

3. 치아 동요도는 실험군에서 8주, 12주에 대조군에 비해 유의성있게 감소하였다. ($P < 0.05$)
4. 실험군이 대조군에 비해서 치조백선의 출현율이 훨씬 높았다.

● 그래프를 이용한 치태조절이 동기유발에 미치는 영향에 관한 연구

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착색제에 의한 치태관찰과 그래프에 의한 치태와 치은지수를 나타냄에 의한 동기유발에의 영향을 비교 연구하기 위해서 치과대학생 16명을 선발하여 하루에 두번 잇솔질만 한 군(실험1군), 하루에 두번 이닦기 전에 착색제를 사용한 군(실험2군), 이닦기 전에 착색제를 사용하여 다음 검사시에 그래프 그린것을 직접 보여준 군(실험3군)으로 나누어서 1주후, 2주후, 3주후, 4주후, 6주후, 10주후등 7회에 걸쳐서 치태 및 치은지수를 측정하여 다음과 같은 결론을 얻었다.

1. 치은 및 치태치수는 2군은 1군에 비해서 유의성있는 차이를 나타내지 않았다.
2. 치은 및 치태지수는 3군은 1군과 2군에 비해서 낮은 지수를 나타내므로 치태조절의 동기 유발 효과가 있었다.

● 진행된 치주염 치아의 임상적 치주낭 깊이와 부착상실 및 치은 연하치태 위치의 비교 연구

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치아 동요도 2도 이상의 진행된 치주염이 있을때, 임상적 치주낭 깊이 측정시 실제 치주낭 측정기의 침단의 위치를 알아보기 위해, 그리고 치주낭 깊이 및 부착 상실에 따른 치은연하 치태에서 부착결합조직 상부까지 거리의 관계를 알기 위해, 연령 및 성별에 관계없이 치주 치료를 전혀 받지 않은 상태의 치아 22개를 선택하여, 발거전 임상적으로 측정한 치주낭 깊이와 발거후 측정된 거리, 즉 치은연에서 치은연하 치태 하방까지의 거리, 치은연에서 부착 결합조직 상부까지의 거리를 비교 분석하여 다음과 같은 결론을 얻었다.

1. 임상적으로 측정된 치주낭 깊이는, 발거 치아의 치은연에서 부착 결합조직 상부까지의 거리보다 평균 $0.77\text{mm}(\pm 1.33)$ 더 컸다.
2. 치은연하 치태의 하방에서부터 부착 결합조직 상부까지의 거리의 평균거리는 $0.30\text{mm}(\pm 0.52)$ 이었다.
3. 부착상실이 증가할수록 발거치아의 치은연하 치태의 하방에서 부착 결합조직 상부까지의 거리는 감소하였다.
4. 치주낭 깊이가 증가할수록 발거치아의 치은연하 치태의 하방에서 부착 결합조직 상부까지의 거리는 감소하였다.

2. The lengths of bristles ranged from 9.0mm to 12.6mm(average 10.7mm)
3. The numbers of bristles per tuft were 22–93(average 40), and tufts were arranged in 3 or 4 rows.
4. The diameters of bristles ranged from 0.14mm to 0.26mm(average 0.197mm) and the most was 0.19mm in frequency.
5. There were 5 kinds endform of bristles : Round or half spherical, Sharp edge, Cut at right angle, Frayed to sharp spear, Elephant foot.
Only 6 toothbrushes had round or half spherical bristles which was accepted ideal form
6. The deflecting forces of toothbrushes ranged from 103g to 172g, 100~130g was 9 brushes, 131–160 g was 11 brushes and over 161g was 3 brushes.
7. There was unnoticable amount of abrasion on the experimental abrasion plate at the level of 10^{-5} g.

Clinical trial of unsaponifiable fraction of Zea Mays L. on healing after surgical periodontal therapy in human

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The efficacy of unsaponifiable fraction of Zea Mays L. compared with placebo was evaluated by a double blind method. Subjects 57 SNUDH out-patients undergoing the Modified Widman flap surgery. The subjects were divided randomly into 2 groups ; 36 subjects were given sugar-coated tablets containing 35mg active drug and 21 were given only placebo sugar-coated tablets. To evaluate the effect, we used a gingival index, pocket depth measurement, a tooth mobility index and the rate of lamina dura appearance. The subjects were evaluated before surgery, 2 weeks, 4 weeks, 8 weeks and 12 weeks after surgery. Zea Mays L. seemed to play significant role in the reduction of gingival inflammation after surgery and was superior to placebo in all parameters and had little adverse effect.

A study of effects on motivation for plaque control using graphs

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The purpose of this study was to compare the effectiveness of motivational influence, among only tooth-brush(group 1), tooth brushing after using disclosing tablets(group 2), and tooth brushing with observation of graphs(group 3)

16 experimental students were selected for this study from our school of dentistry. Before and

after scaling and prophylaxis, the plaque and gingival index were recorded.

The obtained results were as follows :

1. There was no significant difference in plaque and gingival index between group 1 and group 2.
2. In plaque and gingival index, average scores of group 3 were lower than those of group 1 and group 2, which shows motivational method in group 3 was more effective than those of group 1 and group 2.

The comparative study of clinical periodontal pocket depth and loss of attachment and subgingival plaque in advanced periodontitis

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The purpose of this study was to evaluate the extent of the penetration of a periodontal probe during clinical assessment of periodontal pocket depth and the relationship between loss of attachment and subgingival plaque in advanced periodontitis. 22 teeth above second degree tooth mobility were selected. Clinical periodontal pocket depths were compared to the distances from gingival margin to the apical border of the plaque, and the distances from gingival margin to the occlusal border of attached connective tissues, and the distances from the apical border of the plaque to the occlusal border of attached connective tissues as evaluated on extracted teeth. The obtained results were as the follows :

1. Clinical periodontal pocket depth were deep on the average $0.77\text{mm}(\pm 1.33)$ than the distance from gingival margin to the occlusal border of attached connective tissues as evaluated on extracted teeth.
2. The mean distance from the apical border of the plaque to the occlusal border of attached connective tissues as evaluated on extracted teeth was $0.30\text{mm}(\pm 0.53)$
3. The distances from the apical border of the plaque to the occlusal border of attached connective tissues as evaluated on extracted tooth were decreased as pocket depths were increased.
4. The distances from the apical border of the plaque to the occlusal border of attached connective tissues as evaluated on extracted tooth were decreased as loss of attachment were increased.

A survey research on the recognition of periodontal disease among the residents in the Seoul-Gyeong gi area

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The purpose of this paper is to obtain the information regarding to the treatment and prevention