

**ESTIMATION OF GCF BETA GLUCURONIDASE
LEVELS IN PERIODONTAL HEALTH, DISEASE
AND AFTER TREATMENT
(A CLINICO - BIOCHEMICAL STUDY)**

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Gingival and Periodontal diseases, in their various forms have affected humans since dawn of the history. Traditionally, periodontal diseases have been divided into two major categories : Gingival diseases and Periodontal diseases, and the latter includes diseases that involve the supporting structures of the tooth.

Diagnosis of periodontitis presents four problems. Does the patient have periodontitis and if so, which kind, is the disease active or inactive and what is patients susceptibility? Data collected over the past decade demonstrate clearly that disease activity and disease inactivity exists in periodontal pathology. There is now a wide spread belief among periodontal clinicians and researchers that destructive periodontitis is an episodic process ¹³ . 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 diseased location becomes inactive or stable with or without therapy.

During last 15 years many different kinds of periodontitis that differ in etiology, natural history and response has been recognised. The assessment of periodontal disease and the effectiveness of periodontal therapy, have been traditionally made using clinical and radiographic parameters.

Consequently investigators have examined other aspects of the periodontal pathogenesis in an attempt to identify diagnostic and prognostic markers.¹³