



PERIO POINTERS

PerioProtect

I have been receiving information from Duane Keller regarding a huge marketing push concerning PerioProtect and several doctors have called asking my opinion of what is going on. I took his seminar regarding no cut, no sew periodontics, as I wanted to know what he was saying and more importantly, what research it is based upon, and what kind of results could one expect. I subsequently was listed as a PerioProtect dentist. I am in favor of trying new techniques based on science and research. I normally will wait 3 years before doing something new as by then it is either of value or it is history.

For those of you who do not know about PerioProtect it is basically a mouthguard the patient fills with hydrogen peroxide gel and 3 drops of vancomycin syrup. The patient then wears this appliance for 20 minutes at a time, 6 times per day for the **rest of their lives** to control the bacteria in the biofilm, so that their chronic periodontitis is "cured".

The science behind this process is questionable at best. The results they show are not on the chronic periodontitis cases for the most part, but rather on mucogingival and acute necrotizing gingivitis cases. Only the tray system is approved and patented not the treatment. That is my interpretation at least. The cost is about \$500 to the patient for the trays, and the medication costs are extra forever.

From a holistic point of view I do not want peroxide and antibiotics in my patients body for a lifetime.

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I try to keep my eye on what is going on in periodontics.

Newsletter Spotlight

I will get back to implants next month.

Maybe there is a patient out there that could benefit, but I would be inclined from a legal standpoint to treat them conventionally based on the research presently available and never duplicated.

Case Study



Initial photo



6 month photo after faithful use— I really do not see any significant change.

I tried this on 5 patients. One was a diabetic who never put the trays in his mouth. One was an older maintenance patient with 6-7 mm pockets which did not improve. One was a gingivitis case that did improve, but he would have improved even more if he would have just brushed and flossed. One was a surgical case that refused surgery and has shown some tissue improvement, no bone improvement, and very slight decrease in pocket depth. One was myself. I did like the refreshing feel but found after 2 weeks, I no longer wanted to bother with doing this.

The bottom line to me is it is again a way to try to turn your hygiene department into a profit center with you doing none of the work with minimal or no benefit to the patient at a large cost in relationship to the value of the benefits. It is kind of like the old Keyes technique of baking soda and peroxide from 30+ years ago. These are strictly my opinions based on the information I was given at their seminar. Dr. Keller is entitled to his opinions as well. I just wonder if this changes the biofilm on perio patients, won't it change the biofilm on caries patients so we never have to restore them. Maybe we can just use the trays on the caries patients, and then fill it with a remineralization paste to solve the restorative problems. Just a thought that makes as much sense as the rest of this material that is being hyped.