CLINICAL CASE: TREATMENT OF FIBROUS HYPERPLASTIC GINGIVITIS

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Relevance The treatment of the fibrous form of hyperplastic gingivitis presents significant difficulties. The disease progresses due to poor oral hygiene, where soft and hard dental deposits cause constant irritation of the marginal gingiva and its reactive overgrowth. With a prolonged course, the tissues undergo fibrous degeneration. In such cases, removing only the causative factor (plaque) is not sufficient to restore the original gum contour, and surgical correction is required.

Research Objective: To investigate the most effective treatment strategy for fibrous hyperplastic gingivitis in a patient with a moderate degree of severity, without any concomitant systemic diseases and not taking any medications.

Treatment Methods Before treatment: The patient exhibited hypertrophy, thickening, and pronounced hyperemia (redness) of the interdental papillae in the area of the anterior teeth on both jaws. The overgrown gingiva covered up to half the height of the clinical crowns of the teeth, was painful, and bled upon palpation. There were abundant soft and hard dental deposits present.

Treatment Stages: Conservative Stage: Motivation and training in individual hygiene were provided. Dental plaque removal was performed in two stages under local anesthesia: Stage 1: Removal of supragingival and subgingival deposits, anti-inflammatory and antimicrobial therapy.

Stage 2 (in 2 weeks): Removal of subgingival calculus remnants after the inflammatory swelling subsides.

Surgical stage: Despite improved hygiene, overgrown fibrous tissue prevented the patient from cleaning their teeth thoroughly, as evidenced by pinpoint areas of inflammation. A decision was made to perform a gingivectomy for functional and esthetic correction. The operation was performed in two stages (separately on the upper and lower jaw) using a surgical scalpel and laser coagulation, followed by the application of a periodontal dressing and the use of keratoplastic agents during the healing phase.

Research findings:

Immediate result: After complete healing, the gum line on both jaws was at its natural physiological level.

Long-term outcome (monitoring for one year)

The new level of the gingival contour was successfully maintained on the upper jaw. A recurrence was observed on the lower jaw (swelling and enlargement of the gingival papillae less than 1/3 the height of the crown), which was related to the patient's difficulty in cleaning their lower teeth themselves.

Conclusion:

The combination of conservative treatment (professional hygiene) and gingivectomy has proven effective in correcting fibrous hyperplastic gingivitis. However, if the patient is unable to maintain a high level of personal hygiene after surgery, the effectiveness of the treatment is reduced, and the disease recurs. This case highlights the critical role of long-term patient adherence to hygiene procedures.

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