

Pyorrhoea o Periodontitis, Halitosis

If you choose your sleeping position carefully, you can prevent and treat pyorrhoea and halitosis

PYORRHOEA:

is an outdated scientific term which is, however, still widely known and commonly used.

PERIODONTITIS:

is considered the correct term today, as it refers to an inflammatory disease of the **periodontium** caused by bacteria. Periodontium refers to the specialized tissues that support the teeth, and is made up by: alveolar bone, periodontal ligament, cementum overlaying the root and gingival or gums.

This disease starts as an **inflammation of the gums caused by bacterial plaque, tartar, tooth decay, food residues, smoking, diabetes, hormonal causes, unsuitable prosthesis**. If left untreated, bacterial toxins destroy the junctional epithelium connecting gums to the neck of tooth. Once the seal is broken, bacteria penetrate deeply into the tissues, where they can act undisturbed and start a slow but gradual destruction of the periodontium.

The main symptoms of this disease include the following: bleeding during brushing, **bad breath (halitosis)**, redness and recession of gums, sore gums when applying pressure or percussion, gingival pockets and small periodontal abscess.

The later stages of **pyorrhoea** are characterized by serious dental looseness and purulent blood coming out of periodontal pockets. Although the term **pyorrhoea** – of Greek origin - is used, a more suitable definition is **Expulsive Periodontitis**

The causes of this disease are the same as **gingivitis**: there are several connected causes, among which **genetic predisposition** and **bacterial plaque**. The various bacterial groups were studied and related to the features of more or less severe versions of the disease.

Occlusal trauma was considered as significant, even though the actual causes and process of its onset have never been ascertained. It is difficult to find occurrences of trauma in functional activities such as: **speaking, chewing and swallowing**.

Ambiguous clinical features

A few clinical features are defined with commonly-used but ambiguous terms.

Site-specificity: **pyorrhoea** does not affect all teeth consistently. Some teeth are more affected than others. A single tooth may have a **mesial** or a **distal** pocket only. The reason has never been ascertained, but it may be identified by assessing the chronic parafunctional trauma caused by **decubitus on the lower jaw**.

The assessment will show that the affected teeth are the ones that are most stressed by the continuous pressure applied by the weight of the head throughout the night.

Chronic intermittent course whereby periods of subsidence alternate with periods when the disease grows acute again. According to this feature, a person affected by periodontitis is a chronic invalid, who needs life-long treatment. When the disease grows acute again there is a serious risk of applying a total prosthesis. This **IS NOT TRUE**. The main cause must be remedied in order to address the disease successfully: decubitus trauma.

Therapy

Removing plaque with accurate cleaning and hygiene. Scaling and root polishing. **Periodontal surgery**, when necessary, to treat deep pockets or rebuild adhering gums. However, only **correct decubitus** may guarantee the healing of even the most serious varieties of the disease, such as **Juvenile Periodontitis** and **Adult aggressive periodontitis**. If it is not hampered by decubitus, **Spontaneous swallowing** treats and prevents many diseases.

Doctor Galiffa