

**ESTIMATION OF GCF ASPARTATE AMINOTRANSFERASE
LEVELS IN PERIODONTAL HEALTH AND DISEASE
(A CLINICO-BIOCHEMICAL STUDY)**

Certificate

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A considerable knowledge on the distribution and severity of periodontal disease has been accumulated⁷⁷. Periodontal disease was previously divided into gingivitis and periodontitis and was thought to progress inevitably from chronic gingivitis through periodontitis to eventually tooth loss⁷⁹. However, current information indicates that there are a number of periodontal diseases with rather specific local bacterial etiologies and host-parasite interactions that lead to different clinical manifestations. Moreover, gingivitis apparently does not always lead to periodontitis⁶⁶.

There is now a widespread belief among periodontal clinicians and researchers that destructive periodontitis is an episodic process⁴¹. Periodontal disease activity, refers specifically to the stage of the disease characterized by loss of supporting bone and connective tissue attachment⁶⁶.

The term disease activity is currently used in the literature to connote an ongoing dynamic process resulting in loss of clinical attachment or alveolar bone. An area is referred to as quiescent when a diseased location becomes inactive or stable with or without therapy²⁹.

This implies that the natural history of periodontitis is marked by periods of active destruction and relative quiescence, even though the periodontal tissues