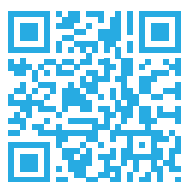


NON SURGICAL MANAGEMENT OF INFLAMMATORY GINGIVAL ENLARGEMENT- A SIMPLE CASE REPORT

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ABSTRACT

BACKGROUND: Periodontitis is an inflammatory process induced by long standing local factors accumulation. It may lead to gingival enlargement that interferes normal oral hygiene maintenance and poses great impedance in periodontal health.

METHOD: Scaling and Root planning (SRP) - A very basic and simple procedure, part of initial phase 1 therapy has been performed in a sequential manner.

RESULT: SRP eliminates the local factors responsible for inflammation and provides conducive environment for periodontal healing.

CONCLUSION: SRP is the very effective and mandatory procedure in the periodontal treatment plan.

KEYWORDS: Periodontitis, gingival enlargement, SRP.

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INTRODUCTION:

Periodontitis is an inflammatory process of the tooth supporting structures, induced by local factors mainly plaque and microbial accumulation¹. When there is prolonged exposure to local factors, the gingival tissues might respond by increase in size, leads to chronic inflammatory gingival enlargement which inturn further complicates the oral hygiene maintenance².

The primary goal of periodontal treatment is to abolish gingival inflammation , that includes 4 phases namely non surgical Phase (Phase I therapy), Surgical Phase (Phase II therapy), Restorative Phase (Phase III therapy) , Maintenance Phase (Phase therapy IV therapy) apart from preliminary or emergency phase .

Phase 1 therapy plays a pivotal role in periodontal treatment plan. This phase is also given names as “nonsurgical phase therapy”, “cause related therapy” and “etiotropic phase of therapy”. This has been contemplated as the “Gold Standard” for any other periodontal procedures to be compared³.

Scaling and Root planning (SRP) is the cornerstone of initial phase of periodontal therapy that helps to restore gingival health by complete unfastening of the local factors accountable for gingival inflammation⁴.

This case report tries to enlighten the mere magic of SRP supposed to be the basic, simple and easy procedure that has the very effective results, can be carried out by the general dental practitioners also.

Case Report:

Systemically healthy 52 year old male patient, was referred by one of the colleague dentist with the chief complaints of bleeding from the gums and overgrowth of the gums in the lower anterior teeth region that hinders the proper oral hygiene maintenance.

Intra oral examination revealed bleeding gums, supra and subgingival calculus , generalized increase in probing depth , marginal and papillary gingival enlargement with Grade III enlargement extending also to attached gingiva in relation to 31 , 41 region

(Fig 1). The enlargement was sessile in nature and feathery in consistency . Periodontal Charting was done on the initial visit (Table 1), depending upon that the case was provisionally diagnosed as generalized chronic periodontitis with inflammatory gingival enlargement in relation to 31, 41.

Treatment planning was done in such a way that SRP was to be followed by gingivectomy after the reevaluation of the gingival condition. Informed consent was taken after explaining the patient about the treatment plan.

Supra and subgingival scaling was done on the initial visit and patient was advised to report after a week for further management (Fig 2). Full mouth SRP was done in 24 hours span together with 1% chlorhexidine irrigation subgingivally, tongue brushing and mouth rinsing with betadine antiseptic. Patient was advised to take antibiotics (Enhancin – amoxicillin 875mg and clavulanic acid 125mg), anti-inflammatory drugs (Metrolag – metronidazole 500mg) and analgesics (No pain DS – Naproxen 400mg) BID for 5 days together with usage of 10ml hexidine mouthwash twice daily for 4 weeks. Patient was reviewed after 4 weeks. The reevaluation showed clinically evident reduction in bleeding from the gingiva and inflammation with decreased probing depth (Table 2). There was a considerable shrinkage of gingival enlargement too in relation to 31, 41 (Fig 3).



Fig 1 – Pre operative Photograph



Fig 2- Photograph before Full mouth disinfection



Fig 3- Photograph 4 weeks after full mouth disinfection

Table 1- Preoperative Periodontal Charting

Department Of Periodontology
PERIODONTAL CHART Date 12/03/19
 Patient Last Name *S. Kamsudheva* First Name *Musthiyamuthi* Date Of Birth
 Initial Exam Reevaluation Clinician *Abhee Al rooz physician*

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Mobility	1	1	2	0	0	0	1	1	1	1	1	1	1	1	1	
Impact																
Furcation																
Bleeding on Probing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Plaque	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gingival Margin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Probing Depth	3	2	5	3	3	3	3	5	2	5	4	4	3	3	3	
Buccal																
Lingual																
Gingival Margin	5	5	5	3	4	4	6	6	3	3	3	3	3	4	5	
Probing Depth	5	5	5	3	4	4	6	6	3	3	3	3	3	4	5	
Plaque	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bleeding on Probing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Furcation																
Note	Mean Probing Depth = 0 mm Mean Attachment Level = 0 mm 0% Plaque 0% Bleeding on Probing															
Note	Note Furcation Bleeding on Probing Plaque Gingival Margin Probing Depth															
Bleeding on Probing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Plaque	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Gingival Margin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Probing Depth	3	3	7	7	3	6	6	4	3	3	3	3	3	3	3	
Lingual																
Buccal																
Gingival Margin	3	2	7	7	3	6	6	4	3	3	3	3	3	3	3	
Probing Depth	3	2	7	7	3	6	6	4	3	3	3	3	3	3	3	
Plaque	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Bleeding on Probing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Furcation																
Impact	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mobility	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	

gingiva extended to the attached gingiva also

gingival enlargement reaching up to the cervical half of the clinical crown on the buccal side, the gingival enlargement is combine

Table 2- Postoperative Periodontal Charting

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Zahnmedizinische Kliniken
der Universität Bern

Department Of Periodontology

PERIODONTAL CHART

Date 22/04/19

Patient Last Name Shamsudheen First Name Musiliqumvetil Date Of Birth _____

u^b
UNIVERSITÄT
BERN

Initial Exam Reevaluation

Clinician Dr. B. Padmarathnam

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	3	4	3	0	0	2	2	4	2	4	3	3	4	2	2

Buccal

Lingual

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	3	4	3	0	0	2	2	4	2	4	3	3	3	4	2
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	3	5	5	4	3	4	3	4	2	4	3	3	3	3	2

Mean Probing Depth = 0 mm Mean Attachment Level = 8 mm 0% Plaque 0% Bleeding on Probing

Note

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	3	5	5	4	3	4	3	4	2	4	3	3	3	3	2
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	3	5	5	4	3	4	3	4	2	4	3	3	3	3	2

Lingual

Buccal

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	3	5	5	4	3	4	3	4	2	4	3	3	3	3	2
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	3	5	5	4	3	4	3	4	2	4	3	3	3	3	2

DISCUSSION:

The foremost etiology of periodontal diseases is especially plaque, calculus and microorganisms producing endotoxins apart from many other local factors and systemic conditions.

Plaque, calculus, toxins and diseased cementum removal has to be given the primary importance amongst all treatment modalities by scaling and root planning. This very simple and easy procedure can be consummated to eliminate pain, reduce gingival bleeding and inflammation ⁵.

Phase 1 therapy provides valuable information about the individual's compliance towards periodontal care and maintenance before deciding about surgical phase. Patient education and motivation also involves crucial role in the success of the periodontal treatment and periodontal maintenance.

The single stage full mouth disinfection minimizes the pathogens triggering inflammation not only in the periodontal pockets but also in other oral sites (Tongue, saliva, mucous membrane), there by bringing down the crossinfection rate⁶.

Healing after SRP is usually accomplished by long junctional epithelium formation⁷. The epithelial tissue healing transpires in first 2 weeks and connective tissue in later 2 weeks after SRP procedure, which is significantly shown by less crevicular fluid flow and inflammatory signs reduction along with less intensity of redness and swelling⁸. Therefore the reevaluation has to be done after 4 weeks of treatment for ensuring the sustainability of the tissue integrity .

The recent evident based systematic review of literature by a panel of experts of American Dental Association council on scientific affairs has voted in favor of SRP as the preferred phase 1 treatment option in periodontal therapy ⁹.

CONCLUSION:

The main perspective of initial periodontal therapy is to alleviate pain, resolve gingival inflammation and also to evaluate the patient

compliance for further management. Towards the road of success in periodontal health restoration scaling and root planing - the very simple and the most effective procedure, holds the center point that cannot be overruled under any situation.

FINANCIALSUPPORTANDSPONSORSHIP:

Nil

CONFLICT OF INTEREST:

There is no conflict of interest

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