

4. 치은연하치태세균의 분포에 있어서, 구균은 실험군에서 유의성있게 증가하였으나 대조군은 유의성있는 변화를 보이지 않았다. 운동성 세균과 나선균은 실험군에서 매주 유의성있는 감소를 보였고, 대조군은 운동성 세균의 경우 2, 5주($P<0.01$), 나선균은 3주($P<0.05$), 5주($P<0.01$)에서 감소하였으나 전반적으로 불규칙한 변화양상을 보였다.

● Electronic Probe와 Manual Probe에 의한 치은 열구 및 치주낭 측정의 재현성에 관한 연구

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저자는 electronic probe와 manual probe를 사용한 치주낭 측정치의 재현성을 비교하기 위하여 전신적으로 건강하고 최근 6개월간 치주치료 경험이 없는 11명의 성인성 치주염 환자를 대상으로 선행적 처치를 완료한 후 두 검사자가 1주일 간격으로 치주낭 측정을 시행하여 얻은 자료를 통계 처리한 결과 다음과 같은 결론을 얻었다.

1. 검사자 B의 2차 측정치를 제외하고 두 검사자 모두 manual probe를 사용하여 얻은 치주낭 측정치의 평균이 electronic probe를 사용하여 얻은 치주낭 측정치의 평균보다 높았으며 유의성이 있었다($P<0.05$).
2. Electronic probe를 사용하여 얻은 치주낭 측정치의 검사자내 일치율은 두 검사자 모두 manual probe를 사용한 경우보다 높았으며 유의성이 있었다($P<0.01$).
3. Electronic probe를 사용하여 얻은 치주낭 측정치의 검사자간 일치율은 manual probe를 사용한 경우보다 높았으며 유의성이 있었다($P<0.05$).
4. Electronic probe와 manual probe를 사용한 경우 치주낭 측정치의 검사자내 일치율은 두 검사자 모두 검사자간 일치율보다 높았으며 유의성이 있었다($P<0.05$).

● 치간이개가 치주질환에 미치는 영향에 관한 연구

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경희대학교 치과대학 부속병원 치주과에 내원한 환자중에서 초진시 치간이개가 존재하는 71명의 환자를 대상으로 치간이개가 관찰되는 부위를 실험군으로 설정하고 대조군은 동약 반대측 혹은 실험군에 가장 인접한 정상 접촉부위를 가진 자연치를 설정하여 개개 치아의 치주낭 깊이, 치은 퇴축도, 치은열구출혈지수, 치태지수, 치은염지수 및 치조골 소실도를 비교관찰하여 다음과 같은 결론을 얻었다.

1. 총 112개의 치간이개 부위중 치아별 빈도는 하악 중절치 사이가 8.93%로 가장 높았으며 상하악 공히 견치와 소구치사이에서 발현빈도가 높았다(상악 14.29%, 하악 11.61%).
2. 치간이개의 정도를 측정해 본 결과 50-100 μ 이 44.64%로 가장 많았으며, 110-150 μ 이 28.57%,

On the microflora of periodontal pocket in humans and on various clinical parameters in moderate to advanced periodontitis.

For this study, thirteen patients (7 male, 6 female) were selected.

Experiment group was treated by supragingival scaling and tetracycline application using Instat[®], and control group was treated by supragingival scaling only.

Measurement of pocket depth, gingival index, plaque index, amount of gingival crevicular fluid, gingival bleeding index and percentage distribution of the bacteria morphology of subgingival plaque were recorded on baseline, 1 week after scaling, 1,2,3,4,5,6, week after tetracycline treatment.

The results were as follows.

1. In pocket depth, control group showed reduction in time without statistical significance, but experiment group showed statistically significant reduction (at 1 week : $P < 0.05$, after 1 week : $P < 0.01$)
2. For gingival index, both group showed statistically significant reduction when compared baseline. In plaque index experiment group showed significant reduction at 1 week ($P < 0.01$) and at 2,4,5 week ($P < 0.05$), but showed tendency to return to baseline after 5 week.
3. Gingival bleeding index decreased significantly at 1,2 week in experiment group ($P < 0.05$), but there was tendency to return to baseline after 2 week. In control, there was no significant change during experiment period.
4. For distribution of subgingival plaque bacteria, cocci percentage increased significantly in experiment group, but there was no significant change in control. In motiles and spirochetes, experiment group showed statistically significant reduction at every week ($P < 0.01$), control group showed significant reduction at 2, 5 week ($P < 0.01$) in motiles and at 3 week ($P < 0.05$), 5 week ($P < 0.01$) in spirochetes but showed irregular tendency of percentage changes in those bacteria.

The comparative study on reproducibility of pocket depth measurements using electronic probe and manual probe

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The purpose of this study was to compare reproducibility of double pocket depth measurements using electronic probe and manual probe.

11 human subjects with adult periodontitis were selected for the study.

Two examiners measured 213 selected interproximal pockets using electronic probe and manual probe in twice at interval of one week after completion of preliminary treatment.

The result were as follow :

1. In both examiners, except second measurements of examiner B, the mean of pocket depth measurements using manual probe was significantly higher than that using electronic probe ($p < 0.05$).
2. The proportions of inter-examiner agreement for pocket depth measurements using electronic probe was significantly higher than that using manual probe in both examiners ($P < 0.01$).
3. The proportions of inter-examiner agreement for pocket depth measurements using electronic

- probe was significantly higher than that using manual probe($P<0.05$).
4. The proportions of intra-examiner agreement for pocket depth measurements using electronic probe and manual probe was significantly higher than that of inter-examiner agreement for pocket depth measurement in both examiners($P<0.05$).

Study of the influence of interproximal tooth open contact in periodontal disease

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The purpose of this study were to determine the influence of interproximal tooth open contact on the periodontium and correlations between clinical parameters and proximal tooth open contact.

Seventy-one adult patients(39 males, 32 females : 18 yrs. to 64 yrs.) were selected for this study.

Pocket depth, gingival recession, sulcular bleeding index, plaque index, gingival index and amount of alveolar bone loss were measured on tooth surface and standard films were taken.

For statistical analysis, Student t-test and ANOVA test were used for the comparison of mean measurements and Pearson correlation coefficient was utilized in order to determine the association between the clinical parameters and proximal tooth open contact.

The results were as follows :

1. Among 112 cases of interporximal tooth open contact, the incidence of individual tooth was highest between lower central incisors and interproximal tooth open contact were higher between canine and bicuspid of the maxilla and mandible more than any other sites.
2. To measure the degree of interproximal tooth open contact, 50μ to 100μ was most frequent(44.64%), 110μ to 150μ was 28.57%, and above 150μ was 26.79%.
3. The pocket depth, sulcular bleeding index, plaque index, gingival index and alveolar bone loss on the sites of interproximal tooth open contacts showed significantly higher than control group($P<0.01$), but there was no statistically significant difference in gingival recession.
4. To compare the clinical parameters among experimental groups, pocket depth and alveolar bone loss were higher when the interproximal tooth open contact was increased($P<0.01$, $P<0.01$), but sulcular bleeding index, plaque index and gingival index were not statistically significant difference between experimental groups.
5. In the total experimental group, correlation of clinical parameters were significant except the correlation between gingival recession and sulcular bleeding index($P<0.05$, $P<0.01$). ($P<0.01$).