# Color Atlas of Dental Hygiene: Periodontology

Bearbeitet von
Herbert F. Wolf, Thomas M. Hassell

1. Auflage 2006. Taschenbuch. 352 S. Paperback
ISBN 978 3 13 141761 9
Format (B x L): 23 x 31 cm

# Mild Gingivitis

A 23-year-old female came to the dentist for a routine check-up. She had no complaints and was not aware of any gingival problems, although in her medical history she indicated that her gingiva bled occasionally during tooth brushing. Her oral hygiene was relatively good. She had received tooth brushing instructions from a dentist once, but no subsequent OHI. The patient was not on a regular recall schedule. Calculus removal had been performed sporadically in the past during routine dental check-ups, and several restorations placed.

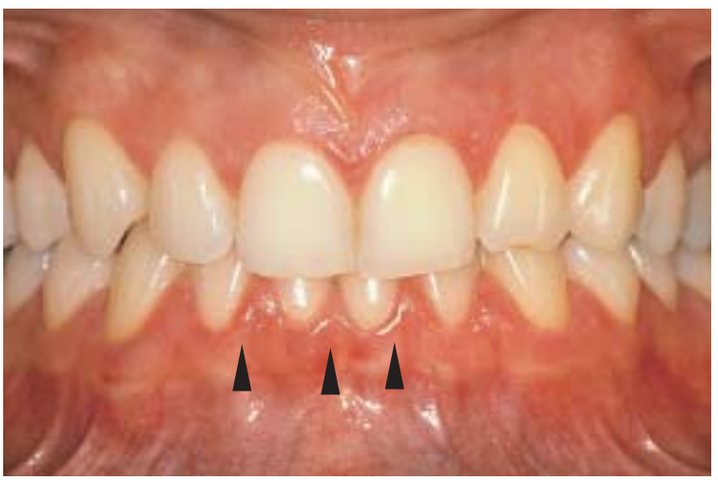
*Findings:*

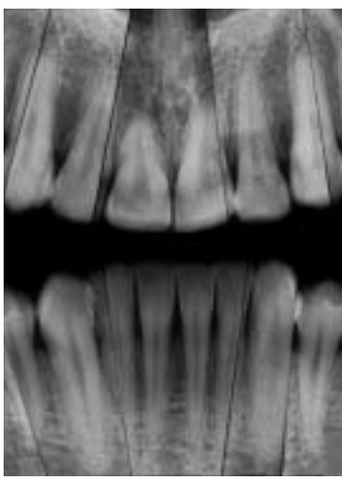
| | |
|---|---|
| API | (Approximal Plaque Index): 30 % |
| PBI | (Papilla Bleeding Index): 1.5 |
| PD | (Probing depths): ca. 1.5 mm maxilla, ca. 3 mm mandible |
| TM | (tooth mobility): 0 |

*Diagnosis:* Gingivitis in initial stage
*Therapy:* Motivation, OHI, plaque and calculus removal
*Recall:* Prophylaxis at 6-month intervals
*Prognosis:* Very good

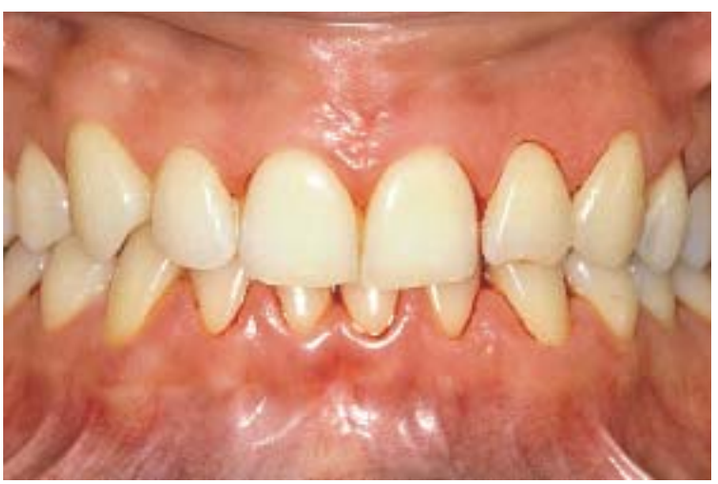
**153 Mild Gingivitis in the Anterior Area**
In the maxilla, one observes no overt signs of gingivitis, except for a mild erythema.
In the mandible, especially in the papillary areas, slight edematous swelling and erythema can be detected (arrows).

*Right:* Radiographically there is no evidence of loss of interdental bone height. The maxillary central incisors exhibit short roots.





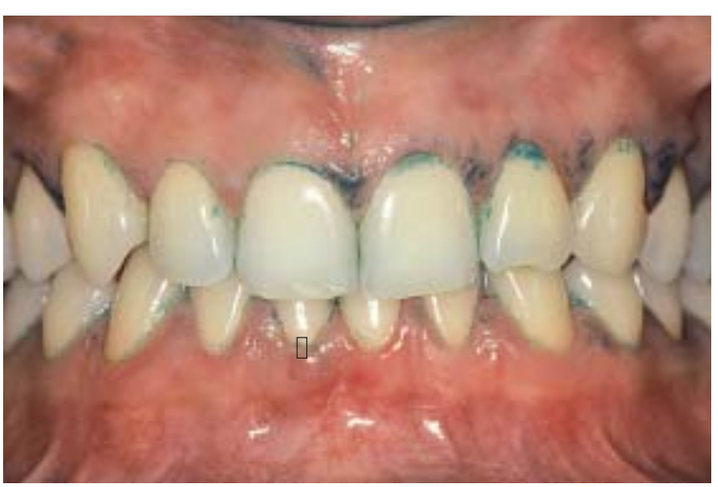
**154 Papilla Bleeding Index (PBI)**
After gentle probing of the sulci with a blunt periodontal probe, hemorrhage of grades 1 and 2 occurs. This is a cardinal sign of gingivitis.

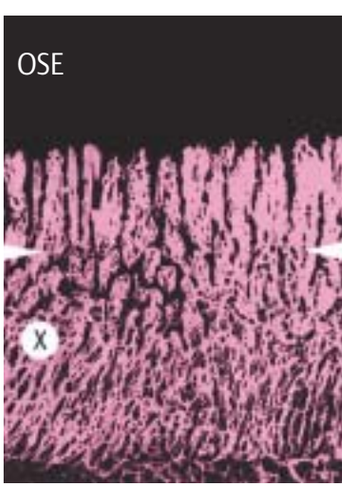


**155 Stained Plaque**
Around the necks of the teeth and in interdental areas, small plaque accumulations are visible.

*Right:* Gingival vascular plexus (**X**) in the region of the junctional epithelium in a case of mild gingivitis. Above the white arrows, one observes the most marginal vascular loops in the area of the adjacent oral sulcular epithelium (**OSE**; canine preparation).

Courtesy *J. Egelberg*





# Moderate Gingivitis

A 28-year-old female presented with a chief complaint of gingival bleeding. She "brushes her teeth," but had never received any oral hygiene instruction from a dentist or hygienist. Calculus had been removed only infrequently, and a professional debridement had never been systematically performed. Generalized crowding of the teeth in both arches is evident, combined with an anterior open bite. These anomalies reduced any self-cleansing effects and made oral hygiene difficult. This also likely increased the severity of gingivitis.

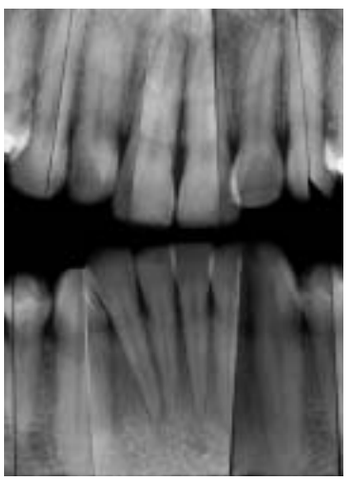
*Findings:*
API: 50 % PD: ca. 3 mm maxilla, ca. 4 mm mandible
PBI: maxilla 2.6, mandible 3.4. TM: 0 maxilla, 1 mandible

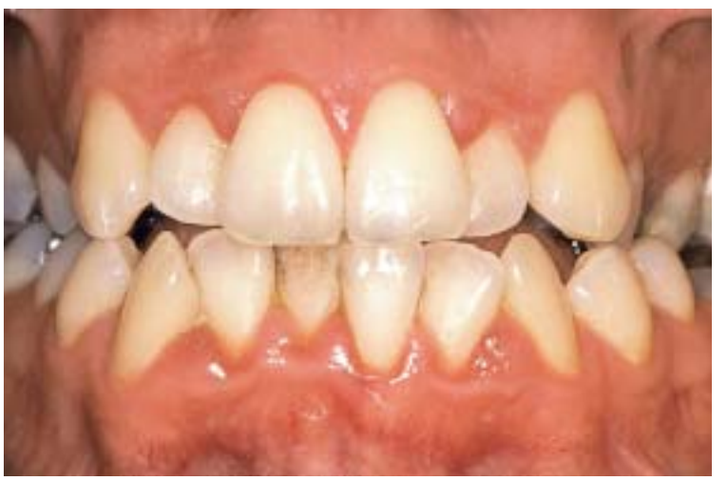
*Diagnosis:* Maxilla, moderate gingivitis; mandibular anterior region, severe gingivitis with pseudopockets.

*Therapy:* Motivation, oral hygiene, plaque and calculus removal; after re-evaluation, possible gingivoplasty.

*Recall:* Every six months initially.

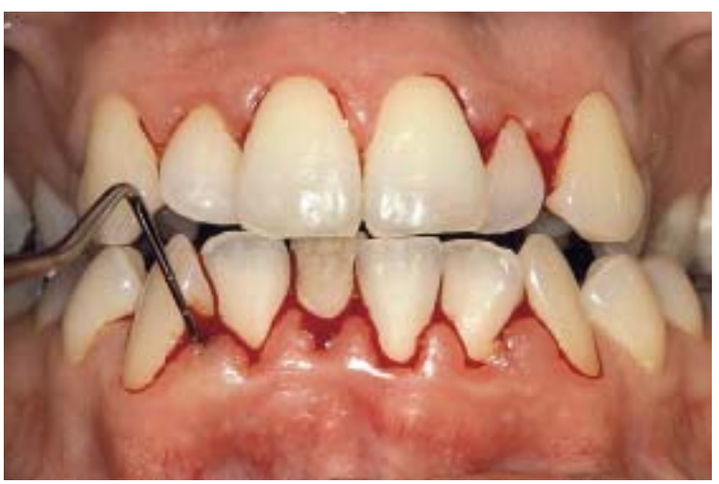
*Prognosis:* With patient cooperation and compliance, very good.



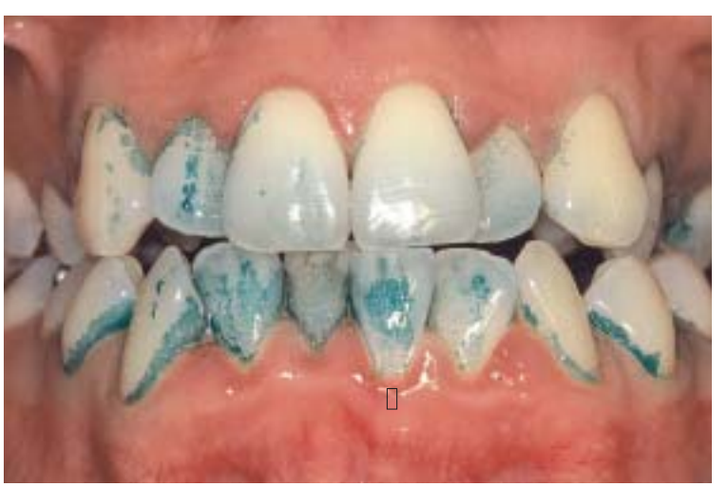


**156 Moderate Gingivitis in Anterior Segments**
Erythema and swelling of the gingiva. The symptoms are more pronounced in the mandible than in the maxilla.

*Left:* Radiographically there is no evidence of destruction (demineralization) of the interdental bony septa.



**157 Papilla Bleeding Index (PBI)**
The pronounced gingivitis that is particularly obvious in the mandibular anterior area is corroborated by the PBI. Bleeding scores of 2 and 3 are recorded after "sweeping" the sulcus with a periodontal probe in the papillary regions.

**158 Stained Plaque**
Moderate plaque accumulation in the maxilla. In the mandible, heavier plaque, especially at the gingival margins.

*Left:* Vascular plexus of the gingiva near the junctional epithelium in a case of severe gingivitis (Fig. 155, right)

Courtesy *J. Egelberg*

# Severe Gingivitis

A 15-year-old male was referred for evaluation and treatment of suspected juvenile periodontitis (LJP/Type III A). The extremely pronounced gingivitis was, however, inconsistent with this diagnosis. Sulcus probing and radiographic examination revealed no attachment loss on anterior teeth or molars.

The patient practiced virtually no oral hygiene, stating that it was impossible to brush his teeth because the gingiva bled at the slightest touch. He had never received adequate motivation, nor any oral hygiene instruction, nor any treatment for his gingivitis.

*Findings:*

API: 88 %
PBI: 3.5
PD: pseudopockets to 5 mm
TM: 0

*Diagnosis:* Severe gingivitis with edematous hyperplastic enlargement of the facial aspect of the anterior area; mouth breathing as possible etiologic co-factor (?).

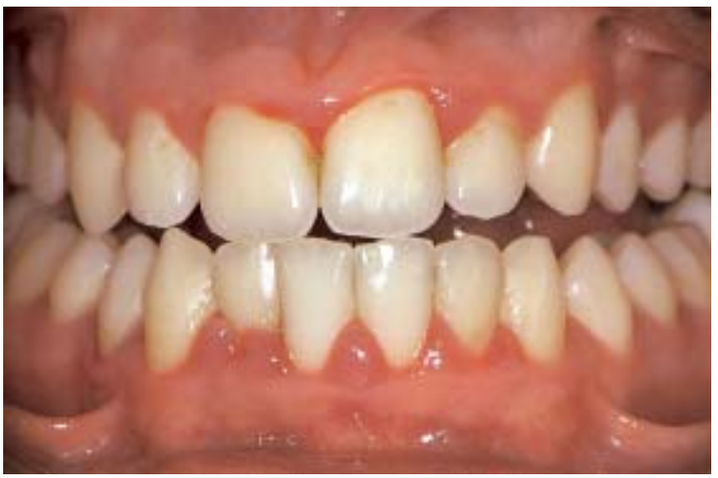
*Therapy:* Motivation, oral hygiene instruction, definitive debridement. After re-evaluation, possible gingivoplasty.

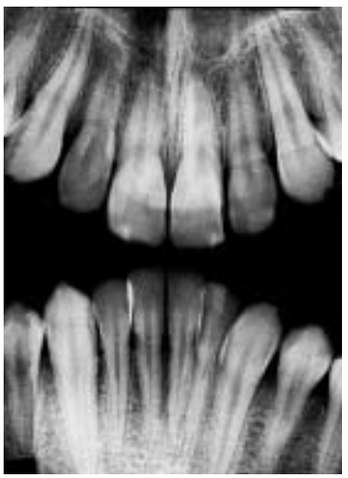
*Recall:* Initially every three months.

*Prognosis:* With patient cooperation and compliance, good.

**159 Severe Gingivitis**
The clinical symptoms of severe gingivitis including erythema, edema and hyperplastic enlargement, are observed. The anterior region is more severely affected (slight crowding, mouth breathing?). Probing reveals no attachment loss; the base of the pseudopockets are not apical to the cementoenamel junction.

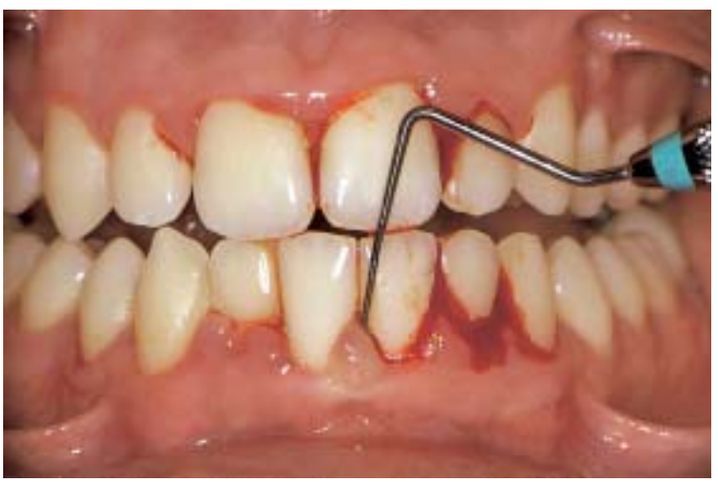
*Right:* Radiographically, one observes no evidence of bone loss on the interdental septa.





**160 Papilla Bleeding Index (PBI)**
Copious bleeding (PBI grade 4) occurs after sweeping the anterior sextant pseudopockets with a blunt periodontal probe. The inflammation is less pronounced in the premolar and molar regions.

If gingival hyperplasia is severe, the clinician must exclude other possible etiologic factors such as medicament-induced lesions and systemic disorders.



**161 Stained Plaque**
Moderately heavy accumulation of supragingival plaque. Not visible is the expanse of the subgingival plaque within pseudopockets. The pronounced inflammation, especially in the anterior region, anticipates significant plaque accumulation subgingivally.

*Right:* The papilla between 21 and 22 is grossly enlarged, erythematous and devoid of any stippling.