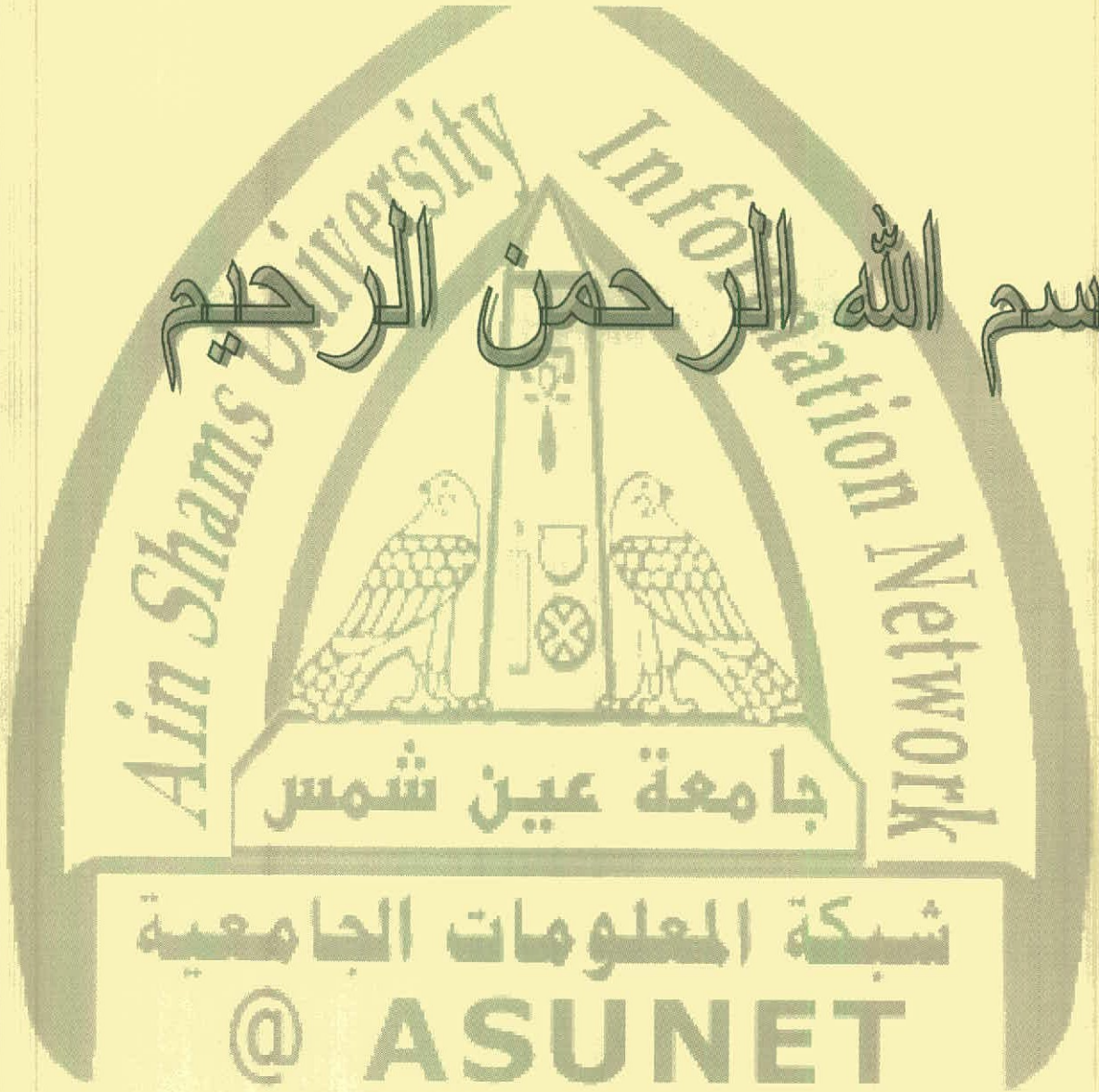
شبكة المعلومات الجامعية



بسم الله الرحمن الرحيم

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد أعدت دون أية تغيرات

يجب أن

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في درجة حرارة من ١٥-٢٥ مئوية ورطوبة نسبية من ٢٠-٤٠%

To be Kept away from Dust in Dry Cool place of 15-25- c and relative humidity 20-40%

بعض الوثائـــــــق الاصليـــــة تالفـــة

بالرسالة صفحات لم ترد بالاصل

CLINICAL EVALUATION OF THE EFFECT OF PLATELET RICH PLASMA WITH DEMINERALIZED FREEZE DRIED BONE ALLOGRAFT VERSUS DFDBA IN TREATMENT OF CLASS II FURCATIONS.

Thesis Submitted For Partial Fulfillment of the Requirements For Doctorate Degree in Oral Medicine and Periodontology.

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2010

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ACKNOWLEDGMENT

My great thanks and appreciation goes to **Professor Dr. Amr Zahran,** Professor of Oral Medicine and Periodontology, Faculty of Oral and Dental Medicine, Cairo University for his meticulous observation, continuous encouragement and his generous help throughout this study.

I would like to express my sincere appreciation and gratitude to **Professor Dr. Reda Abdel Rahman Ahmed,** Dean of Faculty of Oral and Dental Medicine, Future University, Professor of Oral Medicine and Periodontology, Faculty of Oral and Dental Medicine, Cairo University for his generous supervision and constant advice.

I would like to take this opportunity to express my grateful thanks to all the staff members of Oral Medicine and Periodontology Department, Faculty of Oral and Dental Medicine, Cairo University for their generous help throughout this study.

Finally, I find it hard to express in words appreciation to my parents for their constant encouragement and assistance. I would like also to express my gratitude to Dr. Ahmed Hegazy, my husband whose patience and support helped me in the completion of this project.

DEDICATION

To My Family for their support, understanding

and great help.

CONTENTS

INTRODUCTION AND REVIEW OF LITERATURE

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Periodontal disease has plagued mankind since his first appearance on the earth. Bone lesions typical to periodontitis are observed in fossils from the Paleolithic culture of Neanderthal man. Periodontal diseases were described in ancient Chinese writings and a form of suppurating periodontitis appears to have been one of the most common diseases of the Egyptians more than 4000 years ago. Concepts and procedures for the treatment of periodontal diseases are scientifically based, well-defined and generally adopted and applied by clinicians. Rational measures to prevent these diseases are available and widely practiced in industrialized societies. The goal of virtually eliminating periodontal diseases as a public health problem seems not only feasible but probable for the large majority in most populations **(Löe 1993).**

Periodontitis is one of the major forms of inflammatory diseases affecting the periodontium. Its primary etiology is bacterial plaque, which can initiate destruction of the gingival tissues and periodontal attachment apparatus **(The American Academy of Periodontology 1999).**

Many classification systems were held out by scientists and clinicians in the field of periodontology and related areas in order to provide a framework to scientifically study the etiology, pathogenesis and treatment of diseases in an orderly fashion. The newest classification of periodontal diseases and conditions was held and agreed upon by **The American Academy of Periodontology (1999).** This new classification differs from the classification system developed at the 1989 World

Workshop in Clinical Periodontics. It has some modifications and changes including; replacement of the term "Adult Periodontitis" with "Chronic Periodontitis", as the age-dependent nature of adult periodontitis designation created problems. Therefore, workshop participants concluded that it would be more accurate to adopt a non-specific term such as "Chronic Periodontitis" to characterize this constellation of destructive periodontal diseases.

Chronic periodontitis is defined as inflammation of the gingiva and the adjacent attachment apparatus; it is characterized by the loss of clinical attachment due destruction of the periodontal ligament and loss of the adjacent supporting bone (**The American Academy of Periodontology 2000).** Traditionally, this form of periodontitis has been characterized as a slowly progressive disease (**Brown 1993**). Indeed, data confirm that patients with this form of periodontitis usually exhibit slow rates of progression (**Löe 1986, Pappanou 1989**). However, there are also data indicating that some patients may experience short periods of rapid progression (**Socransky 1984, Jeffcoat 1991**).

Periodontal osseous defects, including periodontal pockets and furcation involvement, are frequent sequelae of periodontitis. Periodontal pocket is defined as a pathologically deepened gingival sulcus. It is one of the most important features of periodontal disease. Periodontal pocket occurs with destruction of the supporting periodontal structures. There are two types of periodontal pockets; Suprabony "supracrestal" pockets (in which the bottom of the pocket is coronal to the underlying alveolar bone) and Intrabony "infrabony, subcrestal" pockets (in which the bottom

of the pocket is apical to the level of the adjacent alveolar bone, as the lateral pocket wall lies between the tooth surface and the alveolar bone).

Goldman and Cohen (1957) classified infrabony defects according to the location and number of remaining osseous walls into one-wall, two-wall and three-wall infrabony defects. However, **Weinberg and Eskow (2000)** reported that the term infrabony periodontal defects should reserved as a generic term to describe all angular or vertical periodontal defects, while intrabony periodontal defects, as introduced by **Prichard (1979),** are a specific type of three-wall condition with specific bony morphology and a higher potential for regeneration than other types of bony defects.

Furcation involvement is a stage of progressive periodontal disease and has the same etiology. The difficulty of controlling plaque in furcations is responsible for the presence of extensive lesions in this area **(Waerhaug 1980).** The furcation involvement refers to the invasion of the bifurcation or trifurcation of multirooted teeth by the periodontal disease.

Classification of furcation involvement is essential for choosing the type of treatment and to know the prognosis of the involved tooth. The existing classifications depend on the amount of vertical and horizontal bone resorption in the furcation area which can be measured by the horizontal and vertical probing depths **(Hou and Tsai 1997).**