

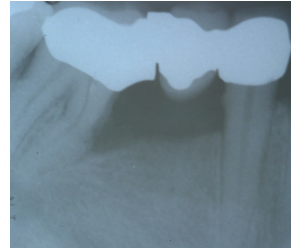
# The Roles of the Orthodontist, Periodontist and the Restorative Dentist in the Treatment of Osseous Defects

Dr. Vince Kockich 2004

**Interproximal Crater**



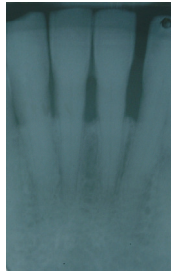
**One Wall Defect**



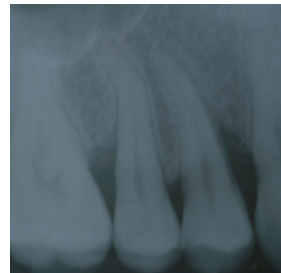
**Two Wall Defect**



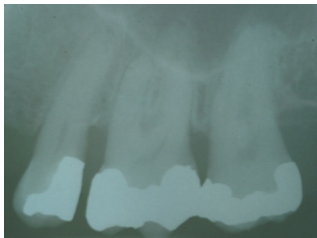
**Horizontal Bone Loss**



**Three Wall Defect**



**Class Two Furcation**



**Class Three Furcation**



## Interproximal Crater

- Buccal and lingual walls are present
- Root Planing to reduce inflammation
- Resective therapy best option
- Generalized orthodontic treatment can be begun after resolution of pocketing and signs of inflammation (Bleeding)

### One Wall Defect

- Often seen mesial to tipped molars
- Root Planing to reduce inflammation
- Orthodontic treatment is the most ideal approach as it minimizes or eliminates the defect and allows for proper restoration of remaining teeth (ie: implant, bridge)

### Two Wall Defect

- Root Planing to reduce inflammation
- Orthodontic extrusion done to minimize defect
- Often seen in teeth with endodontic perforations
- Periodontal surgery may also be required

### Three Wall Defect

- Root Planing to reduce inflammation
- Regeneration Therapy (bone graft and/or membrane)
- Generalized Orthodontic Treatment may begin during the healing process

### Horizontal Bone Loss

- Root Planing, although it may not be needed if pocketing is minimal
- Care should be taken during orthodontic treatment to maintain the flat osseous crest
- Periodontal Surgery may be done if pocketing does exist

### Class II Furcation

- Root Planing as initial treatment
- Regenerative Therapy with membrane
- Orthodontic treatment can be begun after the removal of the membrane

### Class III Furcation

- Root Planing as initial treatment
- Tooth has a poor prognosis
- Can be used for orthodontic anchorage prior to extraction
- Hemisection or implants should be considered

Proper diagnosis (charting, full mouth series) is essential. Use team approach with all patients who are found to be at risk.