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Editorial

Perio Negligence

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ARE WE REALLY THINKING BEYOND SCALING…..

Periodontal disease is the host inflammatory response to the bacterial accumulations on the tooth surface and that the types of bacteria present in the overgrowth is also important. Various new diagnostic techniques have been introduced in the market to detect specific periodontal pathogens for the better treatment outcome of a disease. But are we really diagnosing the disease beyond that associated with scoring plaque accumulations and measuring pocket depths with a periodontal probe, so as to identify which individuals are "infected," and to focus treatment only on those individuals. Theoretically, the fundamental question in regard to periodontal pathology is whether the host is responding to the nonspecific overgrowth of bacteria on the tooth surfaces (inflammatory disease) or to the overgrowth of a limited number of species which are particularly proinflammatory or antigenic (infection). So a point to ponder is that are we actually treating periodontitis as an infection caused by specific bacteria despite of such an advancement in diagnostic techniques. If the standard treatment continues to be mechanical debridement with or without surgical access to "clean" deep pockets of their bacterial accumulations, then there is no need for a clinician to know whether *P.*

gingivalis, *T. denticola*, *B. forsythus*, or even *A. actinomycetemcomitans* is overgrown in the plaque. He or she would continue to use the periodontal probe to measure the depth of the pocket as the only diagnostic tool, knowing that deeper pockets would have more bacteria. For a bacteriological diagnosis to be accepted in periodontal treatment planning, the treatment paradigm has to be changed from that of treating plaque accumulations to that of treating a specific, albeit chronic, infection. If the clinician were treating infections rather than managing a disease due to plaque overgrowth, then he or she would demand that such tests be available to assist in the optimal treatment of patients.

The current use of such diagnostic tests is more limited in the treatment of refractory patients who have not responded to traditional debridement procedures. This is not the place where diagnostics need to be used. Rather, they should be employed prior to any treatment to guide the clinician in his initial choice of antimicrobial approaches to be used in the management of periodontal infections. This requires a paradigm shift of considerable magnitude, namely, from treating mere plaque accumulations to treating an infection- the true need.

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