

Three Steps to Staging and Grading a Patient



Step 1: Initial Case Overview to Assess Disease

Screens:

- Full-mouth probing depths
- Full-mouth radiographs
- Missing teeth

Mild to moderate periodontitis will typically be either Stage I or Stage II

Severe to very severe periodontitis will typically be either Stage III or Stage IV

Step 2: Establish Stage

For mild to moderate periodontitis (typically Stage I or Stage II):

- Confirm clinical attachment loss (CAL)
- Rule out non-periodontitis causes of CAL (e.g., device restorations or casts, root fractures, CAL due to traumatic causes)
- Determine maximum CAL or radiographic bone loss (RBL)
- Confirm RBL patterns

For moderate to severe periodontitis (typically Stage III or Stage IV):

- Determine maximum CAL or RBL
- Confirm RBL patterns
- Assess tooth loss due to periodontitis
- Evaluate case complexity factors (e.g., severe CAL frequency, surgical challenges)

Step 3: Establish Grade

- Calculate RBL (% of root length x 100) divided by age
- Assess risk factors (e.g., smoking, diabetes)
- Assess disease increasing and tooth planning and staging matrix
- Assess expected new bone loss
- Consider detailed risk assessment
- Account for medical and systemic inflammatory considerations

Image courtesy of Dr. Tom Cohen, University of Michigan, School of Dentistry

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Staging and Grading Periodontitis



The 2017 World Workshop on the classification of periodontal and peri-implant diseases and conditions resulted in a new classification of periodontitis, characterized by a multidimensional staging and grading system. The chart below presents an overview. Please visit periodo2017.aap.org for the complete suite of meeting, case definition papers, and consensus reports.

PERIODONTITIS: STAGING

Staging intends to classify the severity and extent of a patient's disease based on the measurable amount of ordered and/or damaged tissue as a result of periodontitis and to assess the specific factors that may contribute to the complexity of long-term case management.

Initial stage should be determined using clinical attachment loss (CAL). F-CAL is not available radiographic bone loss (RBL) should be used. Tooth loss due to periodontitis is measured using stage definitions. Given more complexity factors may shift the stage to a higher level. See periodo2017.aap.org for additional information.

	Periodontitis	Stage I	Stage II	Stage III	Stage IV
Severity	Interdental CAL (at least greatest loss)	1 – 2 mm	3 – 4 mm	≥ 5 mm	≥ 5 mm
	RBL	Coronal third (<15%)	Coronal third (15% – 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	Tooth loss (present periodontitis)	No tooth loss		≥ 4 teeth	≥ 5 teeth
Complexity	Local	• Max. probing depth ≥ 4 mm • Mostly horizontal bone loss	• Max. probing depth ≥ 5 mm • Mostly horizontal bone loss	In addition to Stage I complexity: • Probing depths ≥ 6 mm • Vertical bone loss ≥ 3 mm • Excessive furcation involvement Class II or III • Moderately ridge defects	In addition to Stage II complexity: • Based on complex restoration due to Maxillary dysfunction • Secondary occlusal trauma (with mobility degree ≥ 2) • Severe ridge defects • Bone collapse, drifting, flaring • ≥ 20 remaining teeth (30 missing teeth)
	Extent and Distribution	ADD TO STAGE AS descriptor	Further stage, descriptor extent as: • Localized (≤ 10% of teeth involved) • Generalized or • Molar-Incisor pattern		