

# Periodontal Regeneration Enhanced: Clinical Applications Of Enamel Matrix Proteins

## THE USE OF ENAMEL MATRIX DERIVATIVE IN THE TREATMENT OF PERIODONTAL DEFECTS: A LITERATURE REVIEW AND META-ANALYSIS

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**ABSTRACT:** *Background*—Periodontal disease results in the loss of the attachment apparatus. In the last three decades, an increasing effort has been placed on seeking procedures and materials to promote the regeneration of this tissue. The aim of this paper is to evaluate the effect of enamel matrix derivative (EMD) during regenerative procedures. In addition, a meta-analysis is presented regarding the clinical results during regeneration with EMD, to gain evidence as to what can be accomplished following treatment of intrabony defects with EMD in terms of probing depth reduction, clinical attachment level gain, defect fill (using re-entry studies), and radiographic parameters. *Methods*—The review includes *in vitro* and *in vivo* studies as well as human case reports, clinical comparative trials, and histologic findings. In addition, a meta-analysis is presented regarding the regenerative clinical results. For this purpose, we used 28 studies—including 955 intrabony defects treated with EMD that presented baseline and final data on probing depth, clinical attachment level (CAL) gain, or bone gain—to calculate weighted mean changes in the different parameters. The selected studies were pooled from the MEDLINE database at the end of May, 2003. *Results*—The meta-analysis of intrabony defects treated with EMD resulted in a mean initial probing depth of  $7.94 \pm 0.05$  mm that was reduced to  $3.63 \pm 0.04$  mm ( $p = 0.000$ ). The mean clinical attachment level changed from  $9.41 \pm 0.06$  mm to  $5.82 \pm 0.07$  mm ( $p = 0.000$ ). These results were significantly better than the results obtained for either open-flap debridement (OFD) or guided tissue regeneration (GTR). In contrast, histologically, GTR is more predictable than EMD in terms of bone and cementum formation. No advantage was found for combining EMD and GTR. Xenograft, or EMD and xenograft, yielded inferior results compared with EMD alone, but a limited number of studies evaluated this issue. Promising results were noted for the combination of allograft materials and EMD. *Conclusions*—EMD seems to be safe, was able to regenerate lost periodontal tissues in previously diseased sites based on clinical parameters, and was better than OFD or GTR. Its combination with allograft materials may be of additional benefit but still needs to be further investigated.

**Key words.** Enamel matrix derivative, Emdogain®, meta-analysis, periodontal regeneration.

### (I) Introduction

The goal of periodontal therapy is to provide a dentition that functions in health and comfort for the life of the patient (Zandori *et al.*, 1976). Studies reporting tooth loss among patients receiving periodontal treatment show that, for the majority of these patients, this goal is a reality (Hirschfeld and Wasserman, 1978; McFall, 1982; Nabers *et al.*, 1988). The validity of this statement is enhanced in view of the contrary results observed among those who were untreated (Becker *et al.*, 1979).

Therapeutic approaches to the treatment of periodontitis generally fall into two major categories: those designed to halt the progression of periodontal attachment loss, and those designed to regenerate or reconstruct lost periodontal tissues (Pihlstrom and Ammons, 1997). Surgical procedures involving root conditioning, autografts, allografts, xenografts, and/or barrier membranes for guided tissue regeneration have been shown to contribute to a successful regenerative outcome (for review, see Garrett, 1996).

Despite the convincing histological evidence that some

regeneration may occur in humans following a regenerative surgical approach (Bowers *et al.*, 1989a,b,c), complete and predictable regeneration is still a goal that is difficult to attain. In the last three decades, investigators have increased their efforts to seek procedures and materials to promote periodontal regeneration. Since growth and differentiation factors have been shown to play a key role in wound healing, it was suggested that they could enhance the regenerative process (for review, see Giannobile, 1996). Promising results have been obtained on healing and regeneration of lost attachment with application of recombinant human osteogenic protein-1 (OP-1) in surgically created critical-size class III furcation defects in dogs (Giannobile *et al.*, 1998). Moreover, periodontal regeneration has been demonstrated histologically in humans following the use of purified recombinant human platelet-derived growth factor BB (PDGF-BB) mixed with bone allograft in both Class II furcations and interproximal intrabony defects (Nevins *et al.*, 2003). Although the use of growth factors has demonstrated significant repair and/or regeneration, it is still considered experimental, since no growth factor therapy to treat periodontitis in humans has received approval by the United

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rationale and clinical use of enamel matrix derivative / David L. Cochran [et al.].

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