

YOUNG®
PerioDT®
WITH DESICCATION TECHNOLOGY

CASE STUDY NARRATIVE

Successful Integration of PerioDT® in a Severe Periodontal Case

by Anna Hancock, RDH



PATIENT HISTORY

The patient, a middle-aged male, presented to our office with the chief complaint: “My gums bleed and hurt sometimes.” Upon initial examination, it was evident that the patient had not received a professional dental cleaning in many years.

Clinical signs included generalized severe gingival inflammation, heavy plaque and calculus accumulation, and multiple sites exhibiting probing depths of 8mm. Bleeding on probing (BOP) was widespread. Based on the clinical findings and patient history, he was diagnosed with generalized stage III, grade B periodontitis.

INCORPORATION OF PERIODT®

Given the severity of the inflammation and the impressive outcomes we have consistently achieved with PeriodDT in our periodontal therapy cases, I made the decision to incorporate it into his non-surgical periodontal treatment plan.

From prior clinical experiences, I’ve seen PeriodDT® significantly enhance healing and reduce inflammation more rapidly compared to traditional SRP alone. I was confident the patient would benefit tremendously from its inclusion.



BEFORE PERIODT®



AFTER PERIODT®

APPLICATION TECHNIQUE

Before any other treatment—topical anesthetic or local anesthetic—I applied PeriodDT® to maximize its absorption and therapeutic impact. The treatment site was dried thoroughly to ensure optimal adhesion and retention of the gel.

Application began by placing the PeriodDT® directly under the gingival margin in the affected areas. In interproximal sites, the tip of the delivery syringe was carefully inserted to the base of each pocket, allowing the gel to fill the entire depth. Buccal and lingual areas were treated in a similar fashion to ensure comprehensive coverage.

After placement, I allowed the PeriodDT® to remain undisturbed for 10–30 seconds before gently rinsing the area with water. This was followed by thorough scaling and root planing of all affected areas.

FOLLOW-UP TIMELINE AND OUTCOMES

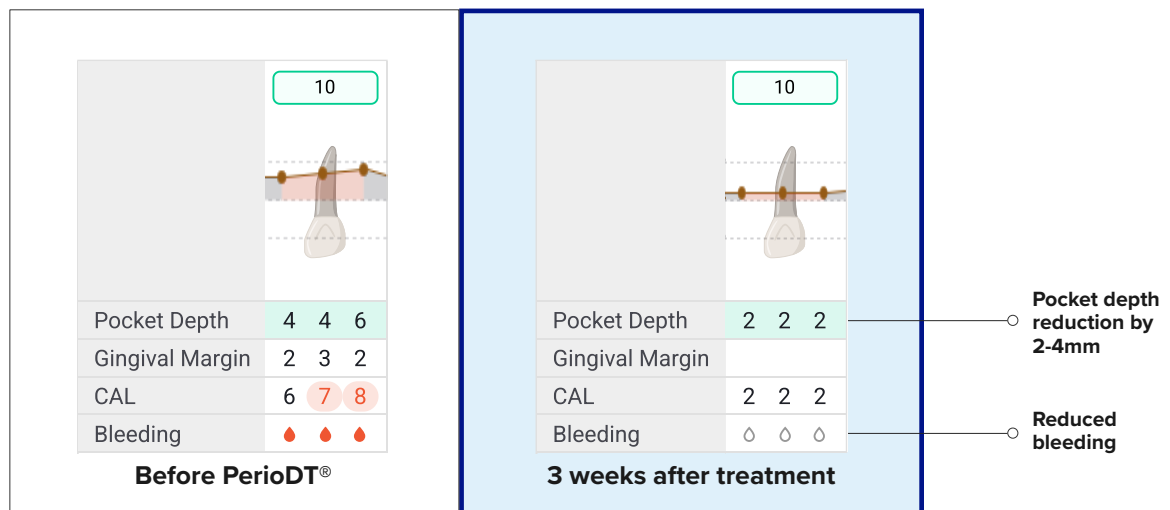
The patient was scheduled for an initial follow-up appointment 3 weeks post-treatment. At this visit, the improvements were remarkable. There was a significant reduction in bleeding on probing, and the probing depths had improved considerably, with many sites reducing by 2mm or more in just 3 weeks.

The gingival tissues appeared much healthier, with decreased erythema and edema. The patient was visibly pleased and reported feeling “so much better,” noting a significant reduction in gum pain and no longer experiencing spontaneous bleeding during brushing or eating.

Future maintenance visits are planned to continue monitoring healing and reinforce home care. The patient is now highly motivated and has committed to maintaining regular periodontal maintenance appointments.

CONCLUSION

This case exemplifies how the integration of PerioDT® into the periodontal therapy workflow can dramatically enhance treatment outcomes, especially in severe cases. By prioritizing its application at the beginning of treatment and utilizing a careful, methodical placement technique, we were able to promote rapid healing and significantly improve clinical parameters in a short time frame.



3 wk
RAPID HEALING
TIME

2mm+
POCKET DEPTH
IMPROVEMENT

0
INVASIVE
MEASURES

0
ANTIBIOTICS

*“PerioDT® has been the catalyst for better healing and more predictable outcomes in my perio cases. **The tissue heals faster, bleeding is dramatically reduced, and my patients feel the difference.** This isn’t just another product; it’s a breakthrough in patient care, consistently delivering results that speak for themselves.” - Anna Hancock, RDH*



Anna Hancock, RDH

Anna Hancock, RDH is a dental hygienist with over five years of experience in dentistry. She began her career as a certified dental assistant and later contributed to the field as a clinical instructor for the same program where she received her training. Currently, she serves on her company’s Regional Dental Hygiene Advisory Board, where she provides insight to support clinical excellence and patient care.

Dedicated to professional growth, Anna actively pursues continuing education to stay informed on the latest advancements in dental science and technology. This commitment enables her to educate patients effectively on the importance of oral health while continually refining her clinical skills. She values collaboration with fellow dental professionals and is passionate about sharing knowledge, exchanging best practices, and elevating standards within the profession.

BEFORE PERIODT®



AFTER PERIODT®



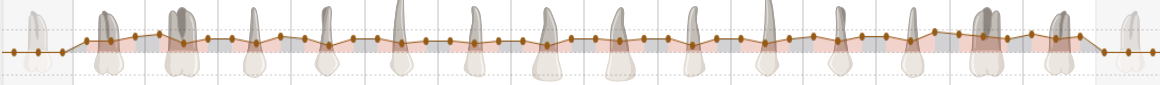
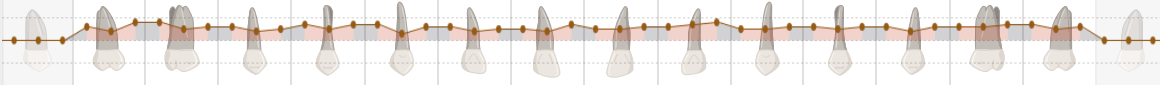
PROBING DEPTHS & BLEEDING BEFORE TREATMENT

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Patient name:

Provider name:
40

Facial

Mobility																			
Plaque																			
Furcation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suppuration	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □
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Gingival Margin									1										
Pocket Depth		5 5 7	8 4 6	6 4 7	6 3 6	6 4 5	5 4 5	5 3 6	6 4 6	6 3 6	6 4 6	7 5 7	7 5 9	8 7 6	8 6 7				
																			
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Gingival Margin			1					1	1 2	2 3 2				1					
CAL		6 4 8	8 5 6	6 4 5	7 5 7	7 3 6	6 4 5	5 4 7	5 5 6	6 7 8	5 5 6	6 5 6	6 4 6	6 6 7	7 5 6				
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Furcation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Lingual

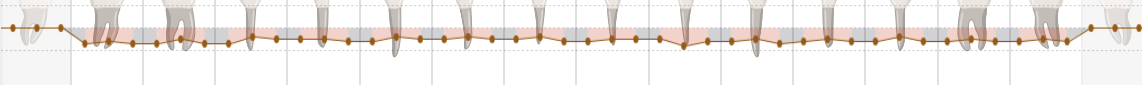
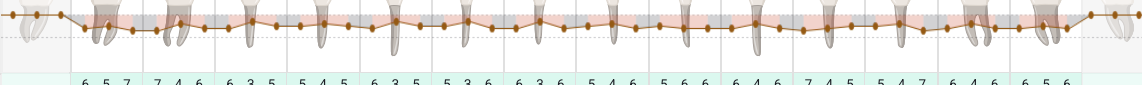
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Patient name:

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Lingual

Mobility																			
Plaque																			
Furcation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suppuration	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □
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Gingival Margin										1 3									
Pocket Depth		7 6 7	7 5 7	7 4 5	5 5 6	6 4 5	5 4 5	5 4 6	6 5 5	4 5 6	6 5 7	6 5 6	6 4 6	6 5 6	6 5 6				
																			
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Gingival Margin												2							
CAL		6 5 7	7 4 6	6 3 5	5 4 5	6 3 5	5 3 6	6 3 6	5 4 6	5 6 6	6 4 6	7 6 5	5 4 7	6 4 6	6 5 6				
Bleeding	○ ○ ○	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●	● ● ●
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Furcation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Facial

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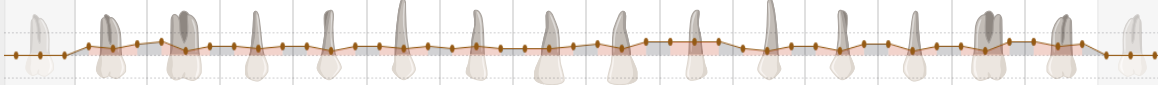
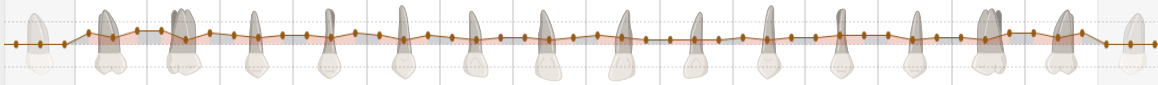
PROBING DEPTHS & BLEEDING AFTER TREATMENT

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Patient name:

Provider name:
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Facial

Mobility																			
Plaque																			
Furcation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suppuration	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □	□ □ □
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Gingival Margin									1 1	1 1 2	2 3 2								
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Gingival Margin																			
CAL		5 3 6	6 2 5	4 3 4	4 3 5	4 2 4	3 2 3	3 2 3	4 3 2	2 2 2	3 2 3	3 4 4	4 2 3	3 2 5	5 3 5				
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Lingual

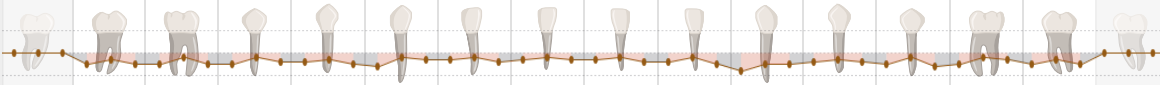
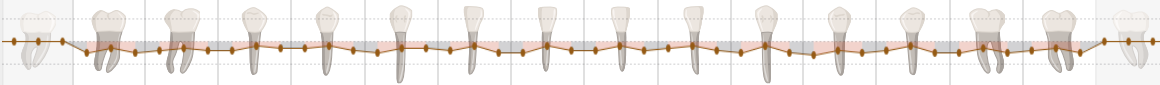
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Lingual

Mobility																			
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Gingival Margin											3 3								
Pocket Depth		5 3 5	5 2 5	5 2 4	4 3 5	6 2 3	3 2 4	3 2 3	3 2 4	4 2 5	5 2 5	4 3 4	5 2 6	5 2 3	5 3 5				
																			
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Gingival Margin																			
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Furcation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Facial

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WITH DESICCATION TECHNOLOGY

Learn more about how Young® PerioDT®
can transform your patient care.
Visit yng.ink/periodt-info-kit