

A Case Report on Management of Pseudo Gingival Pockets By Phase 1 Periodontal Therapy

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Abstract

Gingivitis and Periodontitis are the two most common diseases as confined to the field of Periodontology. Gingivitis is defined as the inflammation of gingiva but without the loss of the clinical attachment. Whereas Periodontitis is defined as the extension of inflammation into the supporting tissues of the teeth with the loss of the clinical attachment. Though gingivitis is characterized by the absence of clinical attachment loss, one thing that is common to both gingivitis and periodontitis is sometimes the present of pockets in case of gingivitis, a part from periodontitis. The pocket that occur in gingivitis are both the pseudo pockets and true pockets. Present case report is on a 26 years old female who reported to the department of Periodontology with the chief complaint of bleeding gums from the lower front tooth region. Upon examination it was found that the patient had stage 2 gingivitis, which was treated by thorough scaling, curettage, and root planing, leading to resolution of gingivitis which gave us the conclusion, that the pockets were pseudo in nature and can be treated well with the phase 1 periodontal therapy.

Keywords: gingivitis, pseudo pockets, scaling, rootplaning, curettage

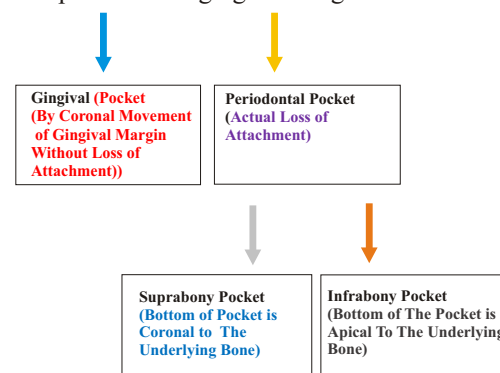
Introduction


There are nine speciality in dentistry to which the dentistry is confined. These nine special branches ranges from root canal, extractions, oral health awareness, malocclusion treatment, diagnosing oral diseases clinically, and his to pathologically to correcting diseases of gums. As far as correcting the diseases related to gums is concerned, the speciality is called as Periodontology. Periodontology is a speciality of dentistry that deals with the structure surrounding and supporting the tooth. The surrounding structure around the tooth is known as gingiva whose main function is to protect the underlying supporting structures and the supporting structures are periodontal ligament, cementum, and alveolar bone, whose main function is to firmly hold the teeth in its socket.¹ In the field of Periodontology two types of diseases are prevalent. The first one is called as gingivitis, which if not treated on right time can progress to periodontitis. The difference between gingivitis and periodontitis is based upon the fact that gingivitis refers to the inflammation of the gingiva without the loss of clinical attachment and periodontitis refers to the extension of inflammation from gingiva to the supporting structures of teeth leading to the clinical attachment loss. However one thing that is common to both gingivitis and periodontitis is the presence of

pockets in the advanced stages of disease along with signs and symptoms of inflammation.² However this pocket can either be pseudo pocket or true pocket in case of gingivitis and definitely a true pocket in case of periodontitis. The difference between a pseudo pocket and a true pocket is based upon the fact that in case of pseudo pocket there is no clinical attachment loss and the pseudo pocket get resolved, once the etiological factors pertaining to inflammation is removed. But if such pockets persist even after the etiological factors are removed then such pocket is called as true pocket with a definitive clinical attachment loss.³

Classification of Periodontal Pockets⁴

A. Based upon the coronal or Apical displacement of gingival margin



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B. Based upon number of tooth surfaces involved:

1. **Simple Pocket:** involve only one tooth surface
2. **Compound Pocket:** Involve two or more surfaces of tooth
3. **Complex Pocket:** Such type of pocket originate on one tooth surface, twist around the tooth to involve one more additional tooth surfaces. These types of pockets are more common in furcation area.

Treatment options for the management of Pseudo Gingival Pockets:⁵

Since as mentioned previously, pseudo gingival pockets are very well differentiated from true pocket in terms of the absence or presence of clinical attachment loss. Hence clinical attachment loss do not occur in pseudo gingival pockets, hence these pockets are better managed non-surgically, though sometimes esthetic surgical intervention is necessary to restore the gingival contour, in order to prevent the redeposition of plaque and calculus and thus the prevention of recurrence of pseudo gingival pockets. Following are the treatment options available for the management of pseudo gingival pockets:

1. **Scaling and root planing-** forms an essential component of phase 1 Periodontal therapy. Since the main etiological factor for the formation of pseudo gingival pockets is the plaque and calculus, hence the removal of these etiological factors are of utmost concern in order to restore the gingival health. Scaling refers to the removal of plaque and calculus from the tooth surface without any attempt to alter the necrotic root cementum. Since during gingivitis, there is an alteration in the structure of root centum leading to the deposition of toxins from microbes which further deteriorate the gingival health. So in order for the establishment of soft tissue health surrounding the tooth, root planing is done as root planing refers to the removal of necrotic cementum from the root surface.

2. **Curettage-** if the gingival tissues does not comes to their normal consistency, that is firm and resilient, even after thorough scaling and root planing, then the procedure called as curettage is indicated, which refers to the removal of inflamed pocket epithelium by the scraping of the soft tissue wall of the pocket by means of curette and the procedure is done mainly under local anaesthesia.

3. **Gingivoplasty-** Sometimes even after thorough scaling, root planing, and curettage, the scalloped contour is not obtained though consistency becomes firm and resilient. So in such cases, gingivoplasty is the necessity in order to prevent the accumulation of plaque and calculus, and the recurrence of pseudo gingival pockets. Gingivoplasty refers to the reshaping of the gingiva just as one do in festooning of a denture.

Case Report

Present case report is on a 28 years old female patient, who came to the Rishiraj college of Dental Science and Research centre, Bhopal, in the department of Periodontology with the chief complaint of swollen and bleeding gums while brushing from the lower front tooth region. Upon the examination, the patient was systemically healthy, the gingival tissues in lower

front tooth region was positive for bleeding upon probing, gingival tissues were soft and oedematous in consistency, contour was rounded, color was reddish, stippling was absent, and there was a heavy deposits of plaque and calculus. So based upon the examination carried out, a diagnosis of chronic localized gingivitis was made with respect to 31,32,33,41,42,43. So based upon the diagnosis, it was decided to initiate the treatment with phase 1 therapy which include thorough scaling, rootplaning, and curettage. Gingivoplasty was initially planned for this case but later on the gingivoplasty was not needed as the patient shown an excellent response to phase 1 therapy with the complete restoration of gingival health which further leads to the conclusion, that the pockets were pseudo in nature. Patient upon maintainance phase herself reported that she does not have bleeding upon brushing ,shedoesnot feeling any swelling of the gums, and she was able to brush very well from lower front tooth region, without any difficulty.

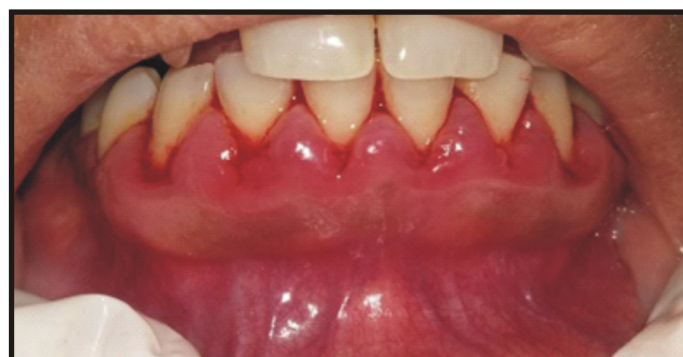


Fig 1. Gingival pseudo pockets with soft & oedematous consistency, rolled out blunt gingival Margins, absence of stippling, redness, accompanied By bleeding upon brushing by patient.



Fig 2. At follow up one week after Treatment with resolution of all signs of gingival inflammation and pseudo pockets as well restoration of gingival health

Summary & Conclusion

Gingivitis occur in its various forms, such as sometimes it is an simple inflammation, sometimes it is an inflammatory hyperplasia and sometimes, true periodontal pockets. In the present case report, the patient had an gingival inflammatory hyperplasia of mandibular incisors. The etiological factor which contributed to this type of hyperplasia was the plaque and the calculus which resulted in all signs and symptoms of gingival inflammation. Assuming it to be an inflammatory hyperplasia of gingiva due to plaque and calculus deposition, the treatment was

begin with a golden rule of periodontics that is scaling, and root planing initially, which was followed by curettage in the later stage. Gingivoplasty was also planned for this patient because of a doubt of restoration of normal gingival contour, however upon the maintenance phase, the inflammatory hyperplasia of the gingiva was resolved, leading to the resolution of all the normal clinical features of gingiva and the conclusion was made that the inflammatory hyperplasia of the gingiva was pseudo in nature as it resolved after being treated by phase 1 periodontal therapy. Thus this review and case report leads to a conclusion that how crucial the role plaque and calculus have in gingival inflammation leading to all the functional and esthetic problems such as swollen gums, badbreath, bleeding upon brushing, esthetically unpleasing. Thus it is the responsibility of the clinician to provide a thorough treatment for the normal restoration of function of a patient as well it is an utmost responsibility of the patient to take care of his or her oral health in the same way as he or she takes care of his or her systemic health as the oral health is the mirror of the systemic health.

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