Revista Odontológica Mexicana _	 Facultad de Odontología	
Vol. 20, No. 4 ● October-December 2016		1500000
0.40 -0.54	_	V CE DEDODT

Gingival enlargement resolution by means of non-surgical periodontal therapy: case report

Resolución del agrandamiento gingival mediante terapia periodontal no quirúrgica: reporte de caso

Rafael Soriano Angulo,* Andreé Cáceres La Torre§

ABSTRACT

Gingival enlargement is a chronic inflammatory lesion caused by bacterial plaque. It appears as a tumefaction at the level of the inter-dental papilla and/or marginal gingival tissue; it can be localized or generalized. It exhibits slow and painless progression and can be exacerbated by hormonal causes or use of drugs. The present article studies the case of a patient afflicted with gingival enlargement and gingival lesions induced by bacterial plaque. The case was resolved with use of non surgical periodontal therapy. For seven days, antibiotic therapy and manual therapy were conducted. Re-evaluation one month later revealed resolution of the enlargement, decrease of inflammation, suppuration, periodontal pocket percentage and degree of dental mobility; periodontal maintenance was executed at that point. After three months, decrease of periodontal pockets percentage and degree of dental mobility were observed; at that point maintenance periodontal therapy was conducted.

RESUMEN

El agrandamiento gingival es una lesión crónica inflamatoria, cuyo factor causal es la placa bacteriana. Se presenta como una tumefacción a nivel de la papila interdental y/o la encía marginal, puede estar de manera localizada o generalizada, siendo de progresión lenta e indolora, pudiendo ser exacerbado por efectos hormonales o por el uso de fármacos. Este artículo reporta el caso de una paciente con agrandamiento gingival y lesiones gingivales inducidas por placa bacteriana resuelto mediante terapia periodontal no quirúrgica. Se realizó la terapia manual y antibióticoterapia sistémica por siete días. Al mes de reevaluación se evidencio la resolución del agrandamiento; reducción de la inflamación, supuración, porcentaje de bolsas y grado de movilidad dental, se realiza mantenimiento periodontal. A los tres meses se observa reducción en el porcentaje de bolsas periodontales y grado de movilidad dental; se realizó terapia periodontal de mantenimiento.

Key words: Gingival enlargement, non surgical periodontal therapy, periodontal therapy. **Palabras clave:** Agrandamiento gingival, terapia periodontal no quirúrgica, terapia periodontal.

INTRODUCTION

Increase of gingival volume is a common characteristic of gingival disease.¹ Present terminology describes the condition as «gingival enlargement» or «excessive gingival growth».²,³ Chronic gingival inflammation can result in gingival enlargement.⁴ Chronic gingival enlargement is caused by prolonged exposition to dental plaque. Factors favoring plaque accumulation and retention include poor oral hygiene habits along with irritation caused by anatomical abnormalities and applying orthodontic forces, as well as inappropriate restorations.¹,²

Inflammatory gingival enlargement begins as a mild tumefaction in the interdental papilla and marginal gingival tissue. This tumefaction can increase in size up to the point of covering part of the crowns. Enlargement can be localized or generalized and progresses in a slow and painless manner, unless acute infection or trauma

complications arise.² In some cases, chronic inflammatory enlargement appears as a sessile or pediculated mass, similar to a tumor. These enlargements can appear at interproximal level, and in marginal or inserted gingival.² A spontaneous volume reduction can take place, followed by continuous exacerbation and enlargement. Chronic

- DDS, Graduate of the Periodontics Masters Degree.
- Masters in Periodontics, Professor at the Periodontics Masters Degree.

San Martin de Porres University, Lima, Peru.

Received: July 2015. Accepted: February 2016.

© 2016 Universidad Nacional Autónoma de México, [Facultad de Odontología]. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

This article can be read in its full version in the following page: http://www.medigraphic.com/facultadodontologiaunam inflammatory gingival enlargements show exudative and proliferative elements which are characteristic of chronic inflammation showing vascular thickening, new capillary formation and related degenerative changes. Lesions are relatively firm, resistant and of a pinkish hue, they have a major fibrotic component with abundance of fibroblasts and collagen fibers.2 This excessive growth of the gingival tissue can be greater in patients with genetic factors or patients consuming drugs such as anticonvulsants, cyclosporine and calcium channel blockers; it can also be due to general systemic factors. 4-6 In some of these cases, gingival enlargement can be reduced to a minimum by means of suitable personal oral hygiene and professional maintenance. Nevertheless, root debridement in patients with gingival overgrowth frequently does not restore normal contour to the periodontium.⁴⁻⁸ Excessive residual growth can not only hinder the patient's ability to suitably clean the teeth, it can cause as well esthetic and functional problems.^{4,5}

The present article reports the case of a patient afflicted with gingival enlargement and gingival lesions induced by bacterial plaque. The case was resolved by means of non surgical periodontal therapy.

CLINICAL CASE PRESENTATION

A 71 year old female patient attended the Periodontics Masters Clinic at the San Martin de Porres University complaining of «pain in the gums, bleeding on brushing and two lesions which hindered chewing». During history, the patient revealed she was afflicted with Osteoporosis and Osteoarthritis, presently under treatment. Her last visit to a dental office had been three months before due to tooth extraction procedure caused by dental caries.

Initial intraoral examination revealed gingival inflammation surrounding most teeth, as well as a soft tissue lesion located at the marginal and inserted

vestibular gingiva surrounding tooth number 2.1 with presence of suppuration (Figures 1 to 3). The lesion appeared as a sessile, erythematous mass with spontaneous bleeding, measuring approximately 1 x 1 cm, with a 6 mm periodontal pocket. Serial periapical X-rays were taken which revealed horizontal bone loss at upper and lower incisors (Figure 4).





Figure 2. Upper and lower occlusal view.



Figure 1. Front view: generalized chronic periodontitis and gingival enlargement a the level of tooth 2.1.



Figure 3. Upper front view of gingival enlargement.

Download English Version:

https://daneshyari.com/en/article/8708758

Download Persian Version:

https://daneshyari.com/article/8708758

Daneshyari.com