

FIBROUS HYPERPLASTIC GINGIVITIS TREATMENT: A CLINICAL CASE

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Resume The management of fibrous hyperplastic gingivitis poses considerable challenges. The condition advances as a result of inadequate oral hygiene, whereby soft and hard dental deposits induce persistent irritation of the marginal gingiva and its subsequent reactive hyperplasia. The tissues experience fibrous deterioration over an extended duration. In many instances, the mere elimination of the causal element (plaque) is inadequate to reinstate the natural gum shape, necessitating surgical intervention.

Research Objective: To examine the optimal therapeutic approach for fibrous hyperplastic gingivitis in a patient exhibiting moderate severity, devoid of concurrent systemic disorders and not undergoing any pharmacological therapy.

Pre-treatment Assessment: The patient presented with hypertrophy, thickness, and significant hyperaemia of the interdental papillae in the front region of both jaws. The hypertrophied gingiva obscured up to fifty percent of the clinical crown height of the teeth, was uncomfortable, and exhibited haemorrhage upon probing. Numerous soft and hard dental deposits were seen.

Treatment Phases: Conservative Phase: Instruction and encouragement in personal cleanliness were provided. Dental plaque extraction was performed in two phases under local anaesthesia:

Phase 1: Elimination of supragingival and subgingival deposits, together with anti-inflammatory and antibacterial treatment.

Stage 2 (in 2 weeks): Elimination of subgingival calculus remains after the resolution of inflammatory oedema.

Surgical stage: Notwithstanding enhanced cleanliness, excessive fibrous tissue hindered the patient's ability to clean their teeth adequately, as shown by localised regions of irritation. A decision was reached to do a gingivectomy for functional and aesthetic enhancement. The procedure was conducted in two phases (individually on the upper and lower jaw) using a surgical knife and laser coagulation, subsequently applying a periodontal dressing and employing keratoplastic agents throughout the recovery time.

Results of the research:

Immediate outcome: Following full healing, the gum line on both jaws returned to its original physiological position.

Prolonged result (surveillance for one year)

The gingival contour's new level was effectively preserved in the maxilla. A recurrence was seen in the lower jaw (swelling and expansion of the gingival papillae measuring less than one-third the height of the crown), attributed to the patient's challenges in self-maintaining oral hygiene of the lower teeth.

Conclusion: The integration of conservative therapy (professional hygiene) and gingivectomy has shown efficacy in rectifying fibrous hyperplastic gingivitis. Nonetheless, if the patient cannot maintain a high standard of personal cleanliness post-surgery, the treatment's efficacy diminishes, leading to illness recurrence. This example underscores the essential need of sustained patient compliance with cleanliness protocols.

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