

Each BioScan System comes with the support you need!

OraTec has been the largest supplier of video microscopes to the dental profession for 30 years. Our customers range from general practitioners to periodontists in every type of practice setting, large groups, and small solo practitioners. Most of our customers have never used a microscope before to assess periodontal risk. Like them, you'll find that, while a video microscopy system may look like an intimidating piece of equipment, it's really very easy to use. Assessing risk is surprisingly easy too, even for patients. OraTec has been helping clinicians learn how to use microscopes for so long; we've got it down pat. We've already done all the heavy lifting for you. All you have to do is watch the videos.

Manual BioScan systems are shipped already calibrated and ready to use. Every system comes with a 67 page, personalized manual that explains the basics and offers lots of advice on how to incorporate microscopic testing into your practice. We even provide billing codes, sample patient and insurance letters and successful treatment protocols used by other clinicians.

Video CD Periodontal Microflora is a ½ hour computer CD that shows you, step-by-step, exactly how to prepare a plaque slide. It also contains a video encyclopedia of the oral microflora with examples of what healthy plaque looks like along with examples important cell types like WBC's & RBC's; and all the putative pathogens one can see through a microscopy, including: Protozoans (Amoebae & Trichomonds); Treponemes (spirochetes). It's been designed to answer the all the questions we tend to get asked by new users over the years.

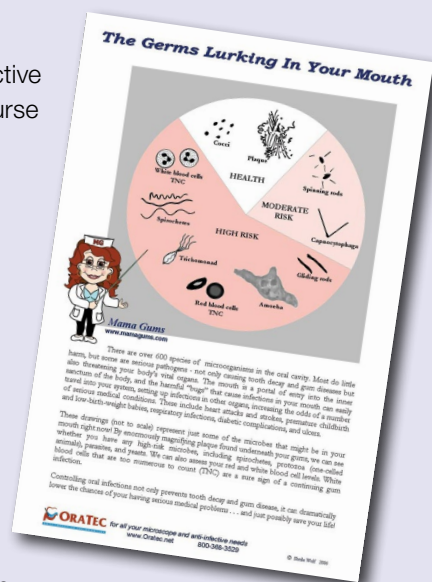
Powerpoint Course Periodontal Diseases: Microbiological Assessment & Anti-Infective Therapy. It's a 4 hour Powerpoint course on computer CD. The content is from the CE course Mr. Bill Landers presents at dental and dental hygiene societies.

Wall Poster Heavily laminated wall poster illustrating the periodontal microflora.

One of the most requested items we've never had is now available! Poster uses drawings to help patients (and clinicians) identify the main pathogens in dental plaque, including WBC'S, spirochetes and protozoans. Great for microscope users and any office practicing anti-infective periodontal therapy

Unlimited, toll-free telephone support OraTec also provides unlimited, toll-free telephone support for instant answers on virtually any aspect of microscopy or anti-infective periodontal therapy. We can help with just about any question you might have.

BioScan systems are shipped fully calibrated and ready to use. The only maintenance necessary is to clean the optics daily with lens paper (a one minute job). If, for some reason, the image isn't what it used to be, just call our toll-free number. One of our experts will talk you through recalibration by phone. It's easy to do, (even for dental professionals).



Tip: don't leave unsupervised children or dentists alone with a microscope. :-)

Subgingival Microbial and Inflammatory Cell Morphotypes Associated with Chronic Periodontitis Progression in Treated Adults

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Abstract

Objective: In a secondary data analysis, this pilot study evaluated the relationship between subgingival biofilm morphotypes and chronic periodontitis progression in treated adults.

Methods: Periodontal parameters in 47 adults with chronic periodontitis were assessed by a calibrated examiner at baseline and a mean 4.5 years after a non-surgical periodontal therapy regimen. Microbial and inflammatory cell morphotypes in subgingival biofilm specimens from each patient were evaluated with phase-contrast microscopy at baseline, and at post-treatment intervals. Chronic periodontitis progression in patients was defined as ≥ 2 teeth exhibiting ≥ 3 mm interproximal clinical periodontal attachment loss from baseline evaluations. Bivariate and odds ratio analysis assessed baseline and post-treatment variables relative to chronic periodontitis progression.

Results: Eight (17%) patients had chronic periodontitis progression. No baseline clinical, radiographic or microbiological variables, and no post-treatment clinical variables demonstrated statistically significant relationships with chronic periodontitis progression. Elevated post-treatment counts of subgingival spirochetes, medium to large-sized motile rods, and crevicular leukocytes, both alone and concurrently, appeared more frequently in patients experiencing chronic periodontitis progression. A post-treatment occurrence of high concurrent counts of subgingival spirochetes and crevicular leukocytes exhibited the strongest association with chronic periodontitis progression (odds ratio = 10.1; 95% CI = 2.2, 45.4; $p = 0.004$), which was greater than with either morphotype alone.

Conclusions: Joint morphotype analysis of subgingival spirochetes and crevicular leukocytes, as simplified biomarkers of pathogenic biofilm infection and host inflammatory responses in periodontal pockets, may be diagnostically useful in assessing risk of progressive disease in treated chronic periodontitis patients.