



Commentary

Periodontal Treatment and Mesenchymal Stem Cells for Periodontal Regeneration

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Introduction

Periodontitis affects the bulk of the adult population, may cause edentulism, and has been listed as a risk factor for major systemic diseases, like atherosclerosis, cardiovascular diseases, diabetes, and atrophic arthritis. This might directly influence the overall health, social life, and nutritional state of affected individuals, jeopardizing their overall quality of life. Moreover, the treatment of advanced sorts of periodontitis is costly, with an immediate impact on Western countries' productivity, thus making periodontitis a threat for public health.

Periodontal Treatment

Periodontal treatment aims to regulate inflammation within the periodontal tissues, avoiding disease progression, preserving natural teeth, and maintaining masticatory function. To realize these goals, the treatment is concentrated on reducing or eradicating PDs. Numerous non-surgical and surgical approaches are currently utilized. Non-surgical periodontal therapy is that the initiative for any patient affected with periodontitis.

Surgical treatment of periodontitis incorporates non-resective get to surgery, resective surgery, and regenerative methods. Non-resective surgery points at encouraging root debridement by implies of fold rise. Different techniques are proposed and minimally-invasive approaches have shown advantages in clinical trials. Resective surgery eradicates PD by correcting gingival and bone morphology. Although extremely effective against PDs, it's administered at the expense of

the periodontal support of the involved teeth and invariably causes soft tissue recession. Periodontal regeneration has the goal to revive the lost periodontium, because it aims at increasing the periodontal attachment, reducing PD, and limiting gingival recession. This makes periodontal recovery the gold standard for periodontal treatment. Periodontal recovery has been appeared to be viable inside the treatment of intrabony and furcation surrenders with changing degrees of adequacy; in any case, regenerative strategies are still uncovered to clinical disappointments or inadequate victory much appreciated to different impediments, like patient-specific variables (i.e., smoking, destitute plaque control, etc.), disgraceful choice of get to folds and biomaterials, and destitute periodontal preparing. Alveolar bone proper, root cementum, and periodontal ligament (PL) within the previously damaged periodontium are expected to be regenerated because the ideal treatment outcome, but it's been shown to not always be the case. To beat these limitations, new access flaps and biological agents are developed in recent years; clinical trials, however, have revealed a still controversial efficacy and their histological evidence is usually sparse. Thus, the look for new regenerative procedure remains a challenging field of periodontal research. During this context, tissue engineering, cell combination, biomaterials, and growth factors have recently been proposed as promising alternatives for periodontal treatment. During this field, stem cells are attractive. They're undifferentiated cells that possess regenerative potential because of their ability to become different cell types after proper stimulation. In periodontal regeneration, mesenchymal stem cells (MSCs) are tested in vitro and in humans with promising results. MSCs from dental and non dental tissues are harvested and used. Among MSCs from dental tissue, we may list dental pulp stem cells (DPSCs), human exfoliated deciduous teeth cells (SHEDs), periodontal ligament stem cells (PDLSCs), dental follicle precursor cells (DFPCs), and stem cells from apical papilla (SCAPs). Various non-dental stem cells are utilized in periodontal regeneration. Among others, BMMSCs, adipose-derived stem cells (ASCs), embryonic stem cells (ESCs), and induced pluripotent stem cells (iPSCs) are the foremost investigated.

Citation: Honda E (2021) Periodontal Treatment and Mesenchymal Stem Cells for Periodontal Regeneration. *Dent Health Curr Res* 7:7. e114.

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Received: July 22, 2021 Accepted: July 28, 2021 Published: August 04, 2021