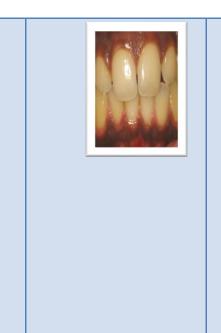


Topic: CLINICAL FEATURES-OF DIFFERENT GINGIVAL CONDISITONS/DISEASES

Further reading: Text book of periodontology- Carranza

Color atlas Periodontology

SL. NO	CLINICAL FEATURES	NORMAL	CHANGES-underlying tissue change alters the color	DISEASE/CONDITION
1	COLOUR- determined by- • Vascularity • Thickness of epithelium • Degree of keratinization • Presence/absence of pigmentation (MELANIN)	 PINK/CORAL PINK- WITH MELANIN PIGMENTATION 	 CHANGES CAN BE MARGINAL, PAPILLARY, DIFFUSE, PATCHY Changes vary with intensity of inflammation differ in both nature & distribution, changes start in IDP Red/REDDISH BLUE-> vascular proliferation & reduction of keratinization BLUE-venous stasis PALE-< VASCULARIZATION/EPI 	 Associated with systemic diseases-abnormal pigmentation are non specific Should stimulate further diagnostic efforts or referral to the appropriate specialist ENDOGENOUS ORAL PIGMENTATIONS- caused by melanin, melanin, bilirubin, iron Melanin oral pigmentations & are often found found in highly pigmented ethnic groups >> melanin pigmentation- Addison's disease-



THELIAL KERATINIZATION>

- **Red** color gradually changes become dull, whitish gray-acute inflammation, gray color-produced by tissue necrosis & is demarcated from adjacent gingival by a thin, sharply defined erythematous zone
- Metallic pigmentation-٠ heavy metals such as bismuth, arsenic. mercury, lead; silver absorbed systemically from therapeutic use/occupational/hous ehold environments discolor the may gingival & other areas of the oral mucosa. These changes are rare but still be ruled out in suspected cases

adrenal dysfunction & produce isolated patches of discoloration varying bluish black to brown 2. Peutz-Jehger's

- syndrome-produces intestinal polyposis & melanin pigmentation in the oral mucosa & lips
- Albright's syndrome(polyostotic fibrous dysplasia & Von Recklinghausen's diseaseneurofibromatosis)-produce melanin pigmentation
- Jaundice-yellowish discoloration-oral mucosa
- Iron-hemochromatosis may produce blue-gray pigmentation of oral mucosa
- Pale gingival-anemia
- **Reddish**-polycythemia vera, leukemia
- Coal & metal dust, coloring agents- in food or lozenges
- Tobacco-hyperkeratosis of gingival, causes significant > in melanin pigmentation of oral mucosa
- Localized bluish black areas

		of pigment-caused by amalgam implanted in mucosa
		 Gingival enlargements: Inflammatory enlargements-red-pinkish (chronic) Mouth breathers- reddish IDP Gingival, pericoronal, periodontal abscesses-
	3	 Anticonvulsants, immune suppressants, calcium channel blockers Enlargements associated with systemic diseases-
		 Pregnancy gingivitis- marginal-bright red/magenta Pregnancy-tumor-like enlargements-dusky red/magenta Puberty enlargements- appears inflamed Vitamin C deficiency-bluish red

	4	 Plasma cell gingivitis-red (Solitary plasma cell gingivitis-pink) Non specific conditioned enlargement (granuloma pyogenicum)similar to pregnancy gingival enlargement Systemic diseases that cause
	5	 gingival enlargement- Granulomatous diseases- Wegner's granulomatosis- reddish purple papillary enlargement Sarcoidosis-red 5.neoplastic enlargements- a. Benign -
		 Fibroma-pinkish-reddish (ulcerated) Peripheral giant cell granuloma-pink-deep red- purplish blue Central giant cell granuloma- leukoplakia-whitish patch/plaque, does not rub off Gingival cyst-pink Hemangioma-reddish

b. Malignant-
 Squamous cell carcinoma- reddish
 Malignant melanoma-darkly
pigmented-
c. False enlargements-pinkish
ULCERS-HIV/NON HIV infected-
depressed gray center surrounded by
elevated red border • PRIMARY HERPETIC
GINGIVOSTOMATITIS-RED,
ELEVATED VESICLES HALO
LIKE MARGINS-greyish
vesicles, depressed, yellowish
or grayish white central portion; shiny discoloration &
edematous enlargement of
gingivae
Necrotising ulcerative
gingivitis (NUG)-red, shiny,
hemorrhagic, covered with
grayish pseudo membranous slough
Necrotising ulcerative
periodontitis (NUP)- red,
shiny, hemorrhagic, covered
with grayish pseudo membranous slough

	Chronic desquamative gingivitis-
	 Lichen planus-reticular, patch, atrophic, erosive, bullous consisting of interlacing white lines Erosive lichen planus- atrophic erythematous, often ulcerated areas, fine radiating striations bordering
	atrophic lesions & ulcerated zones
	 Keratotic lesions-raised white lesions, as groups of papules, linear reticular lesions, plaque-like configuration
	 Vesicular/bullous lesions- raised fluid-filled lesions Atrophic lesions-erythema
	confined to gingiva
	Pemphigoid-
	 Bullous pemphigoid-erosive, desquamative gingivitis
	 Cicratricial pemphigoid- desquamative gingivitis, erythema, vesiculation of the attached gingival
	 Pempigus vulgaris-erythema of gingival, less often
	 Chronic ulcerative stomatitis- erythema; solitary small

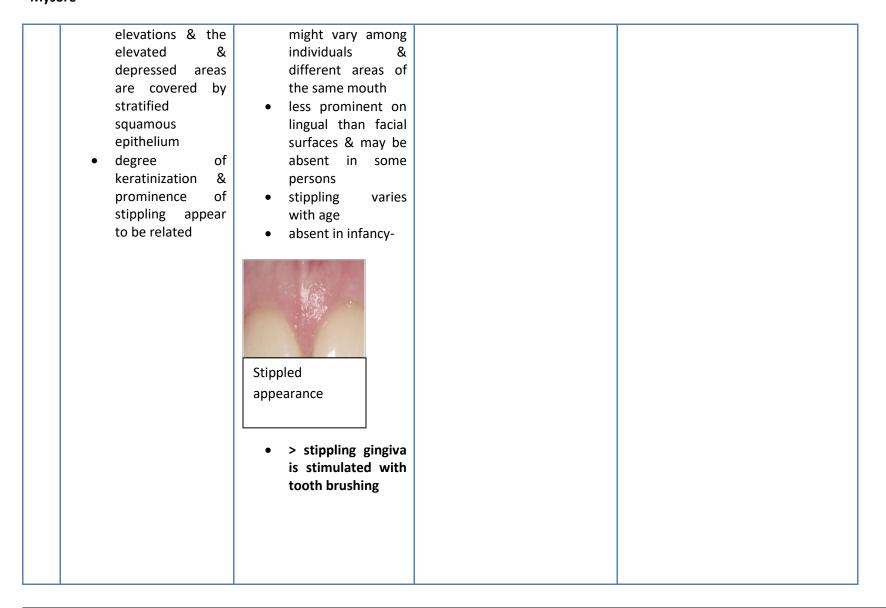
	 blisters, erosions Linear immunoglobulin A disease (linear immunoglobulin A dermatosis)-erosive gingivitis, ulcerations Dermatitis herpetiformis- clusters of vesicles, papules Systemic lupus erythematous-oral ulcerations Chronic cutaneous lupus erythematosus-desquamtive lesions Erythema multiforme- multiple, large, shallow painful ulcers with an erythematous border-in oral mucosa, including gingival Drug eruptions-deep ulcerations with gingival often affected Periodontal pocket- Red, bluish red vertical zone extending margin to the alveolar mucosa
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	CONTOUR -depends on shape of teeth & their alignment in arc, the location & size of the facial & lingual embrasures	 MG Envelopes the tooth in a collar like fashion & follows a scalloped outline on facial & lingual surfaces Forms a straight line along teeth with relatively flat surfaces Teeth with pronounced mesiodistal convexity, normal contour is attenuated, & the gingival is located farther apically Lingual version-gingiva is horizontal & thickened MG Envelopes the diseases would have loss of contouring Above mentioned diseases would have loss of contouring Above mentioned diseases would have loss of contouring Mc Call festoon-life-preservator shaped enlargement of the gingival Stillman's cleft-apostrophe shaped, narrow, triangular gingival recession indentation of the gingival Loss of tooth- "saddle-shaped" gingival, loss of contour
3	CONSISTENCY- • collagenous nature of lamina propria & its contiguity with mucoperiosteum of alveolar bone determine the firmness of attached gingiva	 firm & resilient with exception of MG, tightly bound to underlying periosteum of alveolar bone CALCIFIED CHANGES- ROOT REMNANTS, CALCULUS DEPOSITS REMOVED forcefully gingival during scaling, root remnants,

8 Clinical hand-out- BY -Dr. Anitha. S

gingival fibers	cementum fragments,
contribute to the	or cementicles
firmness of the	Chronic inflammation
gingival margin	& fibrosis, occasionally
	foreign body, giant cell
	activity, occur in
	relation to these
	masses
	Enclosed in an osteoid-
	like matrix
	Crystalline foreign
	bodies
	Tooth brushing
	promotes
	keratinization of the
	oral epithelium,
	enhancing capillary
	gingival circulation,
	thickeneing alveolar
	bone
	Mechanical stimulation
	by tooth brushing was
	found to increase
	proliferative activity of
	the junctional basal
	cells in dog gingival by
	2.5 times compared
	with using a scaler
	chronic inflammation-
	smooth, shiny or firm
	& nodular-depending
	on whether dominant

			 changes are exudative or fibrotic Smooth surface texture is provided by epithelial atrophy in atrophic gingivitis, peeling of the surface occurs in chronic desquamative gingivitis Hyperkeratinization- leathery consistency Drug-induced gingival overgrowth produces a nodular surface 	
4	SURFACE TEXTURE- Stippling is a form of adaptive specialization or keratinization/reinforcem ent for function Low magnification rippled appearance Higher magnification-cell micropits are seen • produced by alternate protuberance & depressions in the gingival surface • papillary layer of the connective tissue projects into the	 textured surface similar to an orange peel appearance- "stippled" sign of healthy gingiva viewed by drying gingiva attached gingival is stippled, marginal gingival is not central portion of IDP is usually stippled, but the MGs are smooth pattern of stippling 	 Smooth, shiny/firm & nodular Smooth surface texture produced by " peeling of the surface occurs" Hyperkeratosis- "leathery texture" Drug induced gingival overgrowth- produces nodular surface Edematous-destructive Fibrotic-reparative 	



5 SIZE			
 6 POSITION- Refers to the level which the gingival mar is attached to tooth Susceptibility influenced position of te in arch Root-bone angl M-D curvature tooth surface Rotated, tilted, facially displateeth, bony pl is thinned out 	in junctional epithelium & crest of alveolus remains constant throughout continuous tooth eruption (1.07mm) of	 Apical migration of gingival is called recession physiologic recession-due to aging-not accepted @ present pathologic recession-excessive exposure 1. traumatic lesions-chemical, thermal, physical-most common lesions 2. chemical injuries-aspirin, hydrogen peroxide, silver nitrate, phenol, endodontic materials 3. in acute cases-appearance of slough, erosion, or ulceration, & accompanying erythema are common features 	 Gingival recession due to- tooth malposition friction from soft tissue-soft tissue ablation faulty tooth brushing-gingival abrasion abnormal frenum attachment TFO Inspite of minimal plaque

7	BLEEDING ON PROBING		
8	EXUDATION		
9	ABSCESS-localised collection of pus Gingival abscess- impingement of foreign particle (tooth brush bristle, fish bone, etc) in the gingiva; no involvement of supporting structures other than gingiva Periodontal abscess- involvement of supporting structures Periapical abscess- associated with a decayed tooth		

Topic: CLINICAL FEATURES OF DIFFERENT GINGIVAL CONDITIONS/DISEASES



Wegner's granulomatosis



Plasma cell gingivitis



Gingivitis



ANUG



copper ingestion-



heavy metal pigmentation