American Journal of Bioscience and Clinical Integrity
https://biojournals.us/index.php/AJBCI
ISSN: 2997-7347

Conservative Treatment of Hypertrophic Gingivitis

Khaydarova Durdona Munisovna
Department of Therapeutic Stomatology, Samarkand State Medical University

Received: 2025, 15, Jan
Accepted: 2025, 21, Feb
Published: 2025, 07, Mar

Annotation: Hypertrophic gingivitis is an inflammatory change in the gum tissue, accompanied by its growth (hypertrophy) with the formation of pseudo-periodontal pockets covering the tooth crown. The clinical picture of hypertrophic gingivitis is characterized by swelling, burning, hyperemia and bleeding of the gums (when touched, when brushing teeth, when eating), a painful reaction to hot, cold or sour food, and an unaesthetic appearance of the gums. Diagnosis of hypertrophic gingivitis includes examination and palpation of the gums, determination of dental indices and X-ray examination. In the treatment of hypertrophic gingivitis, local anti-inflammatory therapy, sclerotherapy, physiotherapy, diathermocoagulation of gingival papillae and gingivectomy are used.

Keywords: Causes of hypertrophic gingivitis; Classification of hypertrophic gingivitis; Symptoms of hypertrophic gingivitis; Diagnosis of hypertrophic gingivitis; Treatment of hypertrophic gingivitis.

Introduction: Hypertrophic (hyperplastic) gingivitis is a form of chronic gingivitis, which occurs with a predominance of proliferative processes in the gingival tissues. In dentistry, hypertrophic gingivitis is diagnosed in 3-5% of patients with periodontal diseases. The development of hypertrophic gingivitis is usually accompanied by long-term catarrhal inflammation of the gingival tissues (catarrhal gingivitis). Hypertrophic gingivitis can be an independent disease or accompany an exacerbation of general periodontitis. Despite the significant increase in the volume of the gingival tissues in hypertrophic gingivitis, the integrity of the attachment of the dental epithelium is not violated, and pathological changes in the alveolar bone tissue are not observed.

There may be local and general factors in the development of hypertrophic gingivitis. Among the local causes, the most important are bite disorders (deep bite, open bite), anomalies of individual

teeth (crowding, supernumerary teeth, curvature); dental deposits (dental plaque and tartar); low attachment of the frenulum; mechanical damage to the gums from incorrectly installed fillings, irrationally selected dentures; poor oral hygiene when wearing orthodontic appliances, etc.

Among the common factors contributing to the development of hypertrophic gingivitis, changes in hormonal status play a leading role, so the disease often develops during puberty, pregnancy and menopause. Sometimes juvenile hypertrophic gingivitis and hypertrophic gingivitis of pregnant women are distinguished as independent forms in periodontology. Among other causes of hypertrophic gingivitis, it is necessary to note endocrine diseases (diabetes mellitus, thyroid pathology), taking certain groups of drugs (antiepileptic drugs, calcium channel blockers, immunosuppressants, oral contraceptives, etc.), hypovitaminosis, leukemia.

Classification of hypertrophic gingivitis

According to the spread of pathological changes, localized (in the area of 1-5 teeth) and generalized hypertrophic gingivitis are distinguished. Sometimes local superficial forms of hypertrophic gingivitis are classified as a separate disease - papillitis.

Depending on the type of hyperplastic processes, hypertrophic gingivitis can occur in edematous (inflammatory) and fibrous (granulation) forms. Morphological changes in the edematous form of hypertrophic gingivitis include swelling of the connective tissue fibers of the gingival papilla, dilation of blood vessels, and lymphoplasmacytic infiltration of the gum tissue. In the fibrous form of hypertrophic gingivitis, microscopic examination reveals an increase in the connective tissue fibers of the gingival papilla, thickening of collagen fibers, and parakeratosis with minimal edema and inflammatory infiltration.

Taking into account the increase in gum tissue, three degrees of hypertrophic gingivitis are distinguished:

mild - hypertrophy of the gingival papilla in the lower part; the overgrown edge of the gum covers the crown of the tooth by 1/3;

medium - progressive enlargement and dome-shaped change in the shape of the gingival papilla; overgrown gums cover half of the tooth crowns;

severe - pronounced hyperplasia of the gingival papilla and gingival margin, covering the tooth crown by more than 1/2 of its height.

Symptoms of hypertrophic gingivitis

The edematous form of hypertrophic gingivitis is characterized by burning, pain and bleeding of the gums when brushing and eating, hypertrophy of the interdental papillae and bright red gums. During dental examination, enlargement and swelling of the gingival papillae, their hyperemia with a bluish tint, a glossy shine and bleeding on probing are detected; the presence of dental plaque. The formation of pseudo-periodontal pockets containing detritus is typical. In hypertrophic gingivitis, the integrity of the periodontal ligament is not violated.

In fibrous hypertrophic gingivitis, complaints about the massiveness of the gums, their density to the touch and unsatisfactory aesthetic appearance come to the fore. Enlarged gums can interfere with chewing food. The gums are light pink, painless, with an uneven surface, articular, do not bleed when touched. Examination reveals the presence of soft and hard subgingival deposits.

Diagnosis of hypertrophic gingivitis

The examination plan for a patient with hypertrophic gingivitis includes determining the hygiene index, periodontal index, papillary-marginal-alveolar index (PMA), conducting the Schiller-Pisarev test, and, if necessary, biopsy and morphological examination of the gum tissue. When performing radiography (intraoral, panoramic, orthopantomography), as a rule, no changes are detected or (with prolonged hypertrophic gingivitis) osteoporosis of the apices of the interdental septa is detected.

Research methods and materials:

As part of the differential diagnosis, gingival fibromatosis, epulis, and gingival proliferation are excluded in periodontitis. Patients with hypertrophic gingivitis and concomitant diseases should consult medical specialists of the appropriate profile: gynecologist, endocrinologist, hematologist, etc.

Patients with hypertrophic gingivitis need the help of a general dentist, hygienist, periodontist and orthodontist. Treatment of the inflamed form of hypertrophic gingivitis includes removal of dental plaque, treatment of the oral mucosa with antiseptics, periodontal applications, rinsing the mouth with herbal decoctions and infusions, physiotherapy (electrophoresis, galvanization, darsonvalization, ultrasound therapy), gum massage. If local anti-inflammatory measures are ineffective, sclerotherapy is performed - injection of solutions of calcium chloride or gluconate, glucose, ethyl alcohol into the gingival papilla under local anesthesia.

In hypertrophic gingivitis, hormonal ointments are applied to the gingival papillae to reduce swelling and inflammation, and steroid hormones are injected. Conservative methods of treating fibrous hypertrophic gingivitis are usually ineffective. In this case, cryodestruction or diathermocoagulation of hypertrophied papillae and gingivectomy - surgical removal of the overgrown area of the gum come to the fore.

Local treatment of hypertrophic gingivitis should also include the elimination of traumatic factors: replacement of fillings, restoration of teeth, elimination of defects in dentures, grinding of occlusal surfaces, orthodontic treatment, plastic surgery of the frenulum of the lips and tongue, etc. The appearance and subjective sensations of the gums, normalization of dental indices and the absence of false periodontal pockets.

In the case of juvenile hypertrophic gingivitis and gingivitis in pregnant women, it makes sense to limit yourself to conservative treatment, since after the normalization of hormonal levels and childbirth, gingival hyperplasia decreases or disappears completely. Hypertrophic gingivitis is prone to relapse, so it is important to eliminate all provoking local and general factors.

Prevention of hypertrophic gingivitis consists in eliminating chronic mechanical damage to the gums, regular professional oral hygiene, proper hygienic care of teeth and gums, and solving the patient's dental problems. Treatment of endocrine diseases and rational selection of medications are very important.

In acute catarrhal gingivitis, hyperemia and swelling of the gums are observed in the area of several or all teeth. Bleeding gums are characteristic, the severity of which depends on the intensity of inflammation. Burning and pain are noted in the affected areas. Pain and bleeding of the gingival mucosa increase during eating, palpation and cleaning.

Research results:

The disease is characterized by a cyclic course with an acute, sudden onset, a gradual disappearance of symptoms and a long (1-2 year) period of remission. In granulomatous gingivitis, single or multifocal red or red-white spots up to 2 cm in size appear in the area of the interdental papillae, sometimes affecting other areas of the gums.

The soft plaque accumulated on the tooth is cleaned, and the treatment is individualized for each patient. If the patient does not treat gingivitis in a timely manner, the disease can lead to serious complications, such as periodontitis, hematogenous (bloodborne) infections, infective endocarditis (heart disease), and glomerulonephritis (kidney disease).

Once the wound is cleaned, the tissues are treated. Antiseptic, antibacterial and anti-inflammatory gels and ointments are used. If the disease persists for a long time, antibiotics and painkillers are used.

To prevent gingivitis, strict adherence to oral hygiene rules is required.

If people give up smoking, it will prevent not only gingivitis, but also a number of other diseases.

Teeth should be brushed twice a day, morning and evening, after meals, for 2-3 minutes. The doctor will explain to the patient what toothbrush and toothpaste to use in this case.

Conclusion: Gastrointestinal, respiratory, cardiovascular, nervous system, periodontitis, periodontosis, blood diseases, infectious diseases, avitaminosis, poisoning by salts of heavy metals (mercury, lead, etc.), tartar cause gingivitis. Sometimes gingivitis also occurs when taking antibiotics or other medications. It is more common during menstrual cycles, pregnancy and puberty. A decayed tooth edge, an incorrectly placed tooth or denture, as well as a rough toothbrush rubbing the gums, chemical and heat burns can also cause gingivitis. In gingivitis, the gums become red, swollen, tender and bleed slightly (catarrhal gingivitis), the gum edge is covered with a gray coating, an ulcer appears under it, and a foul odor comes from the mouth. Saliva flows, the temperature rises, the lymph nodes under the jaw enlarge (ulcerative gingivitis); the gums grow, covering the entire tooth, without pain (hypertrophic gingivitis) or, conversely, the root of the tooth is exposed (atrophic gingivitis). When the first symptoms of gingivitis appear, it is necessary to see a doctor immediately. To prevent it, it is necessary to keep the oral cavity clean, regularly visit a dentist to remove tartar, and treat decayed teeth.

List of used literature:

1. Munisovna X. D. COMPLEX METHODS OF TREATMENT OF CHRONIC PERIODONTITIS //Conferences. – 2023. – С. 36-40.
2. Munisovna K. D. et al. GINGIVITIS IN PEOPLE: FEATURES OF DIAGNOSIS, CLINICAL MANIFESTATIONS AND TREATMENT //ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ. – 2023. – Т. 20. – №. 3. – С. 58-62.
3. Xaydarova D., Tilavov X. TREATMENT OF PULP PATHOLOGY IN PATIENTS WITH CHRONIC PERIODONTITIS //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 79-82.
4. Хайдарова Д. ПРИМЕНЕНИЕ СОВРЕМЕННЫХ АНТИСЕПТИКОВ ДЛЯ ПРОФИЛАКТИКЕ В РАЗВИТИЕ ПЕРЕИМПЛАНТИТАХ //Евразийский журнал медицинских и естественных наук. – 2022. – Т. 2. – №. 6. – С. 62-68.
5. ВАЛИЕВА, С. Ш., НАБИЕВ, О. Р., ХАЙДАРОВА, Д. М., ГАППАРОВ, Ж. З. У., & НАСРЕТДИНОВА, М. Т. ВЕСТНИК НАУКИ И ОБРАЗОВАНИЯ. ВЕСТНИК НАУКИ И ОБРАЗОВАНИЯ Учредители: Олимп, 76-81.
6. Asrorovna X. N. et al. Anatomy And Topography of The Tooth //Texas Journal of Medical Science. – 2022. – Т. 4. – С. 1-3.
7. Xolboeva N., Xaydarova D. BIOLOGICAL METHODS OF TREATMENT OF PULPITIS //Science and innovation. – 2022. – Т. 1. – №. D8. – С. 73-78.
8. Asrorovna X. N., Munisovna X. D. COMPLEX METHODS OF TREATMENT OF CHRONIC PERIODONTITIS //Journal of Integrated Education and Research. – 2023. – Т. 2. – №. 1. – С. 53-56.
9. Kholboeva N. A., Khaydarova D. M. MECHANICAL TREATMENT AND EXPANSION OF ROOT CANALS WITH CHEMICAL PREPARATIONS (ENDOLUBRICANTS) //Bulletin of Science and Education. – С. 4-1.
10. Munisovna I. R. H. D. et al. TREATMENT OF TEETH DAMAGED BY SURFACE CARIES IN REM-THERAPY MODE //Galaxy International Interdisciplinary Research Journal. – 2023. – Т. 11. – №. 11. – С. 513-515.

11. Холбоева Н. А., Хайдарова Д. М. МЕХАНИЧЕСКАЯ ОБРАБОТКА И РАСШИРЕНИЕ КОРНЕВЫХ КАНАЛОВ ХИМИЧЕСКИМИ ПРЕПАРАТАМИ (ЭНДОЛУБРИКАНТЫ) //Вестник науки и образования. – 2022. – №. 4-1 (124). – С. 88-92.
12. Xolboeva N., Xaydarova D. PROVISION OF THERAPEUTIC DENTAL CARE AND PREVENTIVE MEASURES DURING PREGNANCY //Science and innovation. – 2022. – Т. 1. – №. D6. – С. 179-181.
13. Raxmonova B., Xaydarova D., Sadikova S. TREATMENT OF FRACTURES OF THE UPPER AND LOWER HEAD IN ELDERLY PATIENTS USING THE IMMOBILIZATION METHOD IMPACT ON PERIODONTAL TISSUE //Science and innovation. – 2023. – Т. 2. – №. D10. – С. 194-198.
14. Farrukh S. ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE //Science and innovation. – 2023. – Т. 2. – №. Special Issue 8. – С. 493-499.
15. Валиева С. Ш. и др. Наша тактика лечения больных с болезнью Меньера //Вестник науки и образования. – 2021. – №. 7-3 (110). – С. 76-81.
16. Xaydarova D., Karimov I. RESULTS OF THE ASSESSMENT OF CHANGES IN MASTICATORY MUSCLE TONE IN RELATION TO THE PATIENT'S BODY POSITION //Science and innovation. – 2023. – Т. 2. – №. D10. – С. 155-157.