



## **CURRICULUM VITAE**

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**Education:** 1972 DMD, 1974-78 Attendance toward M.D., 1980 Certificate of Achievement in Periodontology (TUSDM, Boston), 1981 M.Sc.(TUSDM), 1981 Ph.D.(AUTH)

**Academic Appointments:** 1974-1984 Lecturer and Assist. Prof. in Oral Pathology(AUTH). 1988-1992 Assoc. Prof. in Preventive Dentistry and Periodontology(AUTH). 1992 to his retirement in 2016 Prof. and Chairman of Preventive Dentistry, Periodontology and Implant Biology(AUTH)

**Teaching Experience-Teaching Responsibilities:** 1974-1988 Undergraduate and Postgraduate courses in Oral Pathology. 1988-2016 Director of Undergraduate and Postgraduate Periodontics at AUTH. 1991-2016 Chairman and Director of Periodontology and Implant Biology at AUTH. Numerous lecture presentations at regional, national and international levels on Oral Pathology, Periodontology and Implant Dentistry

**Administrative Appointments:** 1992-2016 Member of the Executive Committee, Advanced Education Committee, Graduate Education Committee, Chairman, Dept of Preventive Dentistry, Periodontology and Implant Biology at AUTH. 1997-2001 Vice-Dean, Dental School at AUTH.

**Dental Societies Activities:** 1996-1997 Vice President and 1999-2002 President of the Stomatological Society of Northern Greece, 2005-2009 President of the Hellenic Society of Periodontology , 1997-2000 Board member of IADR-Continental European Division, 2000-2009 Board Representative of the Hellenic Society of Periodontolog at the European Federation of Periodontology.

**Research Activities : A. Grants:** Several Grants from the Greek ministry of Health, a well as from International Oral Hygiene and Pharmaceutical Companies.

**B. Publications:** a) Over 100 scientific publications in the Greek and International Dental and Medical literature b) One monograph c) Textbook of Clinical Periodontology (3 Volumes).

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## **ABSTRACT**

### **RISK MANAGEMENT IN PERIODONTAL DISEASES**

Beginning in the late 1960s and extending to the mid-1980s several impressive clinical studies successfully simplified the causation of the periodontal diseases to establish a primary role for bacterial accumulation on the teeth.

According to the above notion , given the bacterial exposure , all individuals are equally susceptible to periodontitis and if treated accordingly to the proven principles should respond in a predictable manner .

More recent studies however, indicate that some individuals have greater risk for developing severe periodontitis and some do not respond predictably to standard treatment procedures.

Based on current knowledge, individual differences in periodontitis progression appear to be explainable by the presence of “risk factors” that they estimate an individual’s probability for future progression and response to standard therapies.

Risk factors can be classified as

1. biological modifiers including environmental factors such as smoking;
2. Genetic variations that modify the immune-inflammatory response, alter wound healing and influence bone and connective tissue remodeling or
3. an acquired disease such as uncontrolled type 2 diabetes.

The net result of one or more of these modifiers is a change in the rate of certain physiological pathways to influence the biological response to the bacterial challenge and reduction of that challenge.

Identification of risk factors involves a long and demanding process that requires 3 successive steps: step 1, identify/discover potential risk factors ; step 2, clinically validate putative risk factors ; and step 3, demonstrate clinical utility attributable to the use of specific risk factors.

Our primary objective in this presentation is to address the clinical utility questions of whether we can identify individual risk for periodontitis that will finally lead us to actions that could improve health outcome.

By using the Periodontal Risk Assessment system as developed and described by Lang & Tonetti we will try to identify subsets of patient who respond differently to bacterial challenge and either express more severe periodontitis or do not respond predictably to standard clinical approaches to periodontitis prevention and treatment.

Our discussion will be focused on ways that guide treatment of periodontitis by monitoring risk factors in conjunction to standard periodontal care.