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Short Communication

Upgradation of Newer Terminology after 2017 Classification

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Classification is the process in which ideas and objects are recognized, differentiated and understood. Till date, there are various paradigm shifts in the classification system in the subject of periodontics and oral Implantology based on our understandings regarding periodontal disease, data available and Etiopathogenesis of periodontal disease.

The first classification system was introduced based on the understanding of clinical features of disease that was between 1870-1920 which was further followed by the newer trends in the concepts of clinical pathology that was somewhere in between 1920-1970 and now presently we are following the concept of infectious aetiology of periodontal disease and host response (1970-till date).

Recently 2017 classification have been introduced thus taking us to the era of new terminologies and concepts. In this paper we will discuss about salient features and important changes in 2017 classification of periodontal and peri-implant diseases and conditions.

Recent 2017 classification

As we all are aware that Periodontal diseases are polymicrobial, polygenic and multifactorial that finally leads to the destruction of periodontal and tooth supporting structures. Till date, there are various paradigm shifts in the classification system in the subject of periodontics and oral Implantology based on our understandings regarding periodontal disease and Etiopathogenesis of periodontal disease.

Historical background

Periodontal diseases have afflicted humans for a very long time as indicated by ancient medical documents and human skeletal remains. Description of the periodontal diseases and their treatment is found in ancient Egyptian and Chinese writings some 4000 years ago The first classification system for periodontal disease was recorded by Joseph Fox in 1806, to classify „gingival disease". The first classification scheme to be accepted by the American Academy of Periodontology (AAP) was that of Orban in 1942. Since then, a number of different systems have been proposed.

Recently 2017 classification has been introduced as the outcome of combined effort by European Federation of Periodontology (EFP) and the American Academy of Periodontology (AAP) in Chicago in 2017. This workshop included over 100 experts from Europe, America, Australia and Asia who reviewed existing literature to create a global consensus regarding classification of periodontal and peri implant diseases and conditions.

Salient features of 2017 classifications

In this classification following points were introduced

- clinical health is defined for the very first time.
- This classification aims to identify well defined clinical entities using clear criteria that are able to link diagnosis with prevention and treatment, thus moving towards precision and individualized dentistry.
- Classification defines specific criteria for the following diagnoses:
  1. Periodontal health.
  2. Gingivitis.
  3. Reduced but healthy periodontium (successfully treated periodontitis)
  4. Gingival inflammation in a periodontitis patient (treated periodontitis with persistent inflammation);
  5. Periodontitis;
  6. Periodontitis as a manifestation of systemic diseases and
  7. Necrotizing periodontal disease.
- Recategorization of types of periodontitis. 'Chronic periodontitis' and 'Aggressive periodontitis are now no longer identified as two separate disease entities. They are grouped under a single category-'periodontitis.
- Three distinct forms of periodontitis [periodontal disease] have been clearly defined. These are: Periodontitis [includes former aggressive and chronic periodontitis disease entities], necrotizing periodontitis and periodontitis as a manifestation

of systemic conditions.

- Development of a new multi-dimensional staging and grading system for periodontitis for providing a structure for periodontal treatment planning, monitoring a patient's response to periodontal therapy and assessing risk of future periodontal disease progression. This multidimensional staging and grading system can be adapted/changed in future as new evidence emerges.
- Four staging levels of periodontal disease i.e., stages, I to IV have been defined. They specify the severity of periodontal disease and complexity of its [periodontal disease's] management. Stage I is the mildest while Stage/V is the severest.
- Three grading levels allows clinicians to incorporate additional biologic characteristics of the patient [individual patient specific factors], into the diagnosis and estimation of the rate and likelihood of progression of periodontitis. Grading levels are determined by taking into account a patient's overall systemic health and periodontal risk factors [e.g., general health status, smoking, diabetic control etc.]. Grade A indicates low risk of progression of periodontal disease in the future, Grade B indicates moderate risk of progression while high risk of progression is indicated by Grade C.
- This staging and grading system helps to develop a sound treatment plan and strategy based on the patient's specific needs.
- First time ever inclusion of classification for peri-implant diseases and conditions in classification of periodontal disease.
- Peri-implant health [absence of visible inflammation and bleeding on gentle probing]; peri-implant mucositis [bleeding on probing and visually identifiable signs of gingival inflammation around the implant: peri-implantitis inflammation of mucosal tissue and subsequent progressive loss of supporting bone around dental implants caused by plaque microorganisms] have been defined.
- Hard and soft tissue implant site deficiencies [related to healing after tooth loss, traumatic extraction, endodontic infections, injury etc. are also included in the classification.
- Bleeding on probing is now the primary parameter for identification and classification of gingivitis.
- Periodontal health and gingival inflammation in a reduced periodontium after completion of successful treatment of a patient with periodontitis have been characterized.
- The classification accepts that gingivitis patients can revert to a state of periodontal health, but patients with periodontitis remain periodontitis patients for life (even after successful periodontal therapy] and will require life-long supportive periodontal care to prevent recurrence of periodontal disease.
- Some common systemic diseases e.g., diabetes mellitus act as modifiers of periodontitis. They have the potential to substantially alter disease occurrence, severity and response to treatment. However, this classification recognizes that the current available evidence does not support a unique pathophysiology in patients with diabetes and periodontitis.
- The term periodontal biotype has been replaced by the term periodontal phenotype.
- The term biologic width has been replaced by the term supracrestal attached tissues.
- The classification accepts that there is lack of evidence from human studies implicating occlusal trauma in the progression of attachment loss in periodontitis