

Sterify Gel

Clinical Cases

Structured periodontal therapy with Sterify Gel in a high-risk patient



**Patricia Ried,
Dental Hygienist, Germany**



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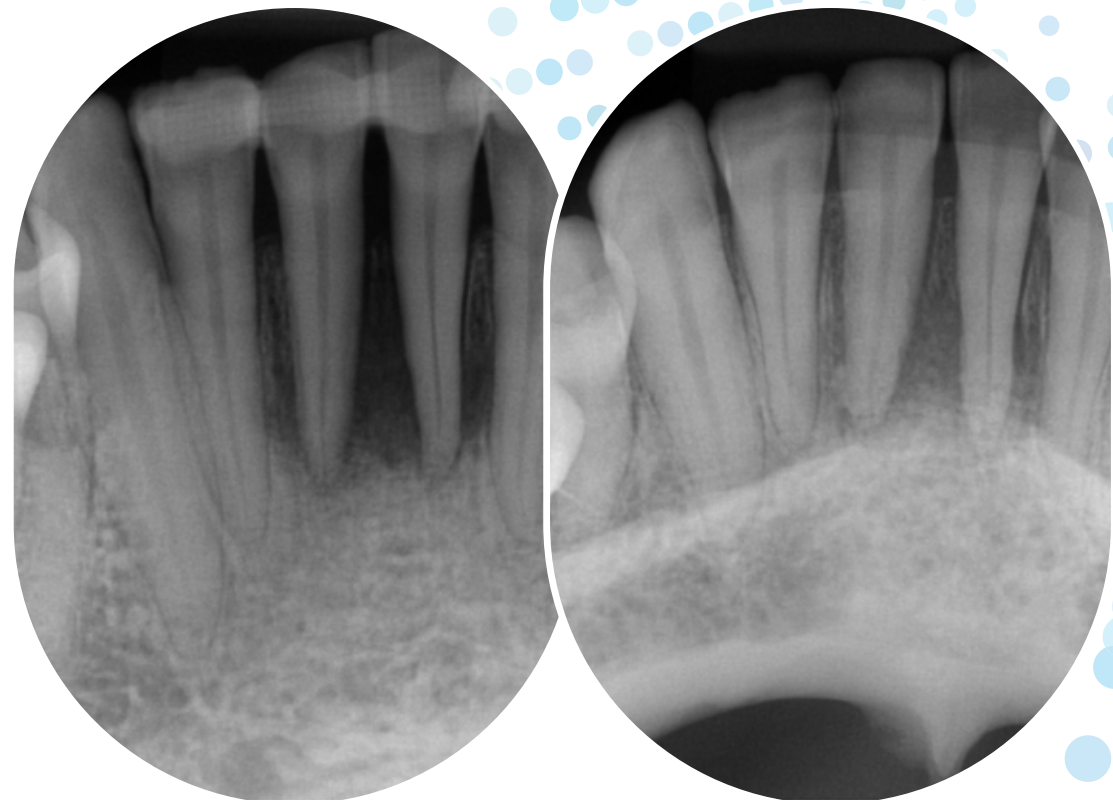
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Abstract:

A 38-year-old patient presented with advanced periodontitis and relevant risk factors, in particular active nicotine consumption. Probing depths of up to 8 mm were observed clinically. Suppuration, positive bleeding on probing (BoP), tooth mobility, and marked clinical attachment loss were also present.

A structured, multiphase periodontal treatment concept was implemented, comprising initial therapy, a surgical phase, splinting, and close supportive periodontal therapy (SPT). Sterify Gel was used as an adjunctive measure both during active therapy and in follow-up care.

After 15 months, there was a marked clinical improvement with a reduction in inflammatory parameters, complete resolution of suppuration, a reduction in pocket depths, and long-term periodontal stabilisation.



BEFORE

AFTER



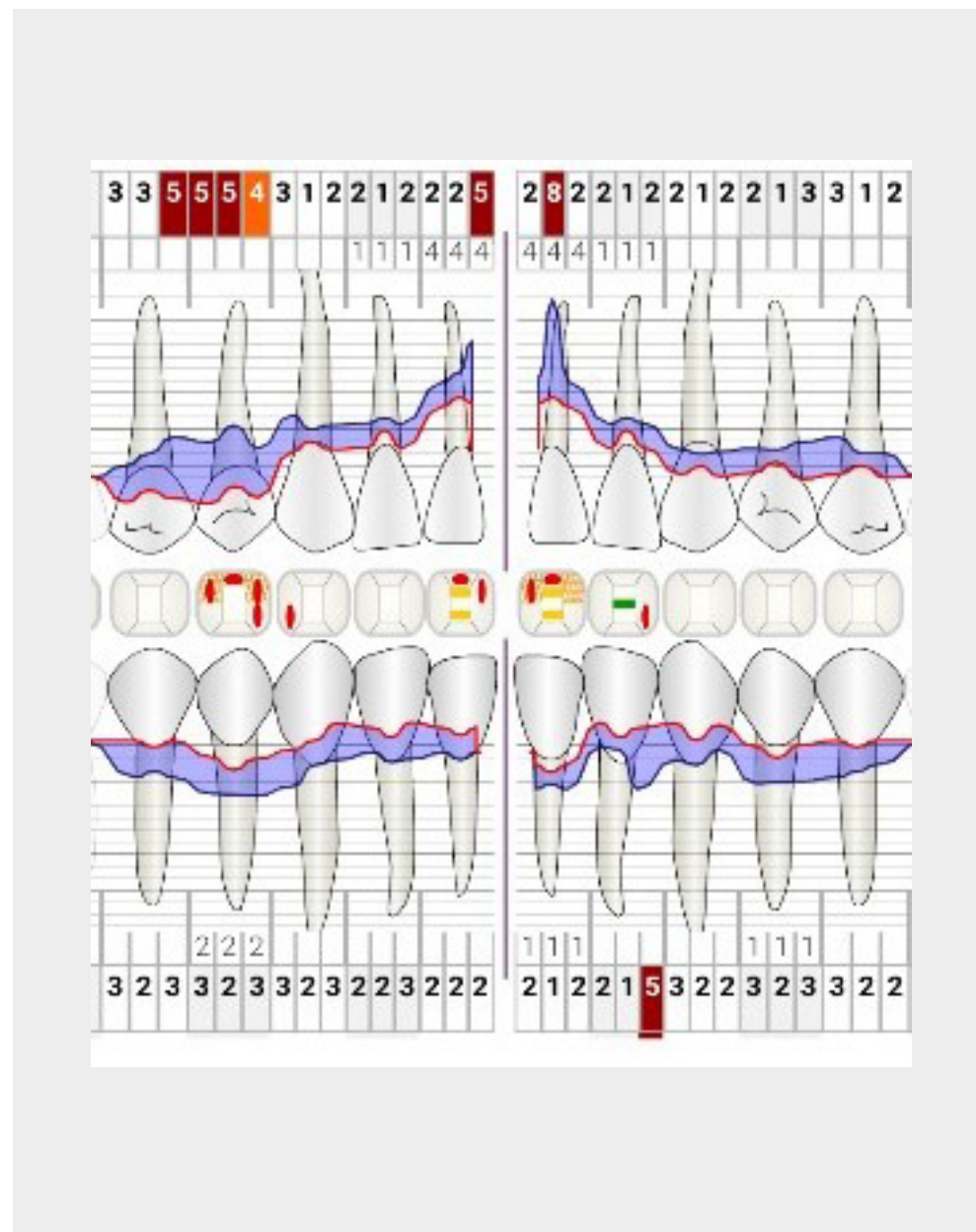
Clinical expertise behind the case Patricia Ried, Dental Hygienist, Germany

Patricia Ried is a practising dental hygienist at a specialist practice for periodontology and implantology with Dr. Hiltcher in Munich, as well as a practice trainer and lecturer at her own continuing education centre.

Step 1:

Initial diagnosis: The patient presented with generalised advanced periodontitis with pronounced gingivitis, suppuration (pus), positive BoP and probing depths of up to 8 mm. Additionally, tooth mobility, hypersensitivity and extensive subgingival and supragingival calculus deposits were present. Teeth 46 and 47 had already been lost due to periodontal disease. Smoking (12 cigarettes/day) was identified as a key risk factor.

Initial therapy comprised structured biofilm management, removal of hard and soft deposits, and intensive oral hygiene instruction. Additionally, further investigations including blood tests were recommended.



Step 2:

First treatment phase/splinting: To stabilise the periodontally compromised teeth, splinting was carried out in the lower anterior region (42–32) along with an occlusal adjustment. In parallel, the patient was specifically motivated to reduce nicotine consumption and was engaged in the structured treatment concept.



Step 3:

Surgical phase: In the surgical phase, open flap debridement was performed in the 43–33 region. Regenerative therapy with regenerative biomaterials was carried out on teeth 31 and 41. Granulation tissue, biofilm, and calculus deposits were completely removed. The existing bony defects extended to approximately 1 mm short of the apex.



Systemic factors were also taken into account. While CRP and vitamin B12 were within the normal range, a vitamin D deficiency was identified and corrected through individually tailored supplementation.

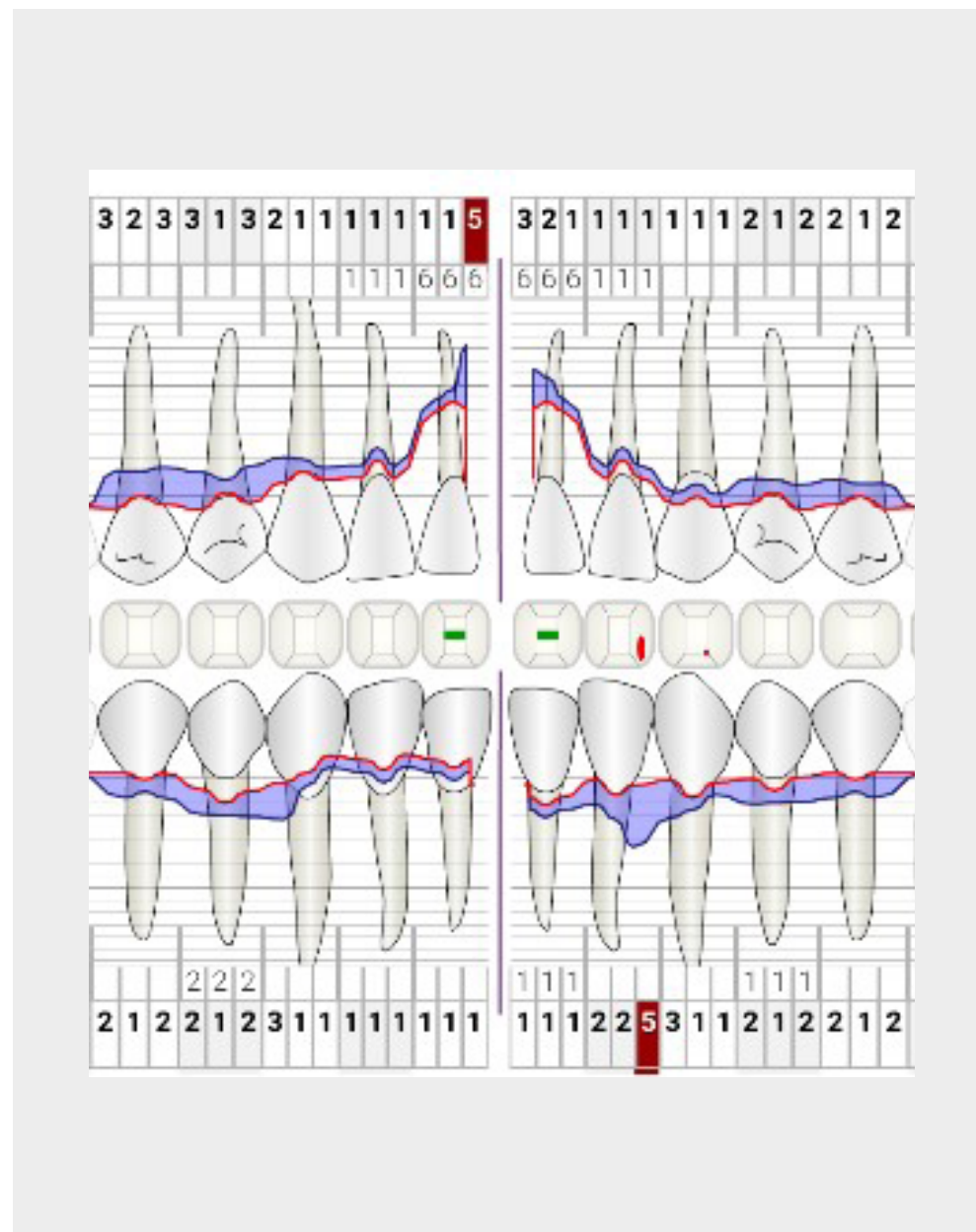
Step 4:

Initial phase II & SPT: Thanks to its easy application and good tissue adhesion, Sterify Gel can be used selectively in residual pockets and supports healing as well as long-term periodontal stabilisation. In initial phase II and as part of supportive periodontal therapy (SPT), the mucoadhesive polymeric hydrogel was applied adjunctively. After mechanical cleaning, it forms a physical barrier that inhibits renewed biofilm formation. Clinically, there was a pocket depth reduction of 2–3 mm, no pus, no BoP, and healthy, stable gingiva.



Step 5:




Outcome & long-term follow-up: Periodontal stabilisation was confirmed in the further course. BoP was reduced to 1%, and API to 21%. The gingiva showed only minimal inflammation. Removal of the splint is planned once the condition is stable.





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