

**EFFICACY OF TETRACYCLINE AND COMBINATION OF  
AMOXYCILLIN WITH CLAVULANATE POTASSIUM IN  
TREATMENT OF ADULT PERIODONTITIS  
(A CLINICO - MICROBIOLOGICAL STUDY)**

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*It has been* The periodontium is highly vulnerable to disease processes. Periodontal disease is a broad term that encompasses a number of infectious disease entities involving the supporting structures of the tooth. Chronic periodontal diseases are almost universally considered to be the result of microbial infection leading to a host inflammatory response. This host response alone or together with virulence factors released from specific gingival plaque bacteria results in soft tissue destruction and alveolar bone loss, the hallmark of periodontal diseases.<sup>63</sup>

*organisms* There is no doubt that bacterial plaque is regarded as the main etiological factor in the initiation and promotion of periodontal disease. It is assumed that periodontal disease develops as a result of toxins and other products originating from the microorganisms in the total plaque mass. A distinct difference exist between the composition of supragingival plaque and subgingival plaque. Supragingival plaque exhibits accumulations of predominantly gram-positive coccoid cells, where as subgingival plaque is charecterized by flora predominated by gram-negative anaerobic organisms including *Actinobacillus Actinomycetemcomitans*, *Bacteroid* species, *Eikenella corrodens*, *Fusobacterium nucleatum*, *Wollinela* and a high percentage of *Spirochetes*.<sup>8,15</sup>

*or in combination with conventional therapy* *to retard bacterial proliferation. Among* *the most com* It has become clear that the various forms of periodontal diseases are associated with specific groups of microorganisms, and this evidence has lead to treatment strategies which are primarily aimed at the suppression or elimination of specific periodontal pathogens. As the aim of periodontal treatment is to preserve the dentition, ideally, therapy should resolve inflammation, arrest disease progression, maintain esthetics, maximize patient comfort, regenerate lost periodontium and create an environment that deters recurrent disease. To accomplish these goals, both surgical and non-surgical procedures are employed. Till date the most dependable mode of plaque control is mechanical cleaning with a tooth brush and other hygiene aids. Studies report that supragingival hygiene aids do not totally eliminate periodontal inflammation.