The Current Status of Periodontal Treatment in Korea

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In Korea, there are over than 10,800 dentists registered. Less than 5% (about 460) of them are periodontists or members of Korean Academy of Periodontology. We have divided the periodontal treatment modalities into 4 practice settings: dental schools, dental practice offices in general hospitals, periodontists in private clinics, general dentists in our study and analysis.

The periodontal treatment modalities in private dental practices showed higher percentage of non-surgical periodontal therapies compared to surgical therapies. Although periodontists in private clinics showed higher percentage of surgical therapies than general dentists, mucogingival surgery comprised only 2-3% of the total surgery cases. The reason for avoidance of periodontal treatments in private dental offices are lower insurance fees and lack of patient's awareness to periodontal diseases. On the other hand, various periodontal treatments are carried out at dental schools; about 80% of patients visiting department of periodontics in dental schools had undergone periodontal surgeries, 5-15% of the surgeries being mucogingival and regenerative surgery.

In bone grafting, HA was the most commonly used alloplast material. Recently, biodegradable alloplast materials such as calcium bicarbonate are used alone or combined with autogenous bone and allograft materials (freeze dried or demineralized freeze dried bone) were also frequently used. Guided Tissue Regeneration using ePTFE or collagen membrane has been carried out at dental schools and by periodontists in private clinics. In recent years, implant surgeries have been performed at dental schools using IMZ and Branemark implant systems mostly and at private dental offices using various implant systems such as ITI, 3i Integral and Calcitek.

The analysis of periodontal treatment modalities in Korea showed that periodontally-based overall dental care should be implemented to the general practitioners (by continuing education programs for periodontal treatment) and motivation of the population on periodontal treatment and needs should be reinforced. Furthermore, the current insurance fees for periodontal treatment should be adjusted to a more realistic level and it should be also sought to improve regenerative surgery utilizing various membranes and to develop more applicable bone graft materials.