

Publications and Presentations

Peer-Reviewed Articles and Case Studies:

Putt M and Proskin H. Custom Tray Application of Peroxide Gel as an Adjunct to Scaling and Root Planing in the Treatment of Periodontitis : A Randomized, Controlled 3-Month Clinical Trial. The Journal of Clinical Dentistry. 2012;23:48-56. A three-month clinical trial comparing scaling and root planing (SRP) alone to custom tray application of peroxide gel in conjunction with SRP shows that the adjunctive use of 1.7% hydrogen peroxide gel in the treatment of subjects with moderate to advanced periodontitis demonstrated statistically significant clinical improvements in pocket depths and bleeding when compared with SRP alone.

Dunlap, T. et al. Subgingival Delivery of Oral Debriding Agents: A Proof of Concept. The Journal of Clinical Dentistry. 2011 November (XXII-Number 5):149-158. This proof of concept article provides evidences that the prescription Perio Tray® effectively placed medication in the gingival sulcus. Mathematical modeling indicated Perio Tray® placement of hydrogen peroxide gel in periodontal pockets with depths up to 9 mm over 15 minutes treatment time was theoretically possible. Pathology reports reveal reductions in subgingival bacterial loads and improvements in pretreatment pocket depths of up to 8 mm after 1.7% hydrogen peroxide and Vibramycin Syrup were prescribed for use with the Perio Tray®. The in vitro analysis indicating that hydrogen peroxide is the active and effective oral debriding agent needs to be confirmed with additional studies.

Keller, D. How to Manage Oral Biofilm Using Perio Protect as a minimally invasive method for lasting oral health. DPR 2010 July;44(7):54-55. This case study follows one patient with advanced periodontal disease for four years. Photos, radiographs, and charting indicate significantly improved health with bone gains and pocket depth reductions.

Schaudinn, C. et al. Manipulation of the microbial ecology of the periodontal pocket. WorldDental 2010 Feb-Mar;2(1):14-18. This article describes the use of the “biofilm potential” method to assess the ecological status of periodontal sulci with respect to the health and spreading tendencies of the biofilm communities growing in them. The data suggest that the biofilm potential is an accurate indicator of the microbiological health of the sulcus, and further suggest that oxidative chemical strategies such as those used with the Perio Protect system are effective for periodontitis.

Schaudinn, C. et al. Periodontitis: An Archetypical Biofilm Disease. J Am Dent Assoc. 2009 Aug;140(8):978-86. This full-length, peer-reviewed cover story in The Journal of the American Dental Association (“JADA”) discusses biofilms and the science behind the Perio Protect Method™ to adversely affect the viability or growth of the biofilms in the sulcus as observed and measured with the biofilm potential.

Perio Protect-A Conservative Periodontal Therapy Adjunct. Clinicians Report. March 2009;2(3)1,3-4. This independent evaluation of the Perio Protect Method™ documents the fact that over 97% of offices surveyed using the Perio Protect Method™ approved the Method. 98% of those doctors surveyed reported reduced bleeding for patients following use of the Method. 95% also reported reduced inflammation, and 90% reported decreased pocket depths. In the majority cases these results were very apparent in 2 weeks time.

Keller, D.C. Managing Periodontal Disease In A Patient Suffering From Renal Failure. Dentistry Today. July 2008;27(7):144-47. This full-length case study examines the use of the Perio Protect Method™ to help successfully manage the periodontal conditions of a patient during renal failure, when systemic calcium levels are often related to an increased incidence of periodontal disease. The patient's periodontal pockets returned to normal with use of the Perio Protect Method™.

Allinson, R. Adjunctive Orthodontic Treatment Using The Perio Protect System. Int J Orthod Milwaukee. 2007 Fall;18(3):27-30. This full-length, peer-reviewed article describes how the Perio Protect Method™ could be used in conjunction with conventional orthodontic treatments.

Collins, F. and Veis, R. Periodontal Treatment: The Delivery and Role of Locally Applied Therapeutics. Continuing Dental Education Digest. September 2006:14-21. This full-length, peer-reviewed article presents the effectiveness of the Perio Protect Method™: pocket probing depths went from 5.7mm to 3mm, bleeding went from 20.7 to 2.7 sites, and live-dead dye demonstrated bacterial death in periodontal pockets 6mm deep.

Keller, D.C. Management of Periodontitis for HIV-AIDS Patients. Dentistry Today. June 2006;25(6):110-3. Patients with HIV-AIDS are reported to have higher incidences and severity of periodontal disease. This full length case study demonstrates that a patient suffering with HIV-AIDS had an initial severe periodontal problem that was corrected and maintained for over 4 years by following the Perio Protect Method™.

Costerton J. W., Keller, D.C. Oral Periopathogens and Systemic Effects. J Acad Gen Dent 2007;55(3):210-25. This full length, peer-reviewed article demonstrates the associations between the oral pathogens and the systemic diseases to which they have been related.

Research Abstracts and Poster Presentations:

Preliminary Data on Periodontal Disease Treatment Using Topical Oxidizing Agents. Keller et al. This peer-reviewed, published abstract provides preliminary data from a multi-year, multi-clinic study on the use of the Perio Protect Method™. The data from the first three months of the study indicate that all 3 groups showed significant improvement in pocket depth reductions. 2 groups also showed significant reduction in bleeding on probing. These results suggest that the Perio Protect Method™ has the potential to decrease the need for extensive invasive dental procedures in early stage periodontal disease.

Poster presentation of Preliminary Data on Periodontal Disease Treatment Using Topical Oxidizing Agents, Keller et al. AADR (March 3-6, 2010), Washington DC.

SEM Results of Periopathogenic Control with the Perio Protect Method, Keller et al. J Dent Res 86(A): 1186, 2007. This peer-reviewed, published abstract of results from microbiological research at USC Center for Biofilm presented at the 2007 ADEA/IADR meeting in New Orleans demonstrates that treatment with the Perio Protect Method™ produced a 95% kill-rate of biofilm bacteria in a periodontal pocket in 2 days, 98% of the bacteria in 7 days and 99.98% of the biofilm bacteria in a periodontal pocket between 12 to 17 days, all statistically significant changes.

Poster presentation of SEM Results of Periopathogenic Control with the Perio Protect Method, Keller et al. IADR/AADR/CADR 85th General Session and Exhibition (March 21-24, 2007), New Orleans.

C-Reactive Protein Changes During Perio Protect Treatment Of Periodontal Disease, Steele et al. J Dent Res 86(A): 1195, 2007. This peer-reviewed, published abstract was presented at the 2007 ADEA/IADR meeting and demonstrates that patients elevated C-reactive protein levels returned to normal within 14 days. All patients in the study followed the Perio Protect Method™.

Poster presentation of C-Reactive Protein Changes During Perio Protect Treatment Of Periodontal Disease, Steel et al. IADR/AADR/CADR 85th General Session and Exhibition (March 21-24, 2007), New Orleans.

Initial Study of the Perio Protect™ Treatment for Periodontal Disease, Wentz et al. J Dent Res 85(A): 1164, 2006. This peer-reviewed, published abstract relates to the results of a study presented by Perio Protect, LLC at the 2006 ADEA/IADR annual meeting. The study demonstrates that periodontal pockets went from an average of 5.7mm before treatment with the Perio Protect Method™ to 3.0mm after treatment and bleeding upon probing went from 20.7 sites to 2.7 sites, both statistically significant changes.

Poster presentation of Initial Study of the Perio Protect™ Treatment for Periodontal Disease, Wentz et al., ADEA/AADR/CADR Meeting & Exhibition (March 8-11, 2006) Orlando, Florida.