

### Dan Indech, DDS

LANAP® Periodontist since 2019 | Phoenix, AZ  
Periodontal Residency from the University of British Columbia

### PATIENT HISTORY

A 54-year-old, non-smoking, female patient in good health with no medical conditions and taking no medication presented in our office. Her chief complaint was a loose front tooth that was longer than the adjacent teeth with bad taste coming from the gum area and bleeding on brushing. She had consulted with two periodontists, both of whom advised a poor-to-hopeless prognosis and recommended extraction, socket preservation, and replacement with an implant-retained crown or conventional fixed bridge. She came to see me even though my office was 130 miles from her home with an awareness that laser periodontal therapy may be an option instead of extraction.

### FINDINGS

The upper left central incisor presented with a chronic periodontal abscess, CI II mobility and probing depths of 9mm at mesio-facial and mesio-lingual aspects, 6mm at the mid-facial aspect, 7mm at the mid-lingual aspect and 3mm at the disto-facial and disto-lingual aspects. The tooth was extruded 2-3mm and clearly in traumatic occlusion with fremitus and a widened PDL space. Elsewhere, her periodontal health was stable with shallow pocket depth, good oral hygiene effectiveness, and minimal signs of disease activity.

### TREATMENT APPROACH

On 9/27/2019, localized LAR™ therapy with the PerioLase® MVP-7™ was performed (ablation – 4.0W/100µs/200mj/20Hz – 247J; hemostasis – 4.0W/650µs/200mj/20Hz – 47J) along with occlusal triage to take this tooth completely out of centric and protrusive contact. The incisal edge was not reduced nor was splinting performed. Post-op antibiotics were prescribed and the patient was diligent applying chlorhexidine to the site along with effective brushing. Follow-up visits at one week, one month, three months, seven months, eleven months and at fifteen months for perio maintenance and minor occlusal adjustment at each visit.

### RESULTS

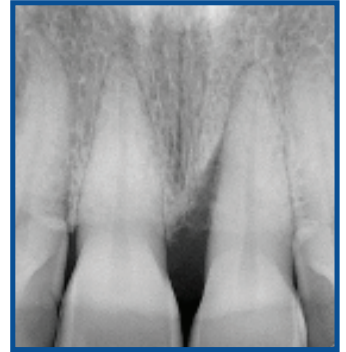
At fifteen months, this tooth exhibited no mobility and probing depths of 2-3mm. The x-ray confirmed bone fill suggesting regeneration at the mesial aspect with narrowing of the PDL space and re-establishment of a lamina dura. Regeneration occurred at the facial and lingual aspect with 1-2mm probing depths. The patient was given the green light to consult with an orthodontist to determine the possibility of intruding this tooth to optimize alignment.



#### ABOUT THE AUTHOR: DAN INDECH, DDS

Dr. Indech graduated from dental school at the University of Western Ontario, Canada then completed a one-year hospital-based general practice residency. He obtained a Certificate in Periodontics from University of British Columbia in Vancouver, Canada with training in Dental Implantology. He relocated to Phoenix, Arizona in 1998 and has been in private practice with emphasis on periodontal care and dental implant rehabilitation

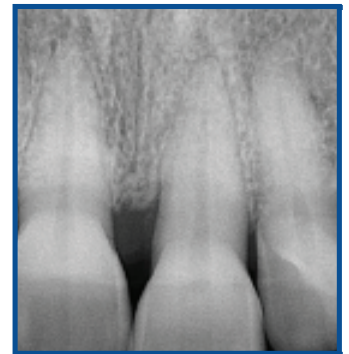
Pre-Op: September 2019



#8: 3,2,3mm F | 3,2,3mm P

#9: 9,6,3mm F | 9,7,3mm P

15 Month  
Post-Op: February 2021



#8: 3,2,3mm F | 3,2,3mm P

#9: 3,2,3mm F | 3,2,3mm P

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