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بالرسالة صفحات

لم ترد بالأصل

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DIAGNOSTIC TESTS USED FOR THE ESTIMATION OF PERIODONTAL DISEASE ACTIVITY : A COMPARATIVE EVALUATION OF INTERLEUKIN 1_{β} LEVEL IN GINGIVAL TISSUES AND BANA HYDROLYSIS BY PLAQUE

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Thesis

Submitted for Partial Fulfilment of the Requirement for the Doctor's Degree

In

ORAL MEDICINE, PERIODONTOLOGY, ORAL DIAGNOSIS AND RADIOLOGY

By

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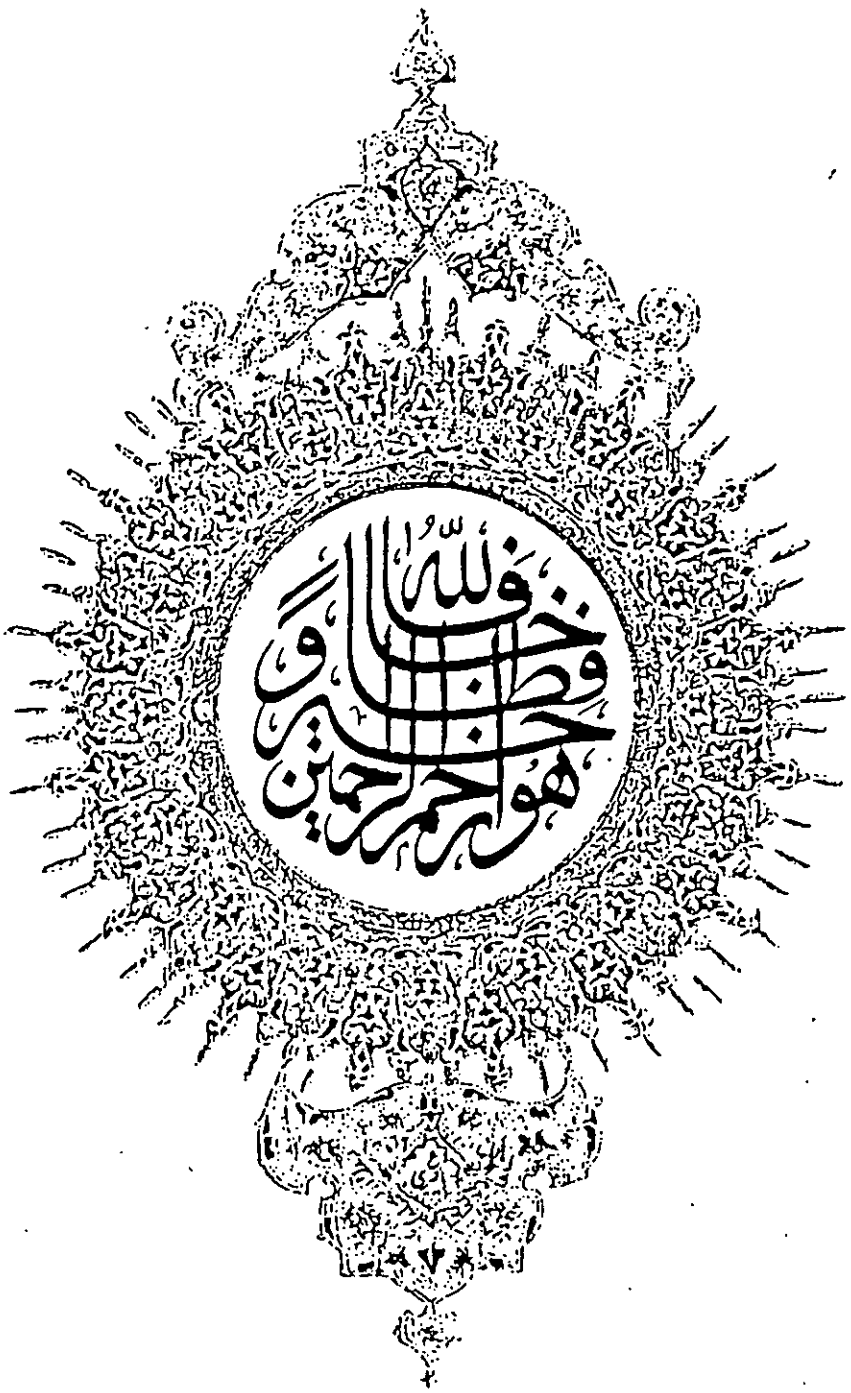
1996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To

My Parents,

My Husband and

My Children

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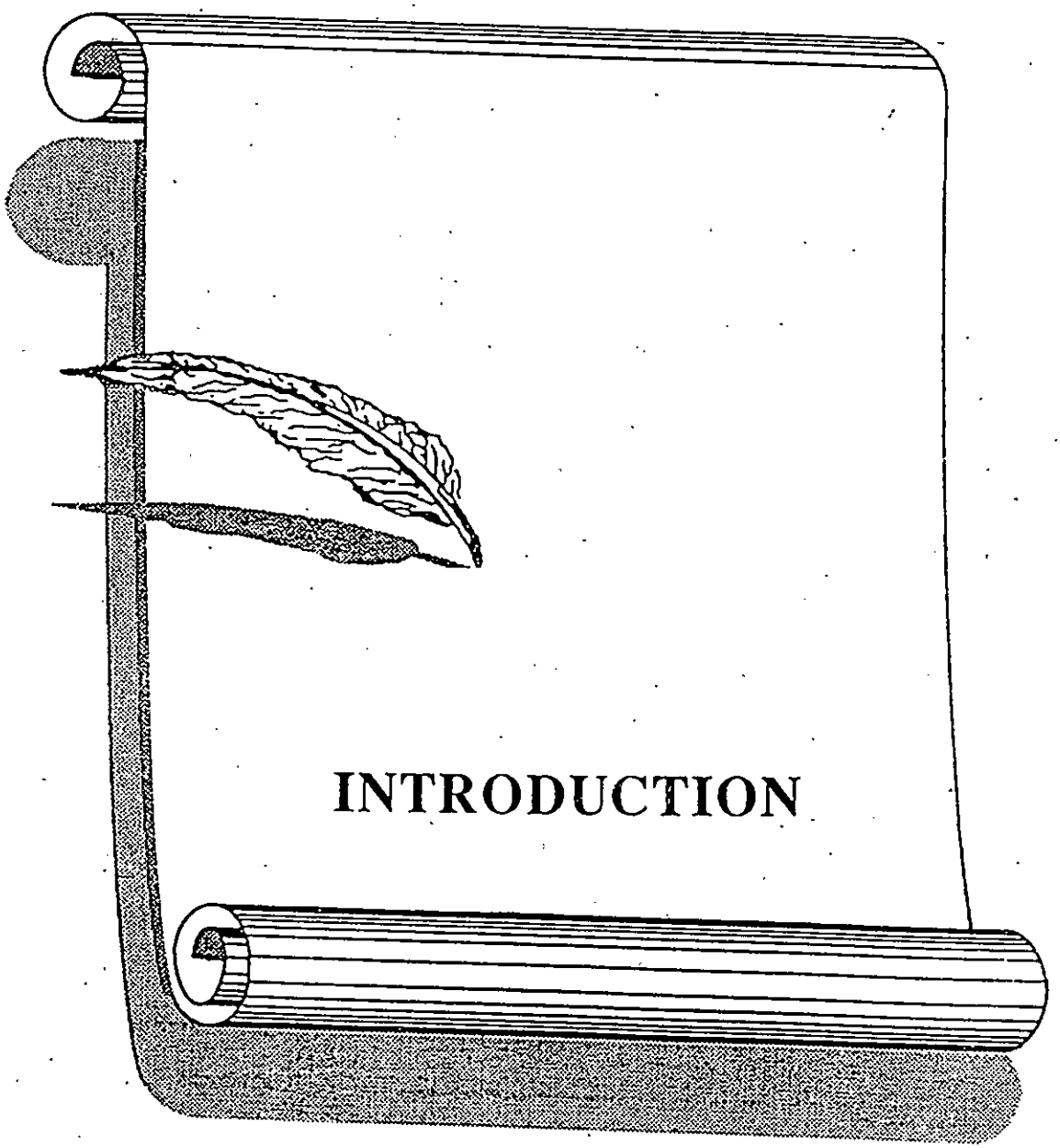

INTRODUCTION

Rapidly progressive periodontitis is a form of periodontal disease which affects patients whose age ranges from 25-35 year and is characterized by rapid loss of supporting bone and connective tissue attachment **(Page and Schroeder 1982).** The disease follow a course of activity and quiescence. The active stage is characterized by ongoing loss of supporting bone and connective tissue attachment. **(Socransky et al., 1984).**

Detection of deteriorating areas provides a rationale for implementing treatment, facilitates site specific therapy, precludes overtreatment of locations that are healthy or have gingivitis, assess results of therapy and determines when retreatment is required **(Greenstein and Caton 1990).** Early detection of disease active episodes and identification of the remission state could be important for the control of periodontal destruction **(Haffajee et al., 1983b).**

Periodontal disease activity was found to be associated with increased numbers of spirochets which are the most prominent periodontal pathogens associated with periodontal infections **(Listgarten and Schifter 1982).** *Porphyromonas gingivalis* are often the most prevalent micro-organisms

isolated from active sites of both adult and rapidly progressive periodontitis lesions. In contrast, *Actinobacillus actinomycetemcomitans*, are the most prominant micro-organisms isolated from active sites of juvenile periodontitis lesions **(Newman et al., 1976).** Differences in the composition of the subgingival flora between healthy (non active) and diseased sites (active) were reported by **Listgarten and Hellden (1978).** Healthy sites showed high proportions of coccoid cells whereas diseased sites showed higher proportions of motile rods and spirochetes. The percent of spirochetes in subgingival plaque was found to be associated with the degree of inflammation, the depth of the pocket, and with the amount of calculus at the site of sampling **(Savitt & Socransky 1984 and Africa et al., 1985).**

Method's of sampling from discrete regions within the pocket need to be developed, together with improving methods for dispersing microbial plaque while maintaining viability of organisms. Various techniques are needed for more identification of specific micro-organisms and at present, conventional bacteriological methods are too time consuming and expensive for routine clinical diagnosis. **(Polson and Goodson 1985).** Cultural studies of microbial composition of