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One-stage Debridement versus Conventional Therapy in Type-2 Diabetic Periodontitis patients

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Objective: The aim of the study was to compare one-stage debridement and conventional periodontal therapy in periodontitis patients with Type-2 diabetes. Methods: 22 male and 10 female subjects (mean age = 53.5 years), having at least 5 teeth in each quadrant and at least two sites per quadrant with probing pocket depth ≥ 5 mm, were recruited for this 12 months, single-blinded, randomized controlled clinical trial. Clinical parameters, including presence of supragingival plaque (PI %), bleeding on probing (BOP %), probing pocket depth (PPD) and clinical attachment level (CAL) were recorded at baseline, 3 months, 6 months and 12 months. After baseline examination, patients were assigned randomly to have oral hygiene instruction, full mouth supra- and sub-gingival debridement within 24 hours (one-stage debridement, F_{OD}) or in quadrant-wise basis at weekly interval (conventional periodontal therapy, P_{CT}). Questionnaire was conducted to record discomfort or pain after treatment. Results: PI % and BOP% showed significant reduction from baseline to 6 months in both groups, ($p < 0.05$) with no significant difference between groups. Mean PPD reductions (sites initially ≥ 4 mm) for F_{OD} and P_{CT} were 1.8mm and 1.5mm, mean CAL gains were 0.4mm and 0.7mm respectively. No statistically significant differences in PPD reduction and CAL gain were revealed between the groups. However, statistically significant improvement in PPD and CAL were observed at 6 months in both groups ($p < 0.05$). Reported pain after treatment was higher in F_{OD} ($p < 0.05$). Conclusion: Periodontitis patients with Type-2 diabetes showed similar healing response after one-stage debridement or conventional therapy in terms of PPD reduction and CAL gain, but more discomfort was as experienced in one-stage debridement.

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