

GUM INFECTIONS

Periodontitis is a bacterial infection of the gums that causes inflammation and damage to the gums around the teeth. It is caused by plaque, a sticky film of bacteria and food debris that builds up on the teeth. When plaque hardens up with the minerals in your saliva, it is known as calculus, or tartar. Plaque and calculus develop through poor oral hygiene, that is, the teeth not being cleaned thoroughly enough or often enough.

STAGES OF GUM DISEASE

Gingivitis is an inflammation of the gums. This is only a surface inflammation and can be treated successfully by removal of plaque and calculus.

Ongoing inflammation will start to cause permanent damage to the gums and the bone around the teeth. This is called periodontitis. The gum becomes detached from the tooth and a “pocket” forms. The gum can also recede from the tooth, and the bone around the tooth is destroyed slowly over many years. This may lead to eventual looseness of the tooth or formation of an abscess. The tooth may have to be removed. If you do not have treatment, the gum disease will slowly get worse, leading to loss of teeth.

SIGNS OF PERIODONTAL DISEASE

- Gums are red, swollen, tender, painful or bleeding
- Gums that have shrunk/receded from teeth
- Bad breath or bad taste in the mouth
- Abscesses between teeth and gums
- Loose teeth, drifting apart or gaps appearing in between teeth

DIAGNOSIS OF PERIODONTAL DISEASE

Every patient will have a brief gum screening done as part of their routine examinations. A periodontal probe will be used to measure the “pocket” between the teeth and the gums. We also look for signs of disease such as change in gum appearance, texture, bleeding easily, tooth looseness and areas where plaque and tartar may be accumulating.

Patients for whom we have identified more serious periodontal disease will be recommended to have a full periodontal charting done, where detailed gum measurements are recorded for each tooth. This allows precise comparison over time. X-rays are likely to be recommended to check for any bone changes. In these cases, plaque and calculus usually accumulate hidden below the gum line.

Gum disease is closely linked to many medical issues. Smoking and diabetes, for example, are big risk factors in periodontitis. Please give your dentist your complete medical history. Smoking reduces the chance of successful treatment.

TREATMENT

Depending on severity of your gum disease, treatment may be performed by a dental hygienist, dentist, or for severe problems, a gum specialist (periodontist).

Treatment involves scaling and “root planing” to remove plaque and calculus buildup from the teeth. Instruments are used to leave the root surface – above and below the gum level – clean and smooth. This may require numbing with local anaesthetic for comfort, and may need several visits to complete.

Instructions on how to improve your oral hygiene and home plaque removal technique is important. The success of treatment often depends on how well the patient improves daily cleaning techniques. Quitting smoking will be recommended.

We will reassess and review the success of treatment. If the gums respond well, regular maintenance visits will be arranged. If the gums have not responded well, further scaling may be needed, a course of antibiotics, or referral for periodontal surgery.

Side effects of periodontal treatment include:

- Pain during scaling procedure. Local anaesthetic may be needed.
- Tenderness of gums after treatment. Use a soft toothbrush and a chlorhexidine mouthwash (Colgate Savacol or Curasept)
- Tooth sensitivity. This resolves after about one week. Use a desensitizing toothpaste.
- Gum shrinkage and recession.
- Decay risk on exposed root surfaces

PREVENTION AND MAINTENANCE

Unfortunately periodontal disease treatment is not a one-off, it is an ongoing commitment. To cure periodontal disease, or control it, excellent oral hygiene must be maintained daily – brushing carefully, flossing and/or interdental brushes in between teeth. Regular checkups, scaling to remove new plaque and calculus will be recommended every three to six monthly. There is no guarantee that periodontal treatment will save an affected tooth – response to treatment varies between individuals over the long and short-term.

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