

FACULTY OF DENTAL MEDICINE, MU – SOFIA

DEPARTEMENT OF PERIODONTOLOGY

Additional Requirements for Periodontology Intern Training

➤ **Diagnosis of a Patient with Periodontitis** – Patient criteria: presence of periodontitis, a minimum of 10 remaining teeth post-extractions; **at least 6 sites with a probing pocket depth (PPD) over 5 mm to confirm the need for active (initial) periodontal therapy.**

➤ **Development of a Treatment Plan for a Patient with Periodontitis** – The treatment plan must be prepared within 10 working days following the diagnosis (including COMPLETE PERIODONTAL CHARTING, RADIOGRAPHIC STATUS, and REQUIRED PHOTOGRAPHIC DOCUMENTATION) and submitted for approval by a periodontology assistant.

➤ **MINIMUM WORK REQUIRED**– Completion of the initial treatment phase for ONE patient with periodontitis, covering both the HYGIENE and SUBGINGIVAL PHASES.

➤ **MANDATORY REEVALUATION** – Conducted at least 4 WEEKS AFTER the completion of active periodontal therapy.

➤ **MANDATORY PLAN FOR CORRECTIVE THERAPY.**

➤ **MANDATORY RISK ASSESSMENT POST-REEVALUATION AND RECOMMENDATION FOR MAINTENANCE THERAPY.**

During the state internship, treatment is limited to one patient with periodontitis, for whom a treatment plan is also developed.

Signature is granted upon completion of the required minimum treatment procedures, verified through payment documentation.

Steps for Preparing a Treatment Plan:

- Assessment of status and periodontally focused medical history
- Photographic documentation (frontal view, left and right profile, upper and lower dental arches, any deviations in normal dental and gingival tissues, mucosal lesions, etc.)
- Detailed description of dental and oral mucosal status
- Identification of plaque-retentive factors – both natural and iatrogenic
- Hygiene and gingival status recorded with FMPS/FMBS at four sites per tooth*
- Periodontal status, including PPD (probing pocket depth), CAL (clinical attachment level), and BoP (bleeding on probing), with measurements recorded at six sites per tooth; documentation of mobility, furcation lesions, and gingival recessions*

- Radiographic assessment (PARALLEL RETROALVEOLAR RADIOGRAPHS) – analysis*:
 - Determination of the type of bone loss
 - For vertical bone defects/intradental craters: description of defect morphology/anatomy, depth, and angle
 - Calculation of the BI/Age ratio; measurement of bone loss at all assessable sites.
Periapical parallel radiographs are essential for determining bone loss in the distal area between adjacent teeth. Panoramic radiographs are not suitable for diagnostic purposes!
- Individual patient risk profile, presented using a risk hexagon
- Single tooth prognosis
- Diagnosis – including justification for stage, grade, and extent, as well as differential diagnosis
- Initial Treatment Plan, comprising:
 - ✓ A detailed description of the procedures performed during the initial phase
 - ✓ Reevaluation/expected outcomes at reevaluation, presented using a risk hexagon
 - ✓ **Plan for the corrective phase following reevaluation**– surgical (with justification for or against surgery, proposed technique, and **rationale**) and prosthetic (proposal for prosthetic treatment)
 - ✓ Scheduling of recall intervals for periodontal maintenance, **with justification for the maintenance procedures**

*Use the periodontal charts from your 5th year of study.

Dear Colleagues,

The treatment plan for a patient with periodontitis must be signed and printed on paper. For your final presentation at the end of the pre-graduation internship, the plan should be converted to a PDF format or prepared as a PowerPoint presentation.

Wishing you success!

November, 2024

Head of the Department of Periodontology:

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