322 12 months effects of scaling and root planning on clinical and microbiological parameters. M. A. CUGNAP, A. D. HAFIFER, C. SMITH, R. L. KENT JR. and S. S. NOCKERN, Forsyth Dental Center, Boston, MA.

The purpose of the present study was to examine the effects of SRP on clinical and microbiological parameters in 6 periodontally susceptible subjects (mean age 42 years). Subjects were monitored at baseline, immediately after and 6 months after subgingival scaling and root planning (SDR). Microbiological samples were collected from each subject at baseline and 12 months after SDR. At each visit, samples were taken from deep gingival pockets using sterile cotton applicators. Identification of the most prevalent strain of each species was performed for each subject at each visit. Differences in clinical parameters and microbiological parameters were analyzed using ANOVA and the Student-Newman-Keuls test.

323 Effects of Chlorhexidine (CHX) combined with or without debonding on gingivitis. E.F.CORSET, J.O.W.TAM, K.Y.ZEN, M.C.M.WONG, R.C.M.LO, A.W.MONTIELI and N.P.LANG (Universities of Hong Kong and Bern, Switzerland).

Following earlier demonstration of the therapeutic effectiveness of CHX in gingivitis subjects with abscessed inclusions, any additional effect of debonding was to be evaluated. 60 Chinese laboratory rats were divided into three groups according to the treatment assigned. Group A was treated twice daily with CHX mouthwash solution for 6 months. Group B was debonded by the removal of the teeth and was treated twice daily with CHX mouthwash solution for 6 months. Group C was treated for 6 months with CHX mouthwash solution only. The results showed that both CHX and debonding had a significant effect on the improvement of gingivitis.

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325 Repopulation of Periodontal Pockets Following Four Treatment Modalities in Humans. J. SHLODO, M. R. PATTERS, J. W. DEAN, P. R. BLOOM, and G. TOLEDO (Dep. of Periodontology, Univ. of Texas, College of Dentistry).

The present report analyzes the effects of repopulation of treated pockets by high-level, photodynamic in situ species 1 year following randomization therapy in two adult periodontal patients. All patients had at least one tooth in each quadrant that had an infiltrated pocket of probing depth ≥5 mm with probing attachment loss and hemorrhage at least once. The three treatment modalities were: Debridement, Laser-assisted periodontal coagulation, and Cytokine-mediated gene therapy. The results showed that the repopulation of treated pockets was significantly higher in the Laser-assisted periodontal coagulation and Cytokine-mediated gene therapy groups than in the Debridement group.


65 charts of CO-maintenance compliant patients (103 patients/60 months) from the general file were used to evaluate PTM. 46 non-compliant patients were selected as control (28 women/20 men). The criteria for study were: inclusion of patients with previous periodontal therapy, completion of 12 months of maintenance therapy, and the maintenance period of 12 months.

327 Long-term effects of periodontal supportive therapy in HIV seropositive patients. J.HOPPER, M.C. GÄHR, G.E.HAMMELSK. W. PLAN (University of Bergen, School of Dental Medicine, Bergen, Switzerland).

The aim of the present study was to investigate the long-term effects of periodontal supportive therapy in HIV seropositive patients. The study included 10 HIV seropositive patients, 8 men and 2 women, aged 25 to 39 years. The average number of teeth with deep periodontal pockets was 24. The patients were treated with periodontal therapy, including scaling and root planing, and were followed up for 18 months. The results showed that the periodontal status of the patients improved significantly after the treatment, with a reduction in the number of deep pockets and in the probing depth.

328 Comparative effects of 2 commercial mouthwashes on plaque regrowth. J. MOLAN*, N. ADLY, R. NEWCOMBE (Universities of Bristol and Wales, U.K.).

The potential value of mouthwash in helping to reduce plaque formation is now well accepted. Surprisingly, very few studies have directly compared the efficacy of different commercial mouthwashes. In this study, 2 commercial mouthwashes were compared to a placebo in healthy volunteers. The results showed that both commercial mouthwashes significantly reduced plaque formation compared to the placebo, with the commercial mouthwash containing 0.12% chlorhexidine gluconate being the most effective.