

# Treatment of stage IV periodontitis

## The EFP S3-level clinical practice guideline

### Where does the need for this guideline come from?

- Implementation of the new classification of periodontitis should facilitate the use of appropriate preventive and therapeutic interventions, depending on the stage and grade of the disease. The application of this S3-level clinical practice guideline will allow a homogeneous and evidence-based approach to the management of stage I–III periodontitis.

### What do patients need to know?

- An essential prerequisite to risk is to inform the patient of the diagnosis, including causes of the condition, risk factors, treatment alternatives and expected risks and benefits including explanations regarding consequences of refused treatment.
- This discussion should be followed by agreement on a personalized care plan.
- The plan might need to be modified during the treatment journey, depending on patient preferences, clinical findings and changes to overall health.

### How do we interpret these infographics?

- Blue colour:** Recommendations in favor of a particular strategy of treatment or specific procedure.
- Orange colour:** Open recommendation in which the clinician is responsible for the final choice of a particular strategy of treatment or specific procedure based on specific patient characteristics.
- Uncertain recommendation** for whose clarification further research is needed.
- Red colour:** Recommendations against a particular strategy of treatment or specific procedure.

Grade of recommendation grade <sup>a</sup>	Description	Syntax
A	Strong recommendation	We recommend <b>We recommend not to</b>
B	Recommendation	We suggest <b>We suggest not to</b>
O	Open recommendation	<b>May be considered</b>

TABLE  
Strength of recommendations:  
grading scheme (German Association  
of the Scientific Medical Societies  
(AWMF) and Standing Guidelines  
Commission, 2012)

<sup>a</sup> If the group felt that evidence was not clear enough to support a recommendation, statements were formulated, including the need (or not) of additional research.

### Aim:

This guideline aims to provide information on:

- multidisciplinary therapeutic approaches in the treatment of stage IV periodontitis,
- how to minimize tooth loss associated with periodontitis,
- how to improve overall systemic health and quality of life

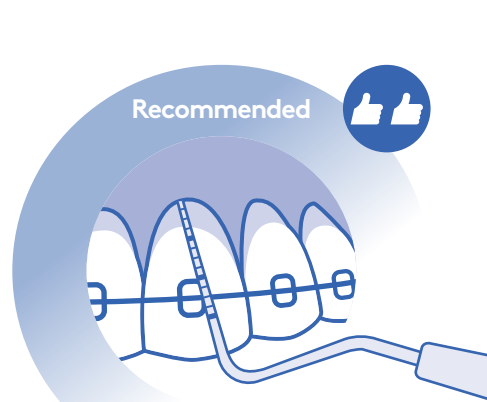
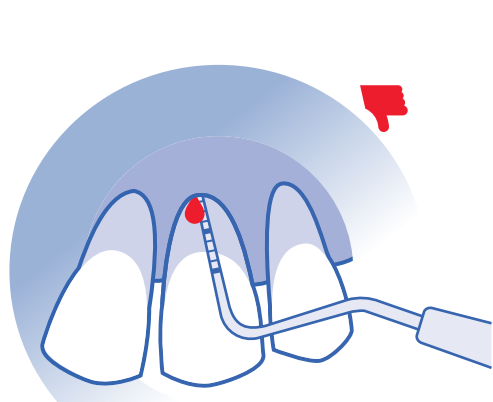
for patients in periodontitis stage IV Case Type 2.

The **Case Type 2 patient** is a patient with pathological tooth migration, characterized by tooth elongation, drifting and flaring, which is amenable to orthodontic correction.

## Case Type 2

### Orthodontic therapy in stage IV periodontitis patients

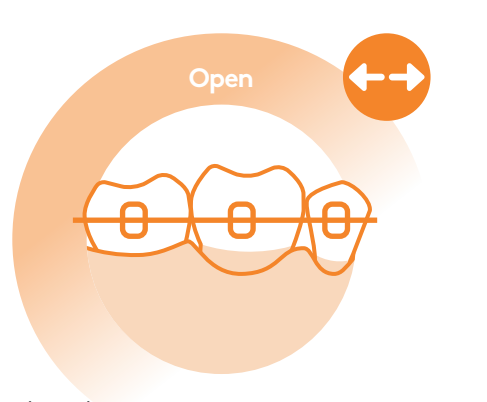
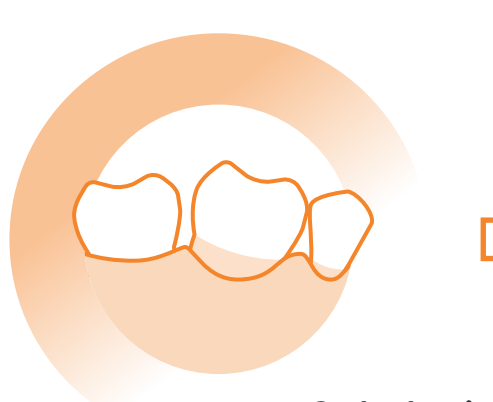
#### Recommended interventions Recommended Suggested



**Orthodontic treatment is recommended once the endpoints of periodontal therapy have been achieved** (no sites with PPD = 5 mm with BOP, nor any sites with PPD ≥ 6 mm).

### Orthodontic therapy for tilted molars

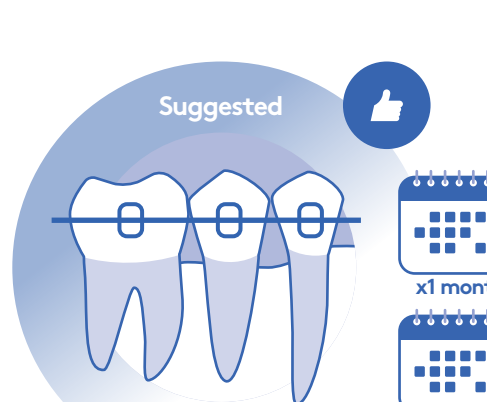
#### Open recommendation



**Orthodontic therapy for tilted molars may be considered.**

### Orthodontic therapy with intra-bony defects

#### Recommended interventions Recommended Suggested

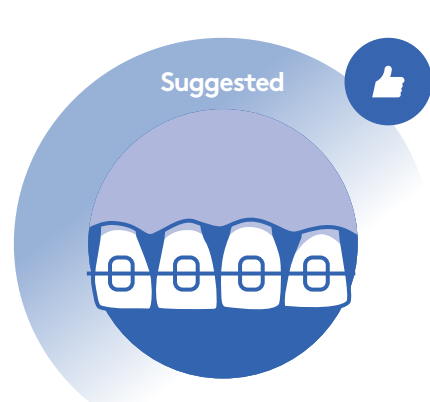


**Orthodontic treatment is recommended after appropriate regenerative interventions** in intra-bony defects.

It is suggested to undertake orthodontic treatment **1 to 6 months** after regenerative interventions.

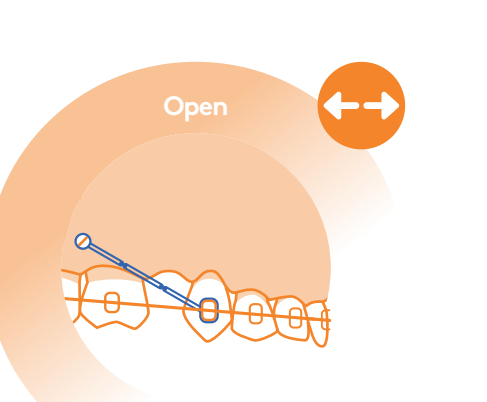
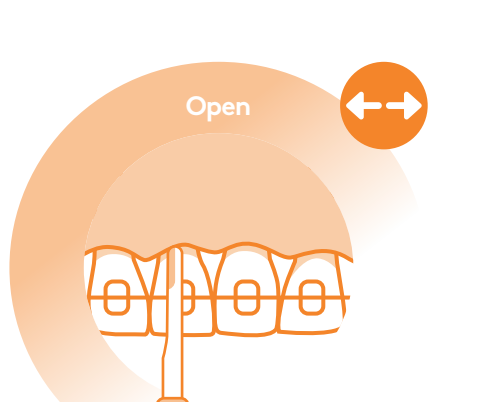
### Orthodontic therapy to maintain/improve periodontal outcomes

#### Recommended interventions Recommended Suggested



**The use of fixed rather than removable appliances is suggested.**

#### Open recommendation



**The use of fiberotomy adjunctive to orthodontic tooth movement may be considered.**

**The use of skeletal anchorage devices (implants or temporary anchorage devices—micro-screws or mini-plates) may be considered.**

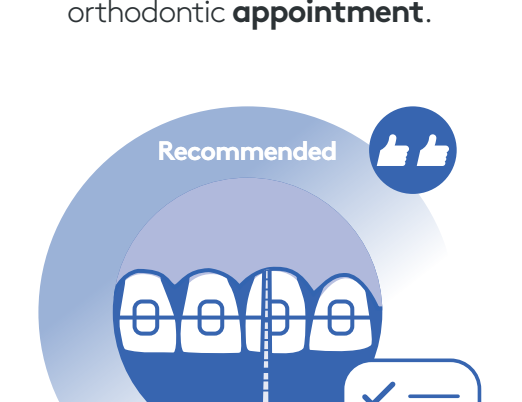
### Supportive care after orthodontic therapy

#### Recommended interventions Recommended Suggested



**During OT periodontal check-up should be ideally performed at each orthodontic appointment.**

**Active OT should be interrupted and affected teeth should be maintained passively when recurrence of periodontitis is detected.**



Once periodontal health/stability has been reestablished, **OT can be re-instituted.**

After completion of OT, **life-long supportive periodontal care and life-long orthodontic retention should be provided tailored to the individual needs/risk profile of the patient.**

This document is a graphic adaptation of the actual clinical practice guidelines and the reader is referred for the correct explanation to the original article: "Treatment of stage IV periodontitis: The EFP S3-level clinical practice guideline" by Herrera and coworkers, Journal of Clinical Periodontology 2022, <https://www.efp.org/education/continuing-education/clinical-guidelines/guideline-on-treatment-of-stage-iv-periodontitis/>