GINGIVAL RECESSION, DIAGNOSTIC METHODS

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ABSTRACT

Aim of the study To study and analyze the most effective methods in clinical and paraclinical as early diagnosis of gingival recession. The study is based on a group of 191 patients, of whom 122 (63.8%) female, 69 (36%) males, aged between 14-35 years - 87 (45.5 %) and 36-50 years of age - 104 (54.3%) who have been subjected for some methods of diagnosis of gingival recession according to the survey which was composed of the main indices and diagnostic methods to obtain exact information about the status of periodontal tissues. After examination of each patient were obtained fairly truthful results and demonstration for doctor and patient that the patient motivated to start treatment as early as possible. The early and correct diagnosis of gingival recession, parodotolog doctor must carefully collect history, pay attention intraoral clinical examination to know the classification of gingival recession, to know the methods of clinical measurement recessions following three basic parametric tests: gingival festoon and the coloring.

Keywords: gingival recession, methods of diagnosis, investigation, periodontal probe, test, gingival festoon, coloring

INTRODUCTION

It is already known for now not amaze anyone with a restoration, endodontic treatment or perfect orthopedic work. But all these successes can in no way cover the multitude of issues that require further studies in dentistry. Among these problems is graded and gingival recession, either alone or in combination with cuneiform defects, dental erosion cavities package.

Many authors define different gingival recession, in his opinion KH Reteischak, 1986 [12] - gingival recession is limited tissue atrophy of periodontal tissue with decrease of the height of the gum wedge or oval from the vestibular and less nakedness from oral dental root in the absence of inflammation. Across from cosmetic defect gingival recession is accompanied by a hypersensitive dental packages,[2, 3, 4, 6], which are most often cause of presence of patient to the doctor.

Usually gingival recession is accompanied by inflammation and a huge percentage it appears in tooth region with fenestration in the vestibular cortical plate of the alveolar process and a smaller percentage in the region of in tooth with root perforations. In some cases, the recession in the form of even if the fissura Stillman, which may be of different sizes. Stillman described the recession as a result of trauma, although sometimes may appear even if the fissura Stillman can appear in erosive inflammatory processes of
marginal gingiva. [2, 6, 10, 13].

In other cases gingival recession in the form of an indurated formations "festoon gingival" literature described as "festoon Makkola", which most often occurs on the surfaces of canines and premolars buccal region. Originally gums region festooned is healthy, and later debris accumulation occurs after inflammation [2, 6, 7, 11].

Making an analysis of the literature on recession, I noticed that recessions are very little studied, virtually no information about this disease in our Republic of Moldova and the former republics of the Soviet Union, while in European countries and the U.S., recessions are studied many years and multilateral. [5, 8, 9]

But from these studies a lot of problems remained unstudied full such as non-systematization cases; action risk factors, conditions favouring disease process progresses, the impossibility diagnosis prenozologice and processing of primary prevention of gingival recession.

Therefore, the purpose of this study we wanted: to study and analyse the most effective clinical and laboratory methods in the early diagnosis and correct gingival recession.

MATERIAL AND METHODS

The study is based on a group of 191 patients, who addressed of healthcare problems at the Dental Clinic USMF "Nicolae Testemițanu". All patients were divided by age and sex. After sex addressed 122 (63.8%) women and 69 (36.0%) men. After age patients were divided into 2 groups: 14-35 years, 87 (45.5%) patients, and 36-50 years 104 (54.3%) patients.

Both groups of patients were subjected to thorough clinical examination and laboratory as required under investigation, which was performed for each patient.

Investigation: (All information about the state of periodontal tissues)
1. General and specific dental anamnesis
2. Clinical examination of the oral cavity gingival inflammation
   a) Inflammation of gingiva
   b) The presence of tartar and plaque
   c) The presence of periodontal pockets
   d) The presence of gingival recession (class after Miller fig.1, 2, 3, 4).

- Inflammatory etiology (microbian)
- Noninflammatory etiology (nonmicrobian)

3. Measurement of recession after the 3 basic parameters with calibrated periodontal probe.
   a. The vertical dimension of the recession -
measured with graduated periodontal probe from enamel-cement border up to the gingival margin. If the recession is accompanied by cuneiform defect or cavity of the package, the measurement will be done at the apical point against which will remain unchanged in the near future (this is necessary for determining the closure of gingival recession after surgery fig. 5).

b. The width is measured with periodontal probe of recession in the widest part recession from enamel-cement border region (fig. 6).

c. The width of the interdental papilla is determined with periodontal probe at enamel-cement border region [1] (fig. 7).

4. For predicting the development of a potential complications methods were used:

a) probing the gingival sulcus (after which determine and bleeding gums and gingival biotype touch fig. 8).

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b) Test "festoon gingival" which is determined by periodontal probe presses on the mobile mucous membrane (This test demonstrates the presence or absence of gingival fixed charge resistance and not moving fig. 9).

c) Test the coloring-gums and oral mucosa stained with Lugol solution, free-lining membrane containing glycogen will turn brown, while fixed gums will remain colorless [1] (fig.10).

5. The presence clamps and deeply inserted frens

6. Determination by degrees

7. Determination of the degree of mobility

8. Radiological data (OPG)

9. Photo

10. Bacterial DNA-PET-Diagnostic (by indication) Biochemical (calcium and ionized calcium, blood glucose (by indication) fig.11).

11. Analysis hormone (TSH, parathyroid hormone, T-3, T-4, indication)

12. Computed tomography (as indication)

13. Ultrasonography of the thyroid gland (as indication)

14. Oclusion supracontact points determination thith contact paper and wax.

RESULTS

All 191 patients were investigated according to our investigation, which takes only a few minutes. Following investigation of 132 patients were diagnosed based on collection history, clinical examination, measurements by three basic parameters, test, " gingival festoon "and the coloring. In 29 patients for diagnostic tests have been carried out biochemical tests and thyroid hormones, thyroid ultrasound, 8 patients were collected at the level of bacterial DNA samples (Sample PET), and 22 patients took CT computer.

After conducting investigation and laboratory tests (as indication for each patient) were obtained true results and demonstration as both for the doctor and patient, and the patient is motivated to follow further surgical treatment is to stop the recession early or prophylaxis if they present to clips mucosal and deeply inserted frenurilor lips or gum recession closing in case of detection of a class of recession after Miller, bone resorption and bone fenestration.

CONCLUSIONS

To establish an early diagnosis and correct gingival recession periodontist doctor must carefully collect anamnesis, clinical examination of the mouth, to know:

1. Methods of clinical measurement of gingival recession following three basic parameters and

2. Classification of gingival recession by Miller.

And for predicting the development of possible complications periodontist doctor should know how to:

a) probing the gingival sulcus,

b) test "gingival festoon"

c) coloring test.

After the doctor will decide the results of the laboratory investigations will require each patient either hormone analysis, biochemical analysis, microbiological seeding or making a panoramic radiography or CT scans.

REFERENCES