## C-20. Clinical evaluation of full mouth disinfection therapy

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## Material and Method

The aim of this study is to determine whether full-mouth disinfection therapy (FMT) in our clinical setting would show better improvement of clinical parameters than partial mouth disinfection therapy (PMT) in chronic periodontitis and aggressive periodontitis patients. Among 12 patients, 6 were treated FMT, other 6 were treated PMT. Clinical parameters were calculated 3months and 6 months after initial therapy.

## Result

- 1. There were no statistically significant differences between FMT and PMT in the reduction rates of the BOP after 3, 6 months.
- 2. Initial probing depth was 4-6mm, the mean probing depth after 3 months was 2.2mm VS 2.5mm(FMT VS PMT), after 6months was 2.4mm VS 2.8mm. This was significantly lower in the FMT groups.
- 3. Initial probing depth was  $\geq 7\,\mathrm{mm}$ , the reduction rates of mean probing depth during first 3 months was  $4.8\,\mathrm{mm}$  VS  $4.1\,\mathrm{mm}$  (FMT VS PMT), and 3 to 6months was  $0.5\,\mathrm{mm}$  VS  $0.3\,\mathrm{mm}$ . This was significantly larger in the FMT groups.
- 4. Initial probing depth was 4-6mm, the mean clinical attachment level after 3 months was 2.3mm VS 2.7mm (FMT VS PMT), after 6 months was 2.7mm VS 3.0 mm. This was significantly lower in the FMT groups.

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5. Initial probing depth was  $\geq 7\,\mathrm{mm}$ , the reduction rates of mean probing depth during first 3 months was  $4.0\,\mathrm{mm}$  VS  $3.0\,\mathrm{mm}$  (FMT VS PMT), and 3 to 6months was  $0\,\mathrm{mm}$  VS  $-0.1\,\mathrm{mm}$ . This was significantly larger in the FMT groups.

## Conclusion

Although the results provided us with successful clinical improvement in aggressive periodontitis, further research is needed to prove its additional benefit in the treatment of chronic periodontitis.