



## GUEST EDITORIAL

# Guest editorial: Clarifications on the use of the new classification of periodontitis

One component of the new periodontitis classification<sup>1</sup> has raised some questions relative to the specific criteria for “extent” in the staging process. The question is whether extent should describe those teeth that harbor the most severe sites that define the patient’s stage or those teeth with any degree of attachment loss.

We support the criteria defined in the consensus publication,<sup>1,2</sup> where it is stated that the extent should be described after the determination of the staging (For each stage, describe extent as localized [ $<30\%$  of teeth involved], generalized, or molar/incisor pattern.). Following these criteria, “extent” refers to the stage that captures the overall severity and complexity of the case. Therefore, assessment of extent after the stage has been determined describes the percentage of teeth at the stage-defining severity level and conveys meaningful information to the clinician, as it depicts the percentage of teeth that are severely affected and may likely require treatment of higher complexity.

Another matter of concern is whether to consider as lost teeth because of periodontitis, those existing teeth with an evident hopeless prognosis. We support the inclusion of evidently hopeless teeth when calculating the number of teeth lost because of periodontitis for distinguishing between Stages III and IV periodontitis. It is, however, important to define appropriately what is a hopeless tooth (also termed irrational to treat). Evident hopeless teeth are those in which the attachment loss approximates the apex of the root circumferentially, in combination with a high degree of tooth hypermobility (degree III).

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