

# The Basic Periodontal Exam (BPE)

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Often when someone thinks of dentistry they think of teeth. However, the gums are as equally if not more important to consider as without these supporting tissues we would not have any teeth! The Basic Periodontal Exam (BPE) forms an integral part of a routine examination of one's patient. Although only a screening tool, the information it provides is hugely important; it roughly informs the clinician of the health of the periodontal tissue and provides some indication of further examination and treatment a patient may require. Additionally, it is very simple and rapid to carry out and so is very fitting for the busy and packed routine of a general dental practitioner.

## THE PROCEDURE

The dentition of a patient is divided into six sections or "sextants" that are scored separately. For a section of the mouth to be considered a sextant, there must be at least two teeth present. The third molars are not recorded in a BPE but every other tooth present in a sextant is subject to a BPE.

The following chart illustrates what teeth would be measured in each sextant. If there is a sextant with only a single tooth present, that tooth can be measured as part of the adjacent sextant.

UR7-UR4	UR3-UL3	UL4-UL7
LR7-LR4	LR3-LL3	LL4-LL7

Figure 1: The teeth measured in each sextant

The instrument of choice is a WHO Probe, which has a ball end measuring 0.5mm in diameter, and two black bands – one at 3.5-5.5 mm and another at 8.5-11.5mm.

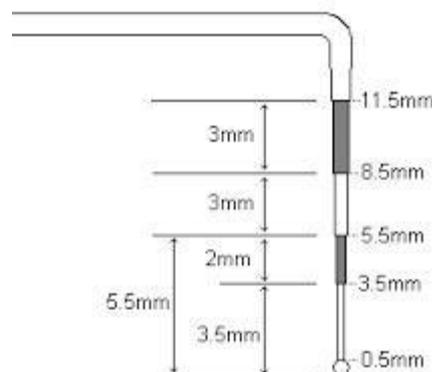


Figure 2: The WHO Probe

The probe is used in a "walking" motion around the sulcus of each tooth in each sextant and the highest score of that sextant is recorded. A light force of 20-25g should be applied when carrying out the BPE.

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The following table summarises the codes that may be recorded during a BPE, what they indicate and the relevant course of action that would be taken.

Score	Probing Depth	What can be seen on probe	Additional information	Treatment
0	<3.5mm	First black band entirely visible	No calculus/overhangs, No bleeding on probing	No need for periodontal treatment. BPE recorded at every routine examination.
1	<3.5mm	First black band entirely visible	No calculus/overhangs, bleeding on probing	OH instruction (OHI). BPE recorded at every routine examination.
2	<3.5mm	First black band entirely visible	Supra or sub gingival calculus	As for code 1, removal of plaque retentive factors (supra and subgingival calculus). BPE recorded at every routine examination.
3	3.5-5.5mm	First black band is partially visible		As for code 2, and root surface debridement (RSD) if required. A 6-point pocket chart (6PPC) should be carried out in the sextant scoring 3.
4	>5.5mm	First black band completely disappears		As for code 3. Referral to a specialist may be indicated and more complex treatment needed. A 6PPC should be carried out in all dentition.

Table 1: Summary of the different BPE codes that can be recorded and the course of action that they indicate

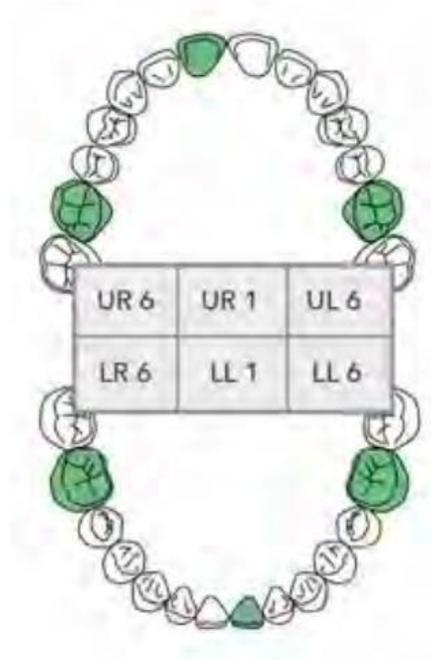
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A furcation in the teeth may be indicated with a \* in the relevant sextant.

### **THE BPE AND PAEDIATRIC PATIENTS**

The BPE is carried out slightly differently for paediatric patients. Only six index teeth are assessed in patients under the age of 18, which is highlighted in the diagram below. The range of codes used in a BPE depend on the age of the patient:

- 7-11-year olds: use codes 0-2
- 12-17-year-old: use codes 0-4 and \*



### **REFERENCES**

1. Periodontology BSo. BSP The Good Practitioners Guide to Periodontology 2016 [Available from: [https://www.bsperio.org.uk/publications/good\\_practitioners\\_guide\\_2016.pdf?v=3](https://www.bsperio.org.uk/publications/good_practitioners_guide_2016.pdf?v=3)]

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