

Periodontal (Gum) Disease

If you have been told you have periodontal (gum) disease, you're not alone. Many adults in the U.S. currently have some form of the disease. Periodontal diseases range from simple gum inflammation to a serious disease that results in major damage to the soft tissue and bone that support the teeth. In the worst cases, teeth are lost. Whether your gum disease is stopped, slowed, or gets worse depends a great deal on how well you care for your teeth and gums every day.

What causes periodontal disease?

Our mouths are full of bacteria. Bacteria along with mucus and other particles constantly form a sticky, colorless "plaque" on teeth. Brushing and flossing help get rid of plaque. Plaque that is not removed can harden and form "tartar" that brushing doesn't clean. Only a professional cleaning at a dental office can remove tartar.

Who gets gum disease?

People usually don't show signs of gum disease until they are in their 30s or 40s. Men are more likely to have gum disease than women. Although teenagers rarely develop periodontitis, they can develop gingivitis, the milder form of gum disease. Gum disease develops when plaque builds up along and under the gum line.

Symptoms of gum disease include:

Bad breath that will not go away, red or swollen gums, tender or bleeding gums, painful chewing, loose or sensitive teeth, receding gums or longer appearing teeth are common symptoms. A dental professional will examine your gums and note any signs of inflammation. They will also use a tiny ruler called a 'probe' to check for and measure any pockets. In a healthy mouth, the depth of these pockets is usually between 1 and 3 millimeters. This test for pocket depth is usually painless.

Gingivitis

The longer plaque and tartar are on teeth, the more harmful they become. The bacteria cause inflammation of the gums that is called "gingivitis." In gingivitis, the gums become red, swollen and can bleed easily. Gingivitis is a mild form of gum disease that can usually be reversed with daily brushing and flossing, and regular cleaning by a dentist or dental hygienist. This form of gum disease does not include any loss of bone and tissue that hold teeth in place.

Periodontitis

When gingivitis is not treated, it can advance to "periodontitis" (which means "inflammation around the tooth.") In periodontitis, gums pull away from the teeth and form spaces (called "pockets") that become infected. The body's immune system fights the bacteria as the plaque spreads and grows below the gum line. Bacterial toxins and the body's natural response to infection start to break down the bone and connective tissue that hold teeth in place. If not treated, the bones, gums, and tissue that support the teeth are destroyed. The teeth may eventually become loose and have to be removed.

What are the risk factors?

1. **Smoking:** Need another reason to quit smoking? Smoking is one of the most significant risk factors associated with the development of gum disease. Additionally, smoking can lower the chances for a successful treatment.
2. **Hormonal changes in girls/women:** These changes can make gums more sensitive and make it easier for gingivitis to develop.
3. **Diabetes:** People with diabetes are at higher risk for developing infections, including gum disease.
4. **Other illnesses:** Diseases like cancer or AIDS and their treatments can also negatively affect the health of gums.
5. **Medications:** There are hundreds of prescription and over the counter medications that can reduce the flow of saliva, which has a protective effect on the mouth. Without enough saliva, the mouth is vulnerable to infections such as gum disease. Other medications can cause abnormal overgrowth of the gum tissue; this can make it difficult to keep gums clean.
6. **Genetic susceptibility:** Some people are more prone to severe gum disease than others.

Treatment of gum disease:

The main goal of treatment is to control the infection. The number and types of treatment will vary, depending on the extent of the gum disease. Any type of treatment requires that the patient keep up good daily care at home. The doctor may also suggest changing certain behaviors as a way to improve treatment outcome.

1. **Deep Cleaning (Scaling and Root Planning):** The dentist, periodontist, or dental hygienist removes the plaque through a deep-cleaning method called scaling and root planning. Scaling means scraping off the tartar from above and below the gum line. Root planning gets rid of rough spots on the tooth root where the germs gather, and helps remove bacteria that contribute to the disease. In some cases a laser may be used to remove plaque and tartar.
2. **Flap Surgery:** Surgery might be necessary if inflammation and deep pockets remain following treatment with deep cleaning and medications. A dentist or periodontist may perform flap surgery to remove tartar deposits in deep pockets or to reduce the periodontal pocket and make it easier to keep the area clean. This surgery involves lifting back the gums and removing the tartar. The gums are then sutured back in place so that the tissue fits snugly around the tooth again. After surgery the gums will heal and fit more tightly around the tooth. This sometimes results in the teeth appearing longer.
3. **Bone and Tissue Grafts:** In addition to flap surgery, your periodontist or dentist may suggest procedures to help regenerate any bone or gum tissues lost to periodontitis. Bone grafting, in which natural or synthetic bone is placed in the area of bone loss, can help promote bone growth. A technique that can be used with bone grafting is called guided tissue regeneration. In this procedure, a small piece of mesh-like material is inserted between the bone and gum tissue. This keeps the gum tissue from growing into the area where the bone should be, allowing the bone and connective tissue to regrow. In cases where gum tissue has been lost, your dentist or periodontist may suggest a soft tissue graft, in which synthetic material or tissue taken from another area of your mouth is used to cover exposed tooth roots. Since each case is different, it is not possible to predict with certainty which grafts will be successful over the long-term. Treatment results depend on many things, including how far the disease has progressed, how well the patient keeps up with oral care at home, and certain risk factors, such as smoking, which may lower the chances of success. Ask your periodontist what the level of success might be in your particular case.
4. **Medications:** Medications may be used with treatment that includes scaling and root planning, but they cannot always take the place of surgery. Depending on how far the disease has progressed, the dentist or periodontist may still suggest surgical treatment.

How can I keep my teeth and gums healthy?

Brush your teeth twice a day (with fluoride toothpaste), floss regularly to remove plaque from between teeth or use a device such as a special brush or wooden or plastic pick recommended by a dental professional, use a mouthwash twice a day: morning and evening (this is important to kill the bacteria in the entire mouth including the back of the tongue), visit the dentist routinely for a check-up and professional cleaning, and do not smoke.

