

높았다($P < 0.001$, $P < 0.005$, $P < 0.05$).

2. 糖尿病이罹患期間이增加함에 따라 齒周疾患指數와 齒石指數는 共に增加하였으며, 統計學的有意性이 있었다($P < 0.0025$, $P < 0.005$).
3. 血糖値가增加함에 따라 齒周疾患指數와 齒苔指數가增加되었다.
4. 齒周疾患指數는 인슐린 投與群이 가장 높았고, 다음이 經口血糖降下劑 投與群이었고, 食餌調節群이 가장 낮았다.
5. 인슐린 1日 要求量과 齒周疾患指數, 齒苔指數 및 齒石指數 間은 聯關性이 없었다.

● 치아형태의 발육이상과 치주질환과의 관계에 대한 연구

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慶熙大學校 齒科大學 附屬齒科大學病院을 來院한 患者中 上顎 側切齒의 白堊琺瑯境界部를 덮은 Palatogingival groove를 가진 齒牙 65個와 上下顎 大臼齒에 琺瑯突起를 나타낸 149個 齒牙를 對象으로 齒周囊 깊이와 齒齦退縮量을 計測하고 齒周疾患指標를 測定하여 分析한 結果 다음과 같다 結論을 얻었다.

1. Palatogingival groove가 있는 齒牙의 平均 齒周囊 깊이는 3.33mm였으며 平均 齒周疾患指數는 4.15로써 對照群의 1.87mm, 1.77보다 높은 齒周疾患을 나타냈으며 이들의 統計的 有意性은 높았다.
2. 上顎 側切齒에 發生된 Palatogingival groove는 兩側性으로 發生된 境遇는 47.72%를 보였으며 片側性으로 나타난 境遇에서도 左右側發生 頻度는 類似한 傾向을 보였다.
3. 上顎 右側切齒의 Palatogingival groove의 齒周囊 깊이와 齒周疾患指數가 左側보다 多少높았으나 이들의 統計學的 有意性은 없었다.
4. 琺瑯突起의 Grade가 높아질수록 齒 退縮量과 齒周囊 깊이는 增加하였으며 齒根離開部의 感染도 높아지는 傾向을 보였다.
5. 齒齦退縮量은 上顎 第一大臼齒에서 2.86mm으로 가장 높았고 齒周囊 깊이는 上顎 第二大臼齒에서 4.21mm로 가장 높았으며 齒根離開部 感染을 總對象齒의 32.21%였다.
6. 琺瑯突起를 가진 男子의 齒齦退縮과 齒周囊 깊이는 女子에 비해 높았다. ($P < 0.001$)
7. 齒齦離開部 感染齒에서 上顎의 齒齦退縮은 上顎에 비해 有意하게 높았으며 齒周囊의 깊이에는 큰 差異가 없었고 非感染齒牙에서는 齒齦退縮과 齒周囊 깊이에 相互 큰 差異가 없었다.

IgG concentrations in gingiva was increased in gingivitis.

IgA concentrations in gingiva was increased in periodontitis.

IgM was detected two or three of the 16 specimens in healthy and inflamed gingiva.

The relationship between periodontal disease and diabetes mellitus

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The purpose of the present study was to research the relationship between periodontal disease and blood sugar level, mode of control and duration of diabetes.

The patients, who came to the dept. of internal medicine and periodontology in Kyung Hee University Hospital, were randomly selected for sample and blood sugar level was measured by enzyme method by means of Spectrophotometer (Coulter Co., England). The participants of this study were 54 diabetic patients and 36 non-diabetic patients. Author examined the periodontal condition and evaluated by Remfjord's periodontal disease index, plaque index and calculus index.

The results were as follows :

1. The mean value of periodontal disease index, plaque index and calculus index of diabetic patients were significantly higher than those of non-diabetic patients ($P < 0.001$, $P < 0.05$, $P < 0.05$).
2. According to the increase of duration of diabetes, periodontal disease index and calculus index were increased and their difference of each group was statistically significant ($P < 0.025$, $P < 0.05$).
3. According to the elevation of blood sugar level, periodontal disease index and plaque index were increased.
4. The mean value of periodontal disease index was the highest insulin treated group, oral hypoglycemic agent administered group was the second place and diet control group was the lowest.
5. There was no correlation between insulin dosage and periodontal disease index, plaque index and calculus index.

The relation between development variations of tooth morphology and periodontal disease

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The purpose of this study is to observe the relation with periodontal condition in abnormality of the tooth such as palatogingival groove and cervical enamel projection.

For this study, 65 maxillary lateral incisors having palatogingival groove and 149 molars having enamel projections were selected from the patients who visited Kyung Hee University Hospital.

The patients were examined the periodontal condition with periodontal probe and then evaluated the relationship between periodontal condition and abnormality of teeth by dental roentgenography.

The results were as follows :

1. The mean depth of periodontal pocket and periodontal disease index of the incisors having palatogingival groove were higher than those of control group, and their differences were highly significant statistically($P < 0.001$).
2. The bilateral incidence of palatogingival groove in the maxillary lateral incisors was 47.72% and showed the same distribution of unilateral palatogingival groove.
3. The mean periodontal pocket depth of right maxillary lateral incisors and periodontal disease indices were higher than those of left side, but their differences were not significant statistically.
4. As the grade gets higher, the cervical enamel projection had more gingival recession and deepening of periodontal pocket. And there was increasing tendency of furcation involvement rate.
5. The highest amount of gingival recession was the maxillary first molar which was 2.86mm and the deepest periodontal pocket was in the mandibular second molar which was 4.21mm. And the total furcation involvement rate were 32.21%.
6. The amount of gingival recession and the depth of periodontal pocket in males having cervical enamel projections were higher than those of females($P < 0.001$).
7. In the furcation involved teeth, gingival recession of upper arch was higher than that of lower arch.