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DG PARO meridol® Preis – Kategorie
klinische Studie



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1. Platz: Dr. Leander Benz

Additional benefit of systemic antibiotics in subgingival instrumentation of stage III and IV periodontitis with *Aggregatibacter actinomycetemcomitans*: A retrospective analysis

Benz L., Winkler P., Dannewitz B., Nickles K., Petsos H., Aldiri T. and Eickholz P.

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- Untersuchung der adjuvanten AB-Gabe im klinischen Alltag
- 425 Patienten mit Parodontitis Stadium III und IV, Grad B und C
- 144 Patienten mit subgingivalem Nachweis von *A. actinomycetemcomitans* erhielten AB
- SI mit AB führte zu höheren Raten an Patienten (37%) mit ≤ 4 Taschen mit ST ≥ 5 mm im Vergleich zur alleinigen SI (27%)
- Der Anteil an weiterhin vertieften Taschen (ST ≥ 6 mm) war höher in der nAB- als in der AB-Gruppe





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2. Platz: Dr. Antonio Ciardo

Severe chronic obstructive pulmonary disease is associated with reduced oral health conditions

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ORIGINAL ARTICLE

ORAL DISEASES WILEY

Severe chronic obstructive pulmonary disease is associated with reduced oral health conditions

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Abstract

Objectives: This study aimed to investigate the association of explicitly severe chronic obstructive pulmonary disease (COPD) with oral conditions considering in-depth shared risk factors.

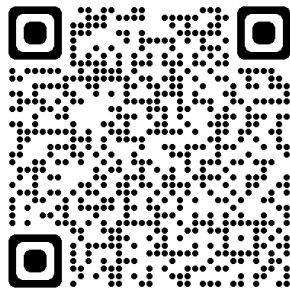
Methods: A case-control study was conducted with 104 participants, 52 with severe COPD and 52 matched controls without COPD. Dental and periodontal status were clinically assessed and oral health-related quality of life (OHRQoL) by OHIP-G14-questionnaire.

Results: Between COPD- and control-group, there were no statistically significant differences regarding age (66.02 ± 7.80), sex (female: 52 [50%]), smoking history (44.69 ± 23.23 pack years) and number of systemic diseases (2.60 ± 1.38). COPD patients demonstrated significantly fewer remaining teeth (12.58 ± 9.67 vs. 18.85 ± 6.24 , $p < 0.001$) besides higher DMFT (decayed, missing and filled teeth) index (21.12 ± 5.83 vs. 19.10 ± 3.91 , $p = 0.036$). They had significantly greater probing pocket depths (PPD): $2.24 \text{ mm} \pm 0.71 \text{ mm}$ vs. $2.7 \text{ mm} \pm 0.27 \text{ mm}$, $p < 0.001$) and bleeding on probing (BOP): $34.52\% \pm 22.03\%$ vs. $22.85\% \pm 17.94\%$, $p = 0.002$) compared to controls, but showed no significant difference in clinical attachment level or staging of periodontitis. The OHIP-G14 sum

vs. 9.63 ± 4.85 , $p = 0.00$ activity, dentist visit frequency was significantly more favourable in patients with COPD. **Conclusions:** COPD was associated with lower OHRQoL and higher DMFT besides lower OHRQoL.

KEYWORDS

chronic obstructive pulmonary disease, oral health-related quality of life, systemic diseases



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- Fall-Kontrollstudie mit 104 PatientInnen (54 mit schwerer COPD, 54 gematchte Kontrollen ohne COPD → hohe Raucheranamnese!)
- COPD mit weniger Zähnen (12,58 vs. 18,85), höheren PPD (3,24 mm vs. 2,70 mm), BOP (34,52% vs. 22,85%) und DMFT (21,12 vs. 19,10) sowie niedrigerer mundgesundheitsbezogener Lebensqualität (OHIP-G14-Σ 7,40 vs. 3,63) assoziiert
- Gemeinsame Risikofaktoren ungünstiger bei Patienten mit COPD (Bildungsstand, körperliche Aktivität, Häufigkeit von Zahnarztbesuchen, Mundhygiene und Ernährungsgewohnheiten)
- Hohe Parodontitis- und Kariesprävalenz bei PatientInnen mit schwerer COPD
- Ansatzpunkte für zahnärztliche Präventionsmaßnahmen?
- Bidirektionale Assoziationen?

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Erfahrungen eines Praxisteam



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