Parodontal diagnostics

General:

Inflammations of the parodonticum are caused by bacteria or their products. The emergence and the progression of parodontal disorders as well as certain forms of implant failures are associated with a typical microbial flora. The following Gram-negative anaerobes are considered as marker germs: Actinobacillus actinomycetemcomitans, Porphyromonas gingivalis, Prevotella intermedia, Bacteroides forsythus. The bacteria, more precisely their genes (DNA), can be identified and differentiated with PCR and hybridization. When detecting one or several marker germs, accompanying antibiotic therapy is recommended.

Therapy recommendations Parodontitis:

Antibiotic	**Indication**	**Dosage at a systemic application**
Metronidazole	against *P. gingivalis, P. intermedia:* systemic: in generalized parodontitis, not effective against *A.actinomycetemcom.* local: metronidazole gel	2 x daily 500 mg/10 days
Clindamycin	against *P. gingivalis, P. intermedia:* systemic: in generalized parodontitis not effective against *A. actinomycetemcom.*	2 x daily 600 mg/10 days
Amoxicillin + Metronidazole	against *P. gingivalis, P. intermedia:* and *A. actinomycetemcom.* systemic: in generalized paradontitis	3 x daily 375 mg amoxicillin + 250 mg of metronidazole for 7 days
Tetracycline	against *P. gingivalis, P. intermedia*: systemic: only as reserve preparation since less effective	4 x daily 250 mg/14 days

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*performed in a collaborating laboratory (Germany)

The following tests are available:

- **Detection and differentiation of parodontitis marker germs**

  Indication: therapy-resistant adult parodontitis (AP), adult rapid progressive parodontitis (RPP, ANUG), localized juvenile paradontitis (LJP), periimplantary infections

  Preanalytics: Insert vials together with the completed request form into a sealable plastic bag and send to the laboratory immediately.

  Material: Sulcus content. The following procedure is recommended:

  (1) choice of one or several deep sulci that do not bleed acutely and do not contain any pus;

  (2) draining of the collection place;

  (3) distance of the supragingival plaques

  (4) insertion of a sterile paper tip up to the sulcus bottom

  (5) after approx. 10 seconds collection of the paper tip, thereby avoid contact with oral mucosa saliva or crown;

  (6) transfer each paper tip into its own vial;

  (7) lock vials and mark the tooth number on the via

  TAT: 2 weeks*

  Method: PCR

- **Parodontitis – risk factor test**

  Indication: The PRTest shows the individual genetic risk for parodontitis of a patient. It has been shown that there is an association between the appearance of spe-cific interleukin 1 genotypes in parodontal diseases.

  TAT: 2 weeks*

  Method: PCR

  Ref.range: negative/positive

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit http://www.fml-dubai.com/parameter-listings/

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