

พิมพ์ต้นฉบับบทความวิทยานิพนธ์ภายในกรอบสี่เหลี่ยมนี้เพียงแผ่นเดียว

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KEY WORD: COMPARISON BETWEEN THE USE OF RUBBER DAM AS A MEMBRANE BARRIER WITH AND WITHOUT BONE GRAFT IN THE TREATMENT OF INFRABONY DEFECTS THESIS
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This Clinical study was carried out to evaluate the efficacy of rubber dam used as a membrane barrier and to compare the result of the treatment of multilesion infrabony defects by guided tissue regeneration(GTR) technique used rubber dam only (T1) to rubber dam with bone allograft(T2) within a 6 months. Fifty one infrabony lesions including not more than class II furcation involvement defects with pocket depth 5 mm. or more in 10 areas were selected from 4 female periodontitis patients aged 42 to 45 year old (average 43.75 years) who had hygienic phase treatment completed before GTR operation performed. Each patient had multilesions in both sides therefore if one side was randomly chosen for T1 the other side was T2. Five operation were performed in both T1(19 lesion) and T2(32 lesion). The clinical parameters : plaque index (PI), sulcus bleeding index (SBI),pocket depth(PD), clinical attachment level (CAL) gingival recession (R) and radiograph were recorded before surgery (0 month),and at 3 and 6 months after surgery.

It was found that the regeneration of periodontium occurred in all cases at the time of rubber dam removal. In T1 group, PD and CAL before treatment ($5.63 \pm 0.83, 7.25 \pm 1.50$) were reduced significantly at 3 months ($2.55 \pm 0.08, 5.03 \pm 1.25$) and 6 months ($2.89 \pm 0.89, 5.21 \pm 1.15$). PD at 6 months was higher than the value at 3 months. Gingival recession was higher significantly at 3 and 6 months than before surgery. The same result was found in T2 group for all parameters except that there was no significant difference between PD values of during 3 months and 6 months. Radiographical results showed the formation of bone in the lesion when compared to before treatment records both in T1 and T2 group. There was no significant difference in the treatment of T1 and T2 in all clinical parameters as well as radiographical records by time. These results showed that rubber dam can be used as a membrane barrier in GTR procedure. Even though there seemed to be no significant difference in all the main clinical parameters between the two group, the healing of the T2 group was rather quicker and more stable than that of the T1 group; therefore the use of rubber dam with allograft was recommended, particularly in the treatment of multilesion of close proximity.

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