After many years of research on periodontal treatment modalities involving small-scale studies, randomised controlled clinical trials are now allowing revisions of previous concepts in periodontal diagnosis and treatment approaches. The introduction of dental implant replacement has also introduced new therapeutic challenges. In light of new evidence on one side and periodontal infections inflammation on the other side, a potential risk for severe systemic diseases (i.e., acute coronary syndrome, and preterm birth) requires new approaches to periodontal diagnosis and therapy strategies. Dental Tribune International spoke with Prof. Rutger G. Persson, University of Bern, Switzerland, about these strategies and how they could be implemented.

Daniel Zimmermann: The link between periodontal and systemic diseases is currently the focus of much discussion. How has knowledge of this link influenced the field of periodontology?

Prof. Rutger G. Persson: In the 1980s, a Finnish group first conducted research on the link between periodontitis and cardiovascular diseases. Later, follow-up studies were conducted by the University of North Carolina at Chapel Hill.

In 1997, it was common knowledge that patients with diabetes mellitus tended to suffer from periodontal disease, but we did not know much about how periodontitis influenced diabetes. There were also interesting new studies on periodontitis and its relation to preterm births and cardiovascular diseases.

Before 1820, it was also known that apical infections were linked to rheumatism (focal infections), but this changed at the beginning of World War II because suddenly everybody claimed the link did not exist. Thereafter, the topic was taboo. Now interest is slowly returning, not in terms of focal infection teaching, but in terms of knowledge of microbial conditions in relation to inflammation reaction in periodontitis.

Are you referring to biofilm?

Yes. Periodontitis isn’t a simple...