



Important Points to Include in Justification of Treatment of Early Stage Periodontitis without Radiographic Evidence of Bone Loss when Challenged by an Insurance Company

- It was established as long ago as 1924, that 1.8 mm is the average sulcus depth.
- The range for a healthy periodontium is 1 - 3 mm sulcus depth; anything deeper than this is a periodontal pocket.¹
- The earliest signs of periodontal disease must be detected clinically.^{2,3}
- Loss of probing attachment precedes bone loss (as evidenced radiographically) by 6-8 months.⁴
- Mild to moderate cases of periodontitis cannot be detected by using radiographs as radiographic evidence bone loss is marginal at this stage.⁵
- Before changes in the bone can be seen radiographically, even to the most experienced clinicians, a 30 - 50% loss of mineralization must occur.⁶
- Radiographic images show less severe bone loss than actually present.⁷

¹ Orban B, Kohler J. Die physiologische Zahn-fleischtasche, Epithelansatz und Epitheltie fenwucherung. *Z Stomatol* 1924 22:353.

² Bender IB, Seltzer S. Roentgenographic and direct observation of experimental lesions in bone. I. *Am Dent Assoc* 62:152, 1961.

³ Ramadan ABE, Mitchell DF. A roentgenographic study of experimental bone destruction. *Oral Surg Oral Med Oral Pathol* 15:934, 1962.

⁴ Goodson JM, Haffajee AD, Socransky SS. The relationship between attachment level loss and alveolar bone loss. *J Clin Periodontol* 11:348, 1984.

⁵ Tonetti MS, et al. Stage and grading of periodontitis: Framework and proposal of a new classification and case definition. *J Periodontol* 2018;89(Suppl 1):S159-S172.

⁶ Jeffcoat MK, Reddy MS. A comparison of probing and radiographic methods for detection of periodontal disease progression. *Current Opinions in Dentistry*, 1, 45-51.

⁷ Theilade J. An evaluation of the reliability of radiographs in the measurement of bone loss in periodontal disease. *J Periodontol* 1960.