
The aim of the 5-year study was to determine the presence of A. actinomycetemcomitans (A), P. gingivalis (P), P. nigrescens (P), and S. sanguinis (P) in periodontitis patients with different treatment response. 14 patients were consecutively recruited and divided into 3 groups: Group A (no treatment), Group B (scaling and root planing), and Group C (scaling and root planing + antibiotics). The presence of subgingival microorganisms in the root surfaces was assessed using a double-blind, single-dose study. The analysis of the microorganisms was performed using a double-blind, single-dose study at the University of Tusculum, Rome, Italy. The study was supported by the Foundation of the University of Tusculum, Rome, Italy.

The Effects of Bacterial Survival on Treatment Outcomes Following Periodontal Therapy. J. SHILOAH,* M. M. PATTERSON, J. S. DEAN, P. BLAND, and G. TOILOZOLO (Drexel University College of Dentistry, Philadelphia, Pennsylvania.)

Previously unreported data from this longitudinal study indicate that pathogenic bacterial species are not surrogates for survival of treatment outcomes of four randomized treatment modalities in twelve periodontitis patients with adult periodontitis. All patients had moderate to severe periodontal disease and had received scaling and root planing as part of their treatment. The study was a 3-year randomized controlled trial, with patients randomized to four different treatment groups: Group 1 (scaling and root planing), Group 2 (scaling and root planing + antibiotics), Group 3 (scaling and root planing + subgingival curettage), and Group 4 (scaling and root planing + subgingival curettage + antibiotics). The number of target organisms per site was determined pre-operatively, at 1 week and 1 month post-operatively, and at 3 months post-operatively using a modified Gram's stain and a phase-contrast microscope. The results showed no significant differences in the number of target organisms between the treatment groups. The study was supported by the National Institute of Health, USA.

The Effectiveness of Root Planing Following Short-Term Pocket Distraction. E. S. HOFM, P. H. BOSMAN, M. C. VIENNA, and D. M. BADALLOZO (Northwestern University, Chicago, Illinois, USA.)

The principal objective of this study was to evaluate the effectiveness of root planing following short-term pocket distraction. Twenty-five patients were involved and were randomly assigned to two groups: Group A (treatment with root planing and antibiotics) and Group B (treatment with root planing alone). The results showed no significant differences in the number of target organisms between the treatment groups. In Group A and 2.1, the treatment group was concluded and 2.2.13 (p = 0.031) was observed. In Group B, the treatment group was concluded and 2.1.13 (p = 0.12) was observed. The results showed no significant differences in the number of target organisms between the treatment groups. The study was supported by the University of Pennsylvania, Philadelphia, Pennsylvania.

Review of Preemptive Analgesia for Dental Pain. R. A. DIONNE,* (NAB, NIH, NIH, Bethesda, MD.)

Surgical and dental procedures often result in postoperative pain secondary to tissue injury and the initiation of the inflammatory response. Sequestration of inflammatory cells such as pain and edema continue for several days after the initial injury due to sensitization of peripheral nociceptors and a self-perpetuating cascade of biochemical mediators of pain and inflammation. It has also been recognized that a barrier of nociceptive information can cause changes in the CNS, characterized as central sensitization, leading to increased pain for several days following the surgical procedure. This is further complicated by the presence of peripheral nociceptors that attempt to prevent pathophysiologic mechanisms in the peripheral and CNS may result in less pain during the immediate postoperative period. Surgical pain and inflammation usually peak. Pre-surgical administration of an NSAID has been well-documented to suppress pain on the day of surgery in comparison to a variety of analgesic drugs. A lower number of side effects reported in the control group (19 reported by 12 patients) compared to the patients receiving preemptive analgesia (4 reported by 4 patients). Seven instances of nausea were reported in the control group and no instances of vomiting were reported in the premalignal pain group. The study was supported by the University of Pennsylvania, Philadelphia, Pennsylvania.