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GINGIVITIS - RISK FACTORS, CLASSIFICATION, CAUSES, DIAGNOSIS, TREATMENT, PREVENTION

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Annotation: Epidemiology, Symptoms, Symptoms, Classification of Gingivitis, Treatment of Gingivitis, Prevention of Gingivitis, Complications, Differential Diagnosis is discussed in detail in this article.

Keywords: Epidemiology, Symptoms, signs, classification of gingivitis, Treatment of gingivitis, Prevention of gingivitis, Complications, Differential diagnosis.

Gingivitis, gingivitis (Latin: gingivitis) is an inflammation of the gums without compromising the integrity of the gums. If not treated in time, gingivitis can progress to a destructive form of periodontal disease - periodontitis. Inflammation of the gums is often accompanied by swelling or bleeding of the gums.

ETHIOLOGY OF GINGIVITIS

Actinomyces israelii is a type of microorganism that causes gingivitis

Gingivitis is usually caused by a build-up of germs on the teeth as a result of poor oral hygiene. The development of gingivitis can also be caused by improper orthodontic treatment, which can lead to the intensive growth of pathogenic microorganisms along with poor care of the oral cavity and teeth. Bacteria (rarely viruses, fungi) are a direct cause of gingivitis (Streptococcus oralis, Bacteroides gingivalis, Porphyromonas gingivalis, Actinomycetes comitans, Prevotella intermedia, Actinomyces israelii).

RISK FACTORS

Smoking;

Oral hygiene disorders;

Immunodepressive cases;

Inability to seek adequate dental care;

Malnutrition;

Tooth stones;

Children from 3 to 6 years old;

Diabetes mellitus;

Pregnancy;

Vitamin C deficiency;

Depressions;

ARVI, influenza, angina, AIDS, tuberculosis and other diseases;

Poisoning of the body with heavy metals (mercury, bismuth, lead);

Use of oral contraceptives;

Pricus pathology;

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Problematic fillings;

Disorders of nasal breathing.

PATHOGENESIS

Biofilms (mainly Actinomycetes, Tannerella forsythia, Fusobacterium nucleatum, Spirochetes, Synergistetes) are responsible for the appearance of tooth decay and the development of gingivitis, caries, periodontitis.

EPIDEMIOLOGY

Gingivitis is more common in men than in women. The disease is prevalent in a group of people who are in an unfavorable socio-economic situation, as well as those who do not have adequate dental care and are mentally retarded.

SYMPTOMS, SYMPTOMS, CLASSIFICATION OF GINGIVITIS

SHARP

Catarrhal gingivitis is the most common form of the disease. The main symptoms are redness of the gums, slight swelling, and often the formation of soft and hard layers on the teeth. Brushing your teeth can cause gingivitis and bleeding.

SURUNKALI

Chronic gingivitis is characterized by the absence of pain in the patient, but the inflammation is long and weak. Therefore, chronic gingivitis is often diagnosed by a dentist.

Chronic gingivitis is characterized by occasional bleeding during tooth brushing, bad breath, redness and swelling of the shaft. As the disease progresses, the gums become brighter, swollen, and bleed. Layers build up on the teeth, sometimes causing damage to the tooth's hard tissues.

DESKVAMATIV GINGIVIT

It is characterized by intense redness of the mammary epithelium and abundant desquamation (displacement of one layer).

HYPERPLASTIC GINGIVIT

Hypertrophic (hyperplastic) gingivitis is rare and is often associated with endocrine changes in the body. This type of disease can occur in adolescents (juvenile gingivitis), pregnant women, and people with diabetes. In hypertrophic gingivitis, the size of the gums increases.

The disease is characterized by bleeding gums, purulent discharge, gums turn brownish-blue, bad breath, accumulation of plaque on the teeth, the formation of false-pathological pockets.

The severity of hypertrophic gingivitis is determined by the severity of gum hyperplasia: in mild cases - up to 1/3, in moderate - up to 1/2, in severe - more than 1/2.

SIMPLE MARGINAL

It is most common in childhood and is associated with poor oral hygiene.

WOUNDED

It is characterized by severe itching, stinging, bleeding and ulceration of the gums.

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ATROFIC GINGIVIT

It is characterized by a decrease in the volume of breast tissue.

Acute necrotizing wound gingivitis

It is classified separately in KXT-10. The causes of the disease are bacterial infections, mainly anaerobes such as P. intermedia, fusobacteria, as well as spriroxetes such as Borrelia and Treponema. Inflammation of the mucous membranes of the mouth, bleeding, unpleasant odor, necrosis of the interdental nipples. The disease is caused by poor oral hygiene in young people (17-30 years). It can occur in ARVI, influenza, angina, AIDS, tuberculosis and other diseases.

TREATMENT OF GINGIVITIS

Depending on the course of the disease, appropriate treatment is carried out: it can be a professional cleaning of the oral cavity or surgical treatment. In severe or long-term gingivitis can be used systemically antibiotics such as penicillin, tetracycline, doxycycline, metronidazole, ciprofloxacin, clindamycin. Paracetamol or ibuprofen is prescribed to relieve pain in the gums.

FINAL

It usually ends with a complete recovery because the gums are not damaged.

GINGIVITIS PREVENTION

Oral hygiene (toothpastes, gels, toothpaste);

Quit smoking;

Using electric toothbrushes;

Use dental gels with metronidazole, such as Metrogil Denta;

Drugs for swelling in the form of tablets such as ambazone, 2,4-dichlorobenzyl alcohol, amylmetacresol;

Rinse mouth with solutions containing chlorhexidine, hydrogen peroxide, ethanol, thymol, sineol, methyl salicylate, menthol, methylparaben, benzalkonium chloride, fluoride or xylitol. Recent scientific studies have found that mouthwashes containing essential oils have beneficial effects;

Use toothpastes that contain triclosan;

Taking calcium supplements.

The above prophylactic measures are also used to treat gingivitis. The use of dental floss is not recommended.

COMPLICATIONS

Periodontitis and subsequent tooth loss;

Infection of the apical periodontium and jaw bones;

Transition of the disease to the wound-necrotic form;

Hematogenous infections - infectious endocarditis, glomerulonephritis.

DIFFERENTIAL DIAGNOSIS

Gingivitis should be distinguished from periodontitis and periodontitis. The main feature that distinguishes gingivitis from other diseases of the periodontium is that the inflammation affects only the gingival tissue, other structures (periodontal ligaments that hold the tooth in the jaw, bone tissue) remain unchanged. Normally, the depth of the gums is 1-1.5 mm, periodontal pockets (4 mm and deeper) are observed in the destruction of the gums, which is a symptom of periodontitis. Gingivitis does not have periodontal pockets, but hypertrophic forms of gingivitis and inflammation of the gums in general can cause periodontal pockets. In addition to these symptoms, gingivitis is not characterized by periodontal pockets, opening of the neck of the teeth, their movement - these signs indicate damage to the bone apparatus. For differential diagnosis, radiography is used - changes in the height of the intraalveolar barrier are not specific to gingivitis.

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