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Aggressive forms of periodontitis are known to manifest in the young patients due to general medical conditions or due to combination of the specific infection and genetic predisposal factors. It is crucial to figure out actual etiology of the periodontitis in every specific patient for the further treatment planning.

A 26-year-old female patient reported with a chief complaint of tooth mobility and gingival pain. Clinical examination revealed: generalized periodontal pockets (up to 13 mm depth), small quantity of the subgingival calculus, bleeding on probing, generalized tooth mobility, generalized attachment loss, generalized recessions, generalized gum hypertrophy. Generalized rapidly progressing caries lesions were also observed. Cone-beam computer tomography revealed severe generalized bone loss.

Patient reported absence of any previous medical history, including pharmacological therapy intake. Patient reported the complaints to manifest about 12-18 month ago. Patient demonstrated very moderately low level of the common hygiene, poor compliance level, very informal clothing style.

Mislead by the appearance of the patient consulting team assumed the drug-related etiology to be the leading version.

AIDS test, narcologist examination, PCR analysis on the *A. actinomycetascommittans* ser. b showed negative results.

Patient was referred to general practitioner and endocrinologist, who run the tests and revealed no abnormalities.

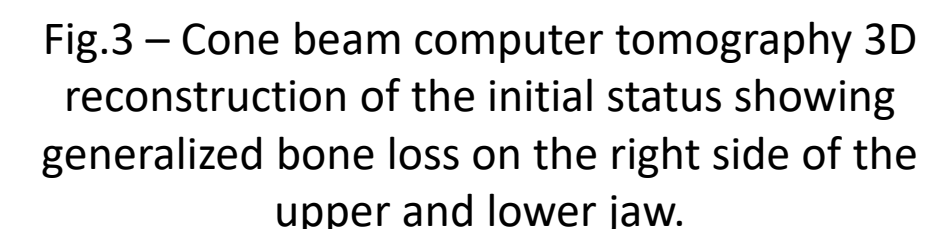
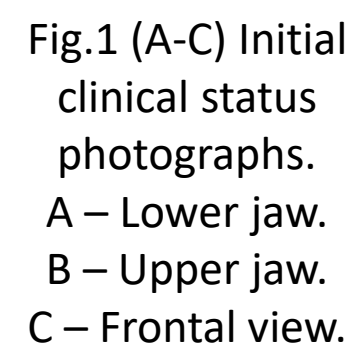
After the additional analyses results revision there was found out by the dental consulting team that the blood glucose test was missing to be administered by the GP and the endocrinologist.

Blood glucose test revealed severe exceed of the blood glucose index. Diabetes diagnosis was stated by the GP after blood sugar test.

Total tooth deletion was performed. Based on the common health status the adentia was temporary compensated by dentures.

Patient neglected recommendations and further visits, including free-of-charge CBCT and dentist's examination. It is unknown if any diabetes treatment was received by the patient. Affiliated medical center where the patient received diagnostics reported no such data.

It was essential for the dental team to find the cause of the periodontal lesion not for periodontal treatment planning, but for the proper reconstruction choice. It was obvious, that none of the existing teeth could remain in the oral cavity. But the diabetes existence revelation determined refusal of the implantation, as it would fail.



The authors claim that none external sponsorship was used in present study. The diagnostic process and the treatment was performed on the patient's funds. Patient has given consent on the case publication. The authors declare that they have no conflict of interest.