



GINGIVECTOMY: A REVIEW ARTICLE

Periodontology

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ABSTRACT

The gingivectomy is the primitive surgery in periodontal therapy. During the centuries, the technique has been modified. Just at the middle of our century, gingivectomy was the most important surgical method in periodontal treatment. The main indication for gingivectomy in veterinary dentistry is in the management of gingival enlargements. For performance of the gingivectomy is the complete deletion of the periodontal pocket (gingival overgrowth/e.g. hyperplasia, subgingival caries, subgingivally located crown margins. The design of the free gingival margin by surgical means, gingivoplasty, must be taken under consideration. Depending on the long and painful healing for the patient, gingivectomy should be preserved.

KEYWORDS

Periodontal diseases- Gingivectomy

INTRODUCTION

A gingivectomy is a periodontal surgery performed to treat severe cases of gum disease, also known as periodontitis, that do not respond to antibiotics or root planing alone. This procedure is essential when the gums have stretched away from the teeth, creating deep pockets. Plaque and tartar form in these pockets, causing gum disease. If the disease is left untreated, it progresses that it damages the roots of the teeth and potentially leads to tooth loss. The gingivectomy procedure is designed to remove loose or diseased gum tissue in order to prevent tooth loss. The procedure is performed by either a periodontist or an oral surgeon.

The gingivectomy procedure :

At first, local anesthetic is applied to the gums. Usually a laser is then used to remove loose or diseased gum tissue. A scalpel may also be used for this purpose. One hour may need for this procedure. Once the gum tissue has been eliminated, a periodontal dressing, something like a protective putty, is placed over the gums to protect them.

The following reasons for removal of gingival tissue :

Periodontal pockets (for gum disease treatment) – When non-surgical treatments such as tooth scaling and root planing or/and antimicrobial treatment have failed to reduce adequately the depth of periodontal pockets, gingivectomy is done. Periodontal pockets can trap food debris and bacteria. If the depth of the pocket is over 3-4mm, food debris and bacteria can not be removed during brushing and flossing. If the bacteria are allowed to grow in the pockets the gum disease will recur. Gingivectomy is used to remove the pockets and allow healthy gum tissue to begin to grow back.

Gingival hyperplasia (for both periodontal and cosmetic treatment) – Certain medications (like anti-epileptic drugs) cause an excessive growth of gum tissue which expands to cover part of the tooth crown. In severe situations, this condition can interfere with chewing and speech. Drugs causing overgrowth of gums include nifedipine, cyclosporine, phenytoin. Some women may also experience gums overgrowth during pregnancy. Gingivectomy removes the excess amount of gum tissue restoring the aesthetic appearance of teeth and allowing better cleaning of teeth surface from dental plaque bacteria.

Sub-gingival tooth decay (root caries) - Sometimes a gingivectomy may be required only to allow the dentist to gain access to the root area for performing a dental filling or preparing the area for the attachment of a dental bridge. In this case healthy gum tissue has to be eliminated but in most cases the loss of tissue is only minor.

Impacted wisdom teeth - When a wisdom tooth has not fully erupted it is completely or partially covered by gum tissue. A gingivectomy procedure may be recommended to remove the gum flap and expose the wisdom tooth (operculectomy) gingivectomy is contraindicated when (1) access to osseous structure is critical or (2) gingival attachment is inadequate (minimal) or absent.

Possible Risks and Complications

Gingivectomy is associated with the following risks and complications:

1. Bleeding, which can occur during and after the surgery.
2. Pain and swelling of gums.
3. Infection at the surgical site.
4. Blood clot.
5. Abscess in the periodontal area.
6. Bone necrosis can occur in chemosurgery patients.
7. Damage to the surrounding healthy tissue if electric current or chemicals are used.
8. Damage to the nearby nerves.
9. Tooth sensitivity to cold temperature.
10. Plaque buildup recurrence, especially if the diseased gum tissue was not totally removed.

Post-operative care after a gingivectomy treatment

The periodontist will prescribe analgesics because gingivectomy can be painful after the effect of the anesthesia subsides, especially if the treatment involves several teeth and the extensive removal of gum tissue.

Maintaining good oral hygiene is very important for keeping gums healthy. For the first days after gum surgery will be advised to avoid brushing over the surgical area. A chlorhexidine mouthwash may be prescribed to help in controlling dental plaque. After the dressing is removed patient should return to normal oral hygiene routine.

A soft diet is required for the first two weeks of healing period. Avoid spicy and crunchy foods, and drink cool or slightly warm liquids.

Avoid smoking because smoking decreases ability to control infections and delays healing.

Patient will have to visit periodontist after 7 to 10 days to remove the periodontal dressing and check the healing of gums. Some bleeding when brushing or flossing is normal after the dressing is removed. Gums will start to look normal in three to four weeks. It can take two to three months for the connective tissue to heal completely.

References:

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