase of treatment, tissue remodeling following an orthodontic tooth movement using controlled forces can be used to promote the repair or regeneration of specific defects. Today, the use of orthodontic procedures in a periodontal practice offers new solutions for a conservative approach to advanced periodontal diseases and thus significantly enhances the esthetic outcome of reconstructive therapy.



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