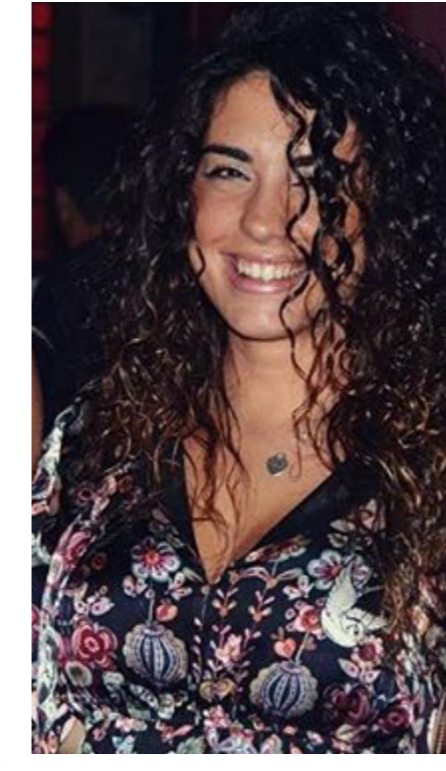




Italian Cavitron® Case Contest '19



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Introduction to the case

Man, 35-years old, no smoker. Patient, with periodontal disease (stage III, grade A), refers also dentinal hypersensitivity. The patient chooses full mouth disinfection for his business needs.

Before



At the beginning there were deposits of calculus and the gums were edematous.

After



This is the situation at the end of the treatment of Full Mouth Disinfection, two weeks later.

Treatment steps



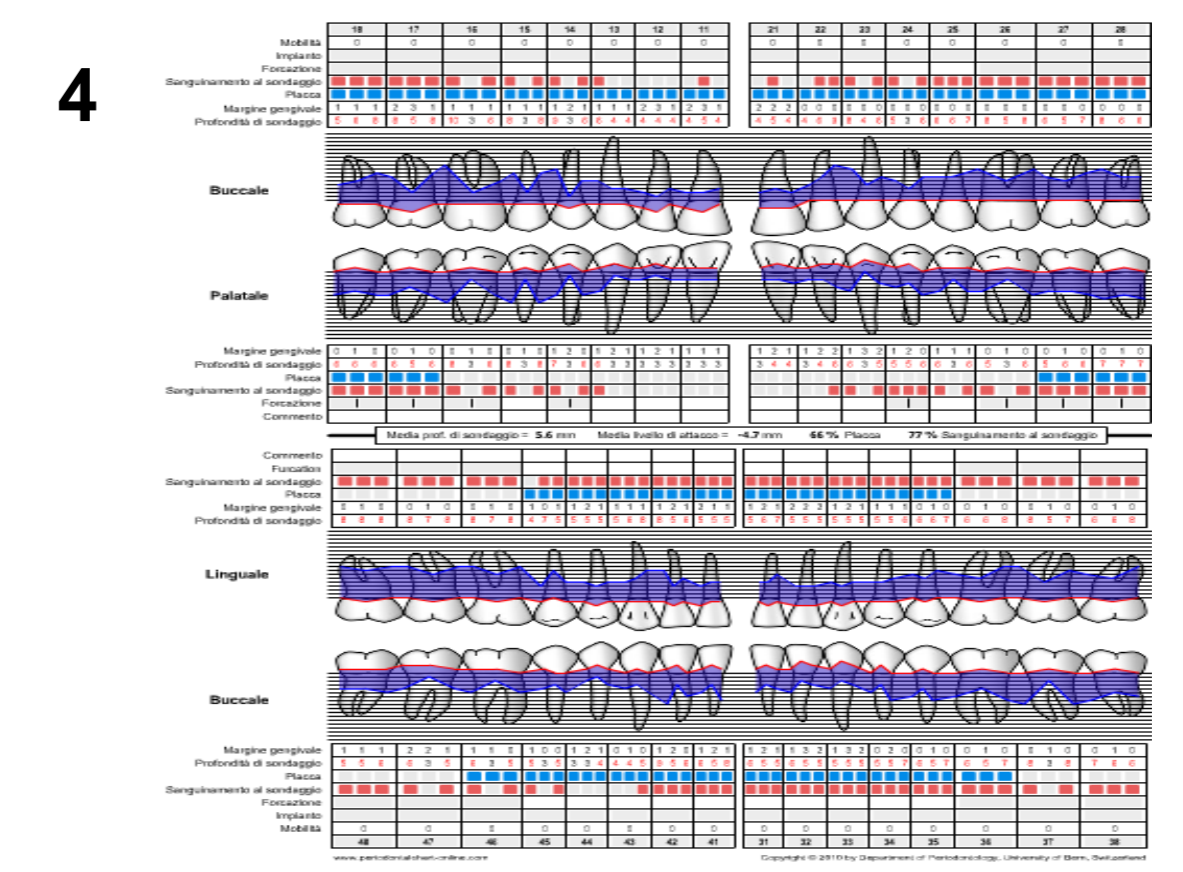
Step 1
It has been done an OPT to admire the depth of pocktes and bone resorption.



Step 2
It has been applied Nupro Sensodyne Paste for desensitizing prophylaxis.



Step 3
Before the debridment, it has been done: subgingival irrigations, cleaning the back of the tongue with CHX gel 1%, rinses with mouthwash and CHX 0,2% (EburOS) spray pointed towards tonsils. We proceeded with debridment, using «Cavitron insert Powerline FS110 30K» for removing supragingival calculus and plaque.



Step 4
Periodontal charting.



Step 5
It has been used a topical anesthetic composed by lidocaine and prilocaine „OraQix“ to control the pain. We used „Cavitron insert Slimline 30K 10-L-R Curve“ for removing subgingival calculus.



Step 6
It has been done a selective polishing with an abrasive media grip paste.



Step 7
5% Sodium varnish has been applied for hypersensitivity relief.



Step 8
At the end of the treatment, the patient received informations about the correct oral hygiene techniques (toothbrush, interdental brush and dental floss). It was recommended home rinses with CHX 0,2% (EburOS) for two weeks. The patient was recall after two weeks, gum was less edematous. This is the situation at the revaluation.

Material and Method

The patient was treated with One Stage Full Mouth Disinfection approach. It has been involved in periodontal therapy, involving scaling and root planing, in combination with local antimicrobial to debride of all periodontal pocket areas within a short time frame such as 24 hours, in order to minimize the chance of reinfection of the pockets. For the control of hypersensitivity it has been used Nupro Sensodyne paste. It has been used Powerline fitgrip for supragingival debridment and Slimline to subgingival debridment. Even if there was deep pockets, the treatment has been possible thanks to perioral gel (oralqix), a topical anesthetic composed by lidocaine and prilocaine. At the end of the treatment it has been used an abrasive paste and 5% Sodium flouride varnish. He was controlled after two weeks.

Discussion and Conclusion

Although there was dentinal hypersensitivity and deep pockets, we were able to do the treatment of Full-Mouth Disinfection“ in one stage, thanks to the use of: Nupro Sensodyne paste, topical anesthetic (oralqix) and Cavitron.

The use of magnetostrictive technology improved the patient's comfort by benefiting from its orbital movement, reduced tip oscillation and a pleasant water temperature. It allowed us to successfully complete the treatment with tolerable complaint. After two weeks, the patient has been revaluated. He shown a periodontal disease control, with a remission of symptoms, even if there was a reduced periodontium.