PERIODONTAL TISSUES REGENERATION AFTER DFDBI TREATMENT

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Regenerative surgery is a standard measure in periodontitis patients with advanced bone destruction. This procedure success can be observed clinically and laboratorically. Advantages in hard tissue or alveolar bone growth and size observations are needed to confirm measures which gave the maximum success. Osteocalcium is a protein produced by osteoblast, whose level indicate osteoblast activities. Experiment methods use in this study is experimental quation with pre- and post-test. Twenty six defect achieved from 13 patients with conventional or regenerative treatment. Plaque and calculus as etiologic factors, PBI inflammation, soft tissues regeneration markers, pocket depth and loss of attachment, and hard tissue regeneration markers, radiologics, and osteocalcin levels in gingival crevicular fluid [GCF] recorded before and after treatment, any changes observed was analyzed. This study found an inflammation reduction and soft tissue regeneration in both treatment group, but hard tissues regeneration only found in the regenerative treatment group with TDS. This study concluded that periodontal tissue regeneration effectively resulted in the regenerative treatment with TDS. osteocalcin in GCF can be used as a bone growth marker in regenerative treatment with TDS.

Keywords: TDS, tissues regeneration, osteocalcin, ICAM-1.