



Gingival Health

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What is the characteristics of healthy gingiva?

Healthy gingiva possess clinical features in respect to morphology and consistency. The color of the attached and marginal gingiva is generally described as “coral pink” and is produced by the: vascular supply, the thickness, degree of keratinization of the epithelium, the presence of pigment-containing cells. The alveolar mucosa is red, smooth, and shiny rather than pink and stippled. The central portion of the interdental papillae is usually stippled, but the marginal borders are smooth.

The pattern and extent of stippling vary among individuals and different areas of the same mouth. Any condition cause gingival enlargement, the stippling disappear e.g. Inflammation/gingivitis, drug induced/beta blockers, systemic diseases/leukemia, bony/dental lesions, other conditions/pregnancy, puberty gingivitis. The gingival thickness corresponds with the sum total of the bulk of cellular and intercellular elements and their vascular supply. Flat, knife-edged margins is characteristic of healthy gingiva. Alteration in size is a common feature of gingival disease (hypertrophy or hyperplasia) which could be due to poor oral hygiene and all the precisely mentioned factors that results in stippling disappearance. The marginal gingiva envelops the teeth and follows a scalloped outline on the facial and lingual surfaces. Contour and alignment of teeth determine shape and position of gingiva, the contour or shape of the gingiva varies considerably and depends on: the shape of the teeth and their alignment in the arch, location of proximal contact, dimensions of the facial and lingual gingival embrasures. The marginal gingiva envelops the teeth and follows a scalloped outline on the facial and lingual surfaces. The position of the gingiva refers to the level at which the gingival margin is covering the tooth surface. The distance between the apical end of the junctional epithelium and the crest of the alveolus remains constant throughout continuous tooth eruption (1.07 mm) while gingival sulcus depth in healthy gingiva is 2 - 3 mm.

Gingivitis

A reversible Inflammation of the gingiva, bone and periodontal ligament not affected yet the gingiva appears red and swollen and may be tender, bleed when probed, brushed or flossed may associate with symptoms as pain .The main cause of gingivitis either dental plaque-induced gingivitis or non-Plaque-induced gingivitis. A less severe phase of the acute condition has been termed sub-acute, while acute gingivitis is of sudden onset and short duration and can be painful. Usually gingivitis asymptomatic with no at-

tachment loss pseudo-pockets may be present, only the gingival tissues have been affected by the inflammatory process. No radiographical evidence of bone loss the crestal lamina dura is present and alveolar bone level is within 1 - 2 mm of the CEJ area. The two earliest symptoms of gingival inflammation preceding established gingivitis are:

- 1- Increased gingival crevicular fluid production rate
- 2- Bleeding from the gingival sulcus on gentle probing

The bleeding is chronic or recurrent and is provoked by mechanical trauma (e.g. from tooth brushing, toothpicks, or food impaction) or by biting into solid foods such as apples, on the other hand acute bleeding due to injury or occur spontaneously in acute gingival disease. Spontaneous bleeding or bleeding on slight provocation can occur in acute necrotizing ulcerative gingivitis (NUG) or it could be Hemorrhagic disorders due to vitamin C deficiency, platelet disorders, vitamin K deficiency or hemophilia and leukemia.

Change in color is an important clinical sign of gingival disease/ Chronic Gingivitis caused by an increase in vascularization epithelial keratinization is reduced or disappears. In chronic gingivitis, both destructive (edematous) and reparative (fibrotic) changes co-exist, and the consistency of the gingiva is determined by their relative predominance, loss of surface stippling, smooth and shiny.

Always prevention better than management, maintaining good oral hygiene by brushing teeth at least twice a day, done properly to prevent plaque formation, Changing the soft toothbrush as often as you can, the recommended period is every three months, after brushing use dental floss and mouthwash to clean the hard to reach areas, in the same time eliminate all the etiological local and systemic factors.

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