

Parameter on Plaque-Induced Gingivitis*

The American Academy of Periodontology has developed the following parameter on plaque-induced gingivitis in the absence of clinical attachment loss. Plaque-induced gingivitis is the most common form of the periodontal diseases, affecting a significant portion of the population in susceptible individuals. Patients should be informed of the disease process, therapeutic alternatives, potential complications, expected results, and their responsibility in treatment. Consequences of no treatment should be explained. No treatment may result in continuation of clinical signs of disease, with possible development of gingival defects and progression to periodontitis. Given this information, patients should then be able to make informed decisions regarding their periodontal therapy. J Periodontol 2000;71:851-852.

KEY WORDS

Dental plaque/adverse effects; gingivitis/pathogenesis; disease progression; periodontal attachment loss/prevention and control.

CLINICAL DIAGNOSIS

Definition

Plaque-induced gingivitis is defined as inflammation of the gingiva in the absence of clinical attachment loss.

Clinical Features

Gingivitis may be characterized by the presence of any of the following clinical signs: redness and edema of the gingival tissue, bleeding upon provocation, changes in contour and consistency, presence of calculus and/or plaque, and no radiographic evidence of crestal bone loss.

THERAPEUTIC GOALS

The therapeutic goal is to establish gingival health through the elimination of the etiologic factors; e.g., plaque, calculus, and other plaque-retentive factors.

TREATMENT CONSIDERATIONS

Contributing systemic risk factors may affect treatment and therapeutic outcomes for plaque-induced gingivitis. These may include diabetes, smoking, and certain periodontal bacteria, aging, gender, genetic predisposition, systemic diseases and conditions (immunosuppression), stress, nutrition, pregnancy, substance abuse, HIV infection, and medications.

A treatment plan for active therapy should be developed that may include the following:

1. Patient education and customized oral hygiene instruction.
2. Debridement of tooth surfaces to remove supra- and subgingival plaque and calculus.
3. Antimicrobial and antiplaque agents or devices may be used to augment the oral hygiene efforts of patients who are partially effective with traditional mechanical methods.
4. Correction of plaque-retentive factors such as over-contoured crowns, open and/or overhanging margins, narrow embrasure spaces, open contacts, ill-fitting fixed or removable partial dentures, caries, and tooth malposition.
5. In selected cases, surgical correction of gingival deformities that hinder the patient's ability to perform adequate plaque control may be indicated.
6. Following the completion of active therapy, the patient's condition should be evaluated to determine the course of future treatment.

OUTCOMES ASSESSMENT

1. Satisfactory response to therapy should result in significant reduction of clinical signs of gingival inflammation, stability of clinical attachment levels, and reduction of clinically-detectable plaque to a level compatible with gingival health. An appropriate initial interval for follow up care and prophylaxis should be determined by the clinician.
2. If the therapy performed does not resolve the periodontal condition, there may be: continuation of clinical signs of disease (bleeding on probing, redness, swelling, etc.) with possible development of gingival defects such as gingival clefts, gingival craters, etc.,

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and possible progression to periodontitis with associated attachment loss.

3. Factors which may contribute to the periodontal condition not resolving include lack of effectiveness and/or patient non-compliance in controlling plaque, underlying systemic disease, presence of supra- and/or subgingival calculus, restorations which do not permit sufficient control of local factors, patient noncompliance with prophylaxis intervals, and mental and/or physical disability.

4. In the management of patients where the periodontal condition does not respond, treatment may include additional sessions of oral hygiene instruction and education, additional or alternative methods and devices for plaque removal, medical/dental consultation, additional tooth debridement, increasing the frequency of prophylaxis, microbial assessment, and continuous monitoring and evaluation to determine further treatment needs.

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