EFP Clinical Guideline

Treatment of stage I-III 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 therapy 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[a]	Description	Syntax
A	Strong recommendation	We recommend We recommend not to
B	Recommendation	We suggest We suggest not to
O	Open recommendation	May be considered

[a] 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.

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

STEP 3

Aim:

Treating those sites non-responding adequately to the second step of therapy with the purpose of getting access to deep pocket sites, or aiming at regenerating or resecting those lesions, that add complexity in the management of periodontitis (infrabony and furcation lesions).

If periodontal pockets > 4 mm with bleeding on probing and/or deep pockets (≥ 6 mm) are still present at re-evaluation, different options for step 3 can be considered:

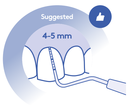
- Repeated subgingival instrumentation with or without adjunctive therapies.
- Access flap periodontal surgery.
- Resective periodontal surgery.
- Regenerative periodontal surgery.

General aspects of step 3

Recommended interventions — Recommended — Suggested

Surgery should be performed by dentists with additional specific training or by specialists.

As a minimum requirement, **repeated subgingival instrumentation, with or without access flap** of the area, in the context of high-quality step 1 and 2 treatment, and a frequent program of supportive periodontal care including subgingival instrumentation, are recommended.



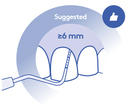
In presence of moderately deep residual pockets (4-5 mm), **non-surgical subgingival instrumentation** should be repeated.

Not recommended — NOT recommended — NOT suggested

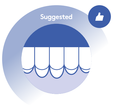
Surgery should not performed in patients not achieving adequate levels of self-performed oral hygiene.

Access and resective surgery

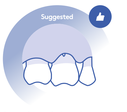
Recommended interventions — Recommended — Suggested



In presence of deep residual pockets (PPD ≥ 6 mm) **access flap surgery** should be performed.



Different **flap desing** can be used.



Resective periodontal surgery is recommended but increase of gingival recession is possible.

Management of intrabony defects

Recommended interventions — Recommended — Suggested

Teeth with residual deep pockets associated with intrabony defects 3 mm or deeper should be treated with **periodontal regenerative surgery.**

When doing regeneration either **barrier membranes or enamel matrix derivative with or without the addition of bone-derived grafts** should be used.

Papilla preservation flaps should be used.
Under some specific circumstances, we also recommend **limiting flap elevation** to optimize wound stability and reduce morbidity.

Management of furcation lesions

Recommended interventions — Recommended — Suggested

Periodontal therapy is recommended in molars with class II and III furcation involvement and residual pockets. Furcation involvement is no reason for **extraction**.

Class II furcation on mandibular teeth and class II buccal furcation on maxillary teeth should be treated with **periodontal regenerative surgery.**

Regeneration of furcation can be performed with **enamel matrix derivative alone or bone-derived graft with or without resorbable membranes.**

Open recommendation

In class III furcation defects and maxillary interdental class II or multiple class II defects, **nonsurgical instrumentation, open flap debridement, tunneling, root separation or root resection** may be considered.

Re-evaluation after step 3

Endpoints:

- **No periodontal pockets ≥ 5 mm with bleeding on probing.**
- **No deep pockets [≥ 6 mm].**

If these endpoints are achieved, the patient should join a SPC program.

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 I-III periodontitis - The EFP S3-level clinical guideline" by Sanz and coworkers, *J Clin Periodontology* 2020. https://onlinelibrary.wiley.com/doi/10.1111/jcpe.13290