

Outcome of Azithromycin with Non-Surgical Periodontitis Therapy  
at Dental Hospital University of Health Sciences Lao PDR.

**ABSTRACT**

**Objective:** The study aimed to evaluate the effectiveness of Azithromycin as an adjunct to non-surgical periodontal therapy.

**Methods:** This is a cross-sectional descriptive study. The subjects were divided into two equal groups (Group study and Group control). At baseline, patients received a full-mouth supra scaling with an ultrasonic scaler, scaling, and root planing in sites with probing depths >4 mm, and were placed on a systemic antibiotic regimen: Azithromycin 250 mg (Group study) and doxycycline 250 mg (Group control), all groups once a day for 5 days. The subjects were recalled at day 5, day 30, and day 90.

**Results:** The comparison of the outcome of periodontitis treatment with Azithromycin 250 mg and doxycycline 250 mg, evaluated by plaque index and clinical attachment loss, showed significant differences between the groups. The clinical parameters were different from the baseline values.

**Conclusion:** Azithromycin 250 mg with non-surgical periodontitis therapy was significant.

**Key words:** Azithromycin 250 mg with non-surgical periodontitis therapy, Lao PDR.

## **INTRODUCTION**

Periodontitis is an infectious disease that affects the periodontal tissues such as the periodontal ligament, cementum, and alveolar bone [1].

Periodontitis is a type of periodontal disease characterized by rapid loss of alveolar bone support [2]. Even though its prevalence is low, it still poses a significant problem in dentistry due to the complex etiology, treatment, and prognosis of this disease [3]. It has a complex etiology involving both clinical and microbiological factors in periodontal destruction [4,5]. The subgingival microflora is one of the most important factors contributing to periodontal destruction [6]. The oxidative killing mechanisms of PMNs are not completely effective under anaerobic conditions. Therefore, antimicrobial agents such as azithromycin, doxycycline, ciprofloxacin, metronidazole, and synthetic penicillin like amoxicillin are used to control these periodontal infections [7, 8, 9]. These antibiotics are chosen for their activity against anaerobic flora, availability in higher concentrations in gingival crevicular fluid, long duration in the tissues, and anticollagenolytic properties [10]. In addition to the administration of azithromycin in the treatment of periodontal infections, it is also effective in inhibiting gram-negative facultative anaerobes [12]. Studies have shown that antimicrobial strategies for the treatment of periodontitis have had a good response, with azithromycin being used in therapy for periodontitis [13]. Rao, Deepika Pawar Chandrashekara, et al. (2023) studied the treatment of periodontitis with azithromycin and doxycycline and found that doxycycline was more effective than azithromycin [14]. Povšič, Katja, et al. (2021) studied the treatment of periodontitis with doxycycline and azithromycin and found that all the groups showed significant improvement [15]. Kerdmanee, Kunchorn (2023) studied the treatment of periodontitis with doxycycline and azithromycin and found that doxycycline was more effective than azithromycin [16]. A report from the Faculty of Dentistry in Laos in 2023 studied the treatment of periodontitis with doxycycline and azithromycin and found that doxycycline was more effective than azithromycin [17].

## **METHODOLOGY**

The present study was a cross-sectional descriptive study at the Dental Hospital, Faculty of Dentistry, University of Health Sciences, Lao PDR, conducted from August 2023 to February 2024. The inclusion criteria were individuals aged between 16 to 30 years at the time of first diagnosis with periodontitis, systemically healthy, not taking any medication for the last 6 months, and not having undergone periodontal therapy in the previous 12 months. Participants had to be willing to participate in the study. Exclusion criteria included the presence of systemic diseases, drug allergies, long-term anti-inflammatory therapy, partially erupted or impacted teeth, and unwillingness to give consent for the study.

The patients were purposively selected and divided into two groups: the study group and the control group. In the study group, patients received a full-mouth supra debridement with an ultrasonic scaler, scaling and root planing in pockets deeper than 4mm, and were prescribed azithromycin 250 mg - 1 tablet a day for 5 days. In the control group, patients underwent the same initial treatment but were prescribed doxycycline 250 mg - 1 tablet a day for 5 days. All groups also received Ibuprofen 400 mg for 1 tablet every 8 hours for 5 days and were recalled at the 5th, 30th, and 90th days for periodontal examinations.

The findings were recorded using the data collection form, including Plaque Index (Silness and Loe, 1964), Gingival Margin, Probing Pocket Depth (PPD), and Clinical Attachment Loss (CAL).

The mean values of Plaque Index (PI) and Clinical Attachment Level (CAL) were calculated and compared using the Paired T Test. Spearman's Test was performed for statistical analysis at a 95% confidence interval (95% CI).

## RESULT

### Comparison of PI values between groups

In the group study (n=10), the baseline mean plaque index was 2.2. After scaling, root planning, and antibiotic therapy with azithromycin 250 mg once a day for 5 days, the PI score at day 5 follow-up was 1.04. The mean plaque index at day 30 follow-up was 0.56, and at day 90 follow-up, it was 0.19 (as shown in Table 1).

In the group control (n=10), the baseline mean plaque index was 2.34. After scaling, root planning, and antibiotic therapy with doxycycline 250 mg once a day for 5 days, the plaque index at day 5 follow-up was 0.97, at day 30 follow-up was 0.45, and at day 90 follow-up was 0.23.

Both groups showed significant differences between each other and from baseline values ( $P < 0.05$ ) (as shown in Table 1).

**Table 1:** Comparison of PI value between study group and control group

The patient (N = 20)	Follow up of PI clinical parameter								
	Baseline		Day 10		Day 30		Day 90		P value
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Group I (n=10)	2.2	0.16	1.04*	0.27	0.56*	0.28	0.19*	0.11	0.02**
Group II (n=10)	2.34	0.44	0.97*	0.24	0.45*	0.10	0.23*	0.09	0.04**
P value	0.56		0.002**		< 0.001**		< 0.001**		

Paired T Test \* Significant difference between groups ( $P < 0.05$ )

Spearman's Test \*\* significantly different from baseline values ( $P < 0.05$ )

Comparison of CAL values between the study group and the control group:

The study group (n=10) had a baseline mean clinical attachment loss of 3.87 mm. After scaling, root planning, and antibiotic therapy with azithromycin 250 mg once a day for 5 days, the mean clinical attachment loss at day 90 was 2.68 mm (as shown in Table 2).

The control group (n=10) had a baseline mean clinical attachment loss of 4.26 mm. After scaling, root planning, and antibiotic therapy with doxycycline 250 mg once a day for 5 days, the mean clinical attachment loss at day 90 was 2.56 mm (as shown in Table 2).

Both groups showed a significant difference between groups and a significant improvement from baseline values ( $P < 0.05$ ).

**Table 2:** Comparison of CAL value between study group and control group

The patient (N = 20)	Follow up of CAL clinical parameter				
	Baseline		Day 90		P value
	Mean	SD	Mean	SD	
Group I (n=10)	3.87	1.23	2.68*	0.30	0.01**
Group II (n=10)	4.26	1.49	2.56*	1.07	0.01**
P value	0.15		< 0.001**		

Paired T Test \* Significant difference between groups ( $P < 0.05$ )

Spearman's Test \*\* significantly different from baseline values ( $P < 0.05$ )

## DISCUSSION

All patients received detailed oral hygiene instructions during the 90-day follow-up. Treated patients demonstrated a pattern of decrease in their PI scores throughout the study period compared to baseline PI and CAL values. Furthermore, patients treated with azithromycin showed a significant decrease in PI scores compared to those treated with doxycycline at days 5, 30, and 90. This decrease in PI scores can be attributed to the improved oral hygiene practices of the patients. These findings are consistent with a study by Povšič, Katja, et al., 2021 [15], which did not report any changes in PI scores. The variation in results may be due to differences in the study population, including socioeconomic status, education level, and oral hygiene awareness.

Regarding CAL values, both azithromycin and doxycycline treated patients showed a decrease in their CAL values throughout the study period compared to baseline values. Patients treated with azithromycin had significantly lower CAL values compared to those treated with doxycycline at days 5 and 90. This decrease in CAL values in both groups can

be attributed to the administration of antibiotics in addition to scaling and root planning. These results differ from a study by Kerdmanee, Kunchorn, 2023 [16], and a report by the Faculty of Dentistry, Laos, 2023 [17].

### **LIMITATION**

A limitation of this study was that it did not include the socioeconomic status of the participating subjects. Additionally, there was no comparison with an 'only SRP' group and systemic antibiotic use.

### **CONCLUSION**

The study found a positive effect of non-surgical treatment for periodontitis with azithromycin 250 mg, improving clinical parameters such as clinical attachment level at day 90.

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