through accessory canals of the tooth and or apical communication and secondarily infect the pulp. In addition, they may arise as a sequela of a fractured tooth.

Clinical features: Clinical features may include combinations of the following signs and symptoms: smooth, shiny swelling of the gingiva or mucosa; pain, with the area of swelling tender to the touch; and/or a purulent exudate. The tooth may be sensitive to percussion and mobile. A fistulous track may be present. Rapid loss of the periodontal attachment and periradicular tissues may occur. Facial swelling and/or cellulitis may be present.

Therapeutic Goals

The goal of therapy for combined periodontal/endodontic lesions (abscesses) is the elimination of the signs, symptoms and etiology as soon as possible.

Treatment Considerations

Treatment considerations include establishing drainage by debriding the pocket and/or by incising the abscess. Other treatments may include endodontic therapy, irrigation of the pocket, limited occlusal adjustment, the administration of antimicrobials, and management of patient comfort. A surgical procedure for access for debridement may be considered. In some circumstances, an endodontic consultation may be required. In other circumstances, extraction of the tooth may be necessary. In any case, a comprehensive periodontal and endodontic examination should follow resolution of the acute condition.

Outcomes Assessment

1. The desired outcome of therapy in patients with a periodontal/endodontic lesion is the resolution of the signs and symptoms.
2. Areas where the acute condition does not resolve may be characterized by recurrence of an abscess and/or continued loss of periodontal attachment and periradicular tissues.
3. Factors which contribute to non-resolution of the condition may include failure to remove the causes of infection, incomplete debridement, incomplete diagnosis, or the presence of underlying systemic disease.
4. Resolution of the acute phase by management of the multiple etiologic factors may result in partial restoration of the clinical attachment that has been lost. In patients where the condition does not resolve, additional evaluation and therapy is required.[3]

Necrotizing Periodontal Diseases

Clinical Diagnosis

Definition: Necrotizing ulcerative gingivitis (NUG) is an acute infection of the gingiva. Where NUG has progressed to include attachment loss, it has been referred to as necrotizing ulcerative periodontitis (NUP).

Clinical Features. NUG may include combinations of the following signs and symptoms: necrosis and ulceration of the tips of the interdental papillae or gingival margin; and painful, bright red marginal gingiva which bleed on slight manipulation. The mouth may have a malodor and systemic manifestations may be present. In patients with NUG, there may be increased levels of personal stress, heavy smoking, and poor nutrition. Both NUG and NUP may be associated with HIV/AIDS and other diseases where the immune system is compromised.

Therapeutic Goals

The goal of therapy for necrotizing periodontal diseases is the prompt elimination of the acute signs and symptoms.

Treatment Considerations

Treatment considerations include irrigation and debridement of the necrotic areas and tooth surfaces; oral hygiene instructions and the use of oral rinses, pain control, and management of systemic manifestations, including appropriate antibiotic therapy, as necessary. Patient counseling should include instruction on proper nutrition, oral care, appropriate fluid intake, and smoking cessation. A comprehensive periodontal evaluation should follow resolution of the acute condition.

Outcomes Assessment

1. The desired outcome of therapy in patients with necrotizing periodontal diseases should be the resolution of signs and symptoms and the restoration of gingival health and function.
2. Areas where the gingival condition does not resolve may occur and be characterized by recurrence and/or progressive destruction of the gingiva and periodontal attachment.
3. Factors which may contribute to non-resolution include the failure to remove the causes of irritation, incomplete debridement, inaccurate diagnosis, patient non-compliance, and/or underlying systemic conditions.
4. In patients where the condition does not resolve, additional therapy and/or medical/dental consultation may be indicated. These conditions may have a tendency to recur and frequent periodontal maintenance visits and meticulous oral hygiene may be necessary.[4]

Herpetic Gingivostomatitis

Clinical Diagnosis

Definition: Herpetic gingivostomatitis is a viral infection (herpes simplex) of the oral mucosa.

Clinical Features

Clinical features may include combinations of the following signs and symptoms: generalized pain in the gingiva and oral mucous membranes, inflammation, vesiculation, and ulceration of the gingiva and/or oral mucosa, lymphadenopathy, fever, and malaise.

Therapeutic Goals

The goal of therapy for herpetic gingivostomatitis is the relief of pain to facilitate maintenance of nutrition, hydration, and basic oral hygiene.

Treatment Considerations

Treatment considerations include gentle debridement and the relief of pain (e.g., topical anesthetic rinses). Patient counseling should include instruction in proper nutrition, oral care, appropriate fluid intake, and reassurance that the condition is self-limiting. The use of antiviral medications may be considered. The patient should be informed that the disease is contagious atcertain stages.[5]

Outcomes Assessment

1. The desired outcome in patients with herpetic gingivostomatitis should be the resolution of signs and symptoms.
2. If the condition does not resolve, medical consultation may be indicated.[6]

Pericoronal Abscess (pericoronitis)

Clinical Diagnosis

Definition: A localized purulent infection within the tissue surrounding the crown of a partially or fully erupted tooth.

Clinical features: Clinical features may include signs and symptoms of the following: localized red, swollen, lesions that are painful to touch. Also evident may be a purulent exudate, trismus, lymphadenopathy, fever, and malaise.

Therapeutic Goals

The goal of therapy for a pericoronal abscess is the elimination of the acute signs and symptoms as soon as possible, including the causes of irritation.

Treatment Considerations

Treatment considerations include debridement and irrigation of the undersurface of the pericoronal flap, use of antimicrobials and tissue recontouring, or extraction of the involved and/or opposing tooth. Patients should be instructed in home care.

Outcomes Assessment

1. The desired outcome of therapy in patients with a pericoronal abscess should be the resolution of signs and symptoms of inflammation and infection and the restoration of tissue health and function.
2. Areas where the condition does not resolve may be characterized by recurrence of the acute symptoms and/or spread of infection to surrounding tissues.
3. Factors which may contribute to non-resolution may include the failure to remove the causes of irritation or incomplete debridement. In some cases of pericoronal abscess, trauma from the opposing tooth may be an aggravating factor.
4. In patients where the condition does not resolve, additional therapy may be indicated.[7]

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