The prognosis of Endo-Perio Lesions treatment depends on management of both endodontic and periodontic disease processes, whether they exist separately or as a combined lesion. This paper reviews the basic treatment aspects of perio-endo lesions.

Local treatment is treatment of primary endodontic treatment, primary endodontic lesion with secondary periodontal involvement, Treatment of primary periodontal lesion, Treatment of primary periodontal lesion with secondary endodontic involvement and Treatment of true combined lesions.

Treatment of primary endodontic lesions: According to Simon et al root canal therapy should be performed with multiple appointments. Healing is rapid and is usually accomplished within 3-6 months.

Treatment of primary periodontal lesion with secondary periodontal involvement necessitate both endodontic and periodo treatment as there is pulpal involvement and presence of a periodontal pocket.

Treatment of primary periodontal lesion needs sequence. If periodontitis progresses and periodontal pocket deepens, with continuous loss of attachment, surgical pocket eradication procedures are indicated.

Treatment of primary periodontal lesion with secondary endodontic involvement is managed as follows. If a tooth does not respond to periodontal therapy alone the possible presence of a necrotic pulp may be suspected then endodontic therapy must be done to support the periodontal therapy along with osseous surgery if any bony defect is present.

Treatment of true combined lesions need periodontal therapy must be performed during endodontic treatment. According to Solomon et al using calcium hydroxide in endo-perio cases; inhibits resorption and favours repair by inhibiting periodontal contamination.

Alternative for endo-perio lesion management are resective approaches / anatomical redesigning like Root amputation, Tooth resection and Bicuspidization.

Root amputation is done in advanced marginal periodontitis if left untreated and in cases of close root proximity the disto-buccal root of the maxillary first molar and the mesiobuccal root of the second molar often tend to flare towards each other. Selective root removal allows the re-establishment of a proper embrasure area. Tooth resection is the treatment for...
of choice in deep furcation involvements. Bicuspidized when there is a gross perforation in the furcation and close root proximity.

Various regenerative approaches for the management of endo-perio lesions includes the use of Tricalcium phosphate graft (TCP) Platelet Rich Plasma (PRP) and Guided tissue regeneration (GTR).\(^1\),\(^2\) Albee and Morrison noticed when Tricalcium phosphate graft (TCP) is placed in close to vital bone, ceramic matrix of the material serves as a carcass for bone formation.\(^3\) Platelet Rich Plasma (PRP) is a rich source of growth factors and is effective in inducing tissue repair and regeneration.\(^4\) Guided tissue regeneration (GTR) barrier prevents contact of connective tissue with the osseous walls of the defect, protecting the underlying blood clot and stabilizing the wound.\(^5\) Pecora Gt™ is logical to use bioresorbable collagen and polymer membranes in endodontic surgeries because there is often no need for a secondto retrieve the membrane.\(^6\) Having enough knowledge of the disease processes is essential for the correct treatment planning.

The endodontic treatment can be completed before periodontal treatment provided when there is no communication between the disease processes. When there is a communication between the lesions of the two diseases the use of non-toxic therapeutic medicaments is essential to destroy bacteria and to help encourage tissue repair. The prognosis of primary periodontal disease with secondary endodontic involvement and true combined diseases depends primarily upon severity of the periodontal disease and periodontal tissue treatment.

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