

GINGIVAL HYPERPLASIA AND THE MANAGEMENT OF GINGIVAL ENLARGEMENT

Istvan Gera

*Semmelweis University,
Department of Periodontology,
Budapest*



CHRONIC LOCAL IRRITATION

CAUSES OF GINGIVAL ENLARGEMENTS

SYSTEMIC MODIFYING FACTORS

1. CONGENITAL AND HEREDITARY
2. HAEMATOLOGICAL
3. METABOLIC
4. HORMONAL
5. DRUGS SIDE EFFECTS
6. SYNDROMES



CAUSES OF GINGIVAL ENLARGEMENTS

SYSTEMIC FACTORS

1. CONGENITAL AND HEREDITARY
2. HAEMATOLOGICAL
3. METABOLIC
4. HORMONAL
5. DRUGS SIDE EFFECTS
6. SYNDROMES



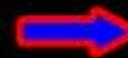
fibromatosis gingivae



CAUSES OF GINGIVAL ENLARGEMENTS

SYSTEMIC FACTORS

1. CONGENITAL AND HEREDITARY
2. HAEMATOLOGICAL
3. METABOLIC
4. HORMONAL
5. DRUGS SIDE EFFECTS
6. SYNDROMES



**MYELOID LEUKEMIA
MONOCYTER LEUKEMIA
LYMPHOCYTER
LEUKEMIA**



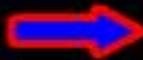
**NO SURGERY!!!
SUPPORTIVE
THERAPY**

CAUSES OF GINGIVAL ENLARGEMENTS

SYSTEMIC FACTORS

- 1. CONGENITAL AND HEREDITARY
- 2. HAEMATOLOGICAL
- 3. METABOLIC
- 4. HORMONAL
- 5. DRUGS SIDE EFFECTS
- 6. SYNDROMES

PHENITOIN
CYCLOSPORINE -A
Ca CHANNEL
BLOCKERS
(Niphenidine)



CAUSES OF GINGIVAL ENLARGEMENTS

SYSTEMIC FACTORS

- 1. CONGENITAL AND HEREDITARY
- 2. HAEMATOLOGICAL
- 3. METABOLIC
- 4. HORMONAL
- 5. DRUGS SIDE EFFECTS
- 6. SYNDROMES

Papillon LeFevre syndrome
Mucopolipidosis
Sturge Weber syndrome



SURGICAL APPROACHES



FIBROTIC TISSUE



OEDEMATOUS - GRANULATION TISSUES

SURGICAL APPROACHES

LOCALISATION -

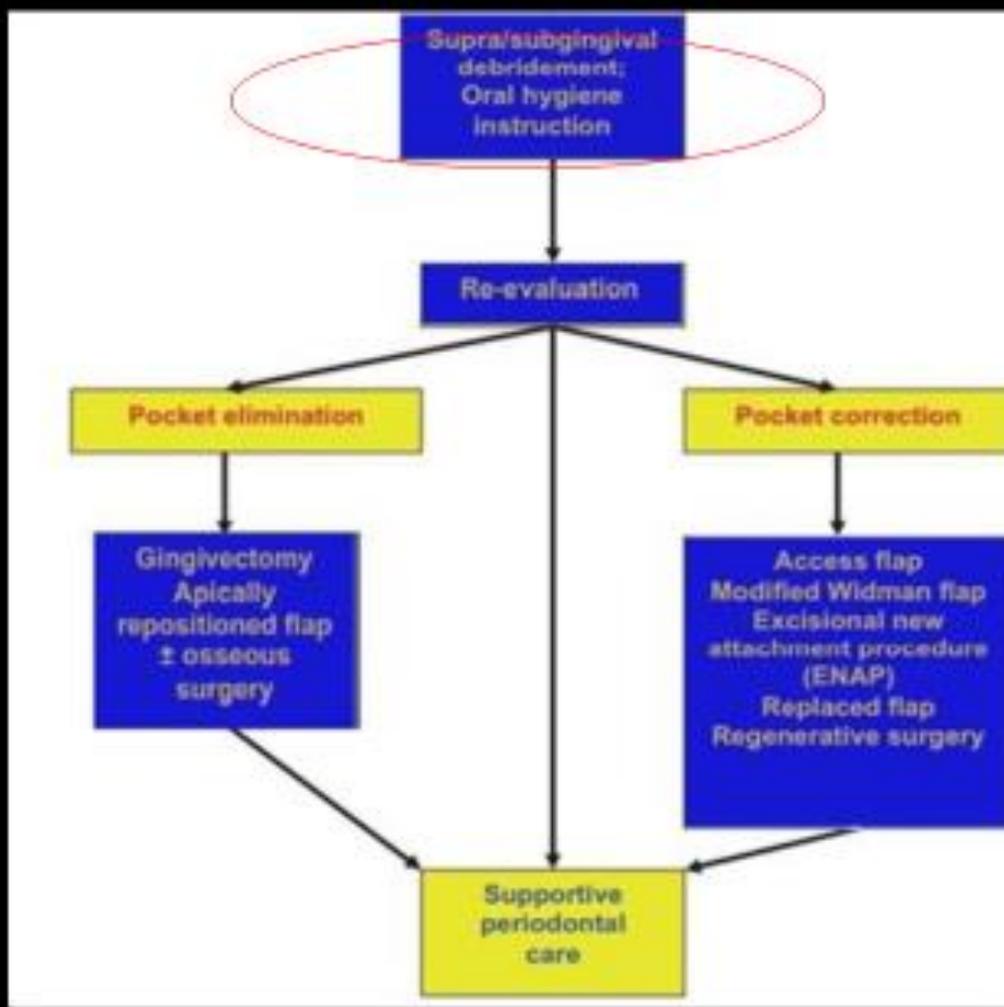
PERIODONTAL INVOLVEMENTS



ONLY Gingival involvement



gingival-periodontal involvements



Schematic representation of a typical treatment regimen for periodontitis patient management (Jan Lindhe, Clinical Periodontology and Implant Dentistry (2008), p767)

Non-surgical pocket therapy





Baseline

- 45 y male
- Ca-antagonist Amlodipin



Baseline – post op. control





GERA ISTVÁN



SEMMELWEIS
EGYETEM



ORGAN
TRANSPLANTATION
AFFECTS YOUNG
AND
EVEN YOUNGER
INDIVIDUALS WITH
SEVER MULTIPLE
HEREDITARY
MALFORMATIONS
CSA THERAPY INVOLVES
ALL AGE GROUPS



18 years old kidney
transplant patient

SANDIMMUNE
MEDROL





KIDNEY TRANSPLANT 49
YEARS OLD WOMAN IN 1997
September
HAS BEEN TAKING
CYCLOSPORIN-A FOR 16
YEARS



FOLLOW UP

2006





1997



1997



2006



2009

GERA ISTVÁN



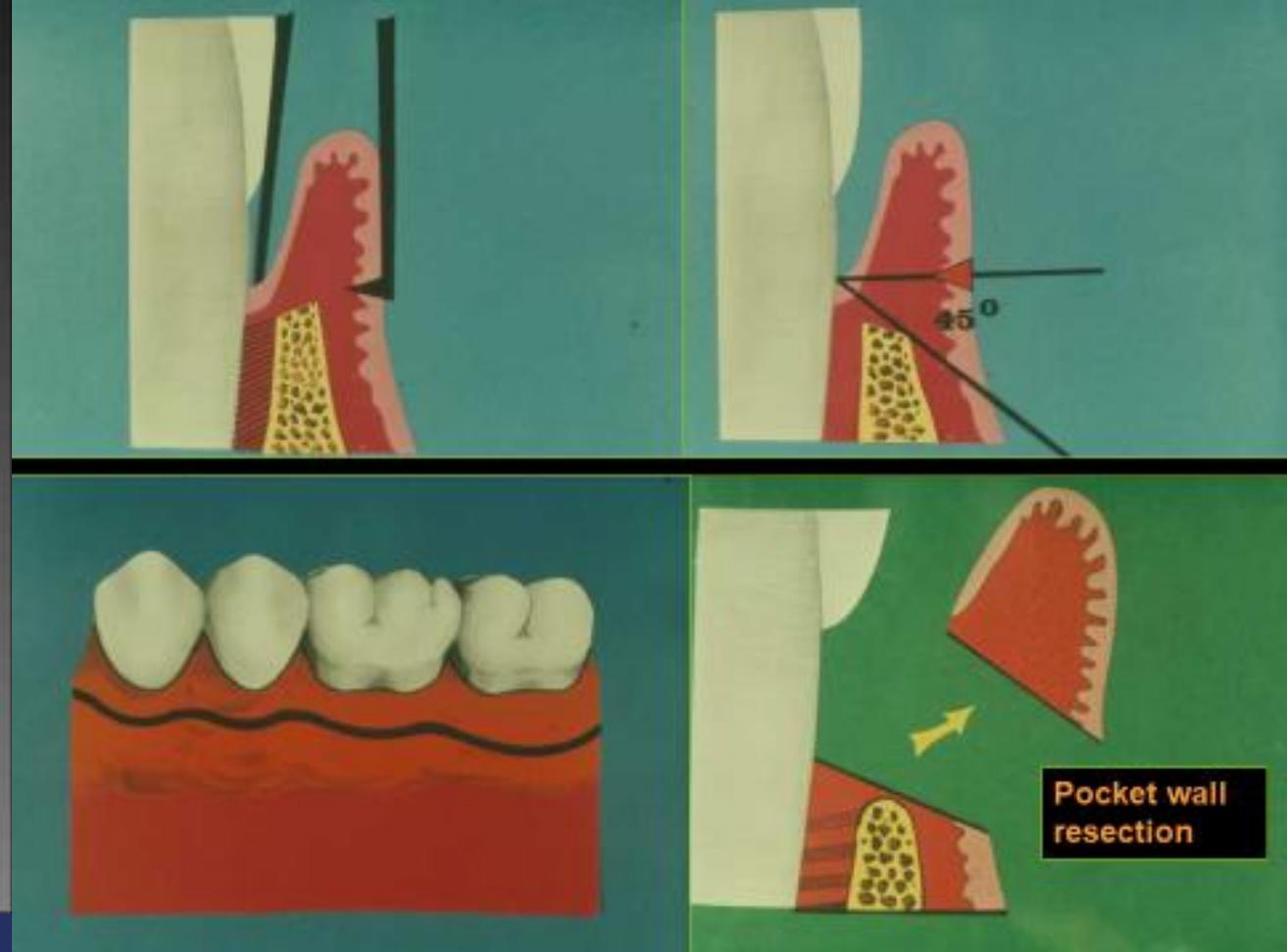
SEMMELWEIS
EGYETEM 1769

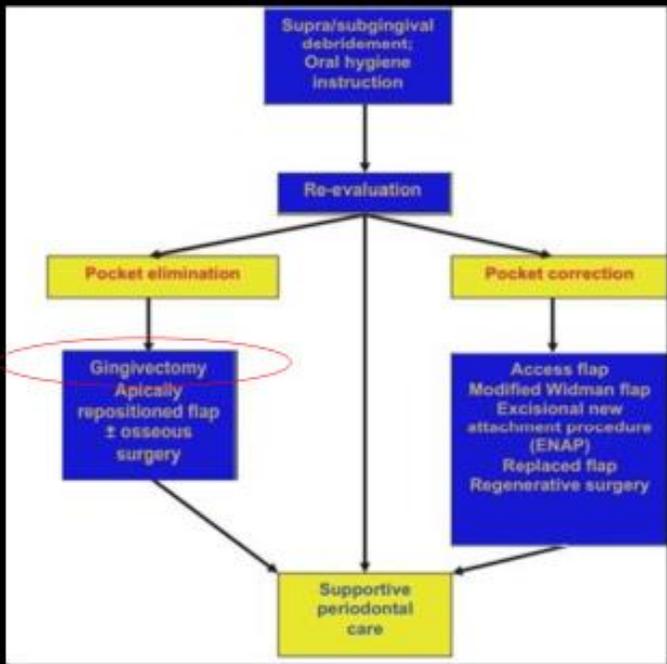
PARODONTOLÓGIAI KLINIKA

Gingivectomy

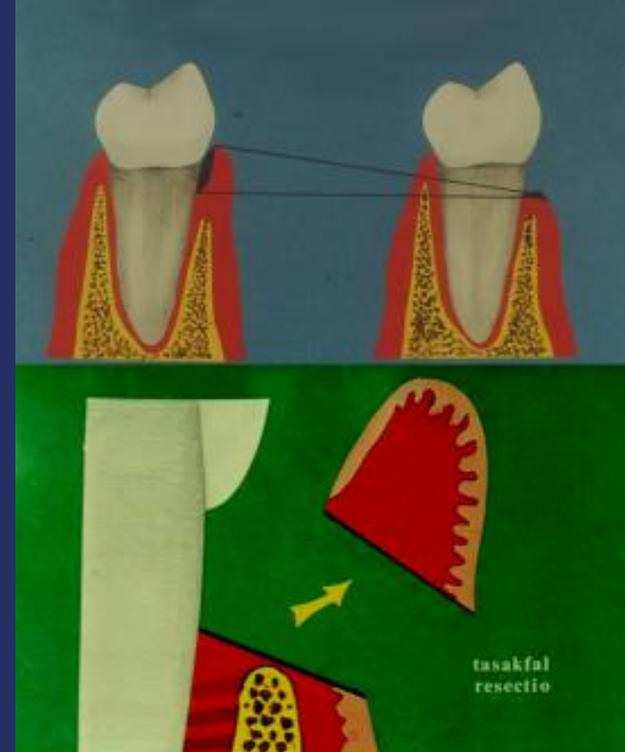
Indication

- Suprabony pockets or gingival pockets
- Gingival fibrous enlargement or edematous swelling
- Pericoronal flap
- Disharmony of gingival margin with his neighboring tooth
- Idiopathic gingival fibromatosis
- Restorative purpose, need to increase the length of clinical crown

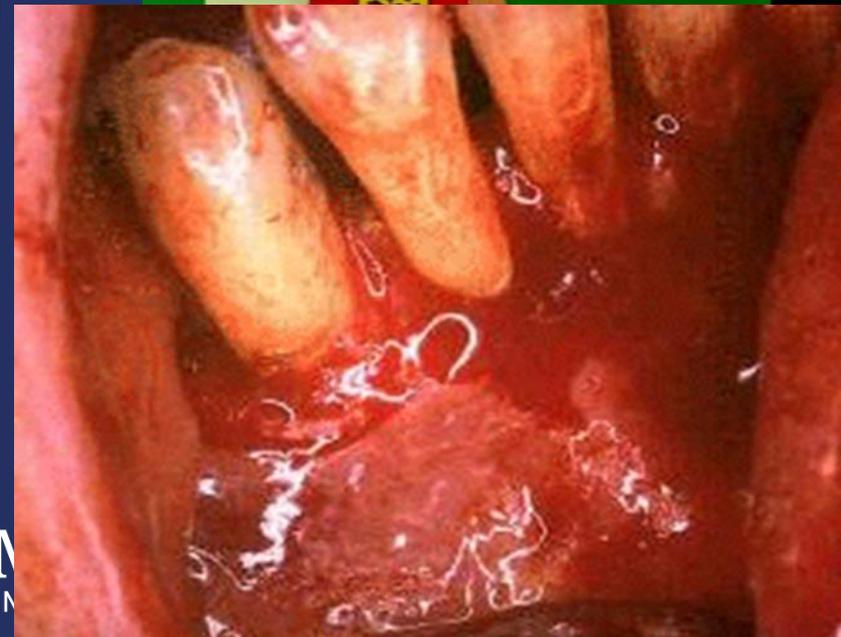




Schematic representation of a typical treatment regimen for periodontitis patient management (Jan Lindhe, Clinical Periodontology and Implant Dentistry (2008), p767)



GINGIVECTOMIA
External





GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



HPV VIRUS INFECTION PAPILLOMATOSIS GINGIVAE



65-year-old male patient's case who presented the typical form of the so called "strawberry gingivitis" It was diagnosed verified by the presence of the anti-neutrophil cytoplasmic antibody (c-ANCA test)





2018 12. 20



2019 01 21



GERÁSTIVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



2019 01 21



2019 04 11



2019 09. 10



2020 05 10

GERA ISTVÁN



2024 05 29

PARODONTOLÓGIAI KLINIKA



SEMMELWEIS
EGYETEM 1769



blopsy pyogenic granuloma

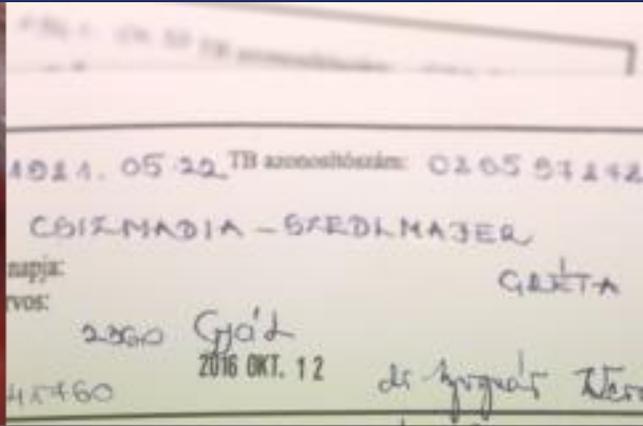




2012. 02.10 32mg Medrol/nap

Medrol

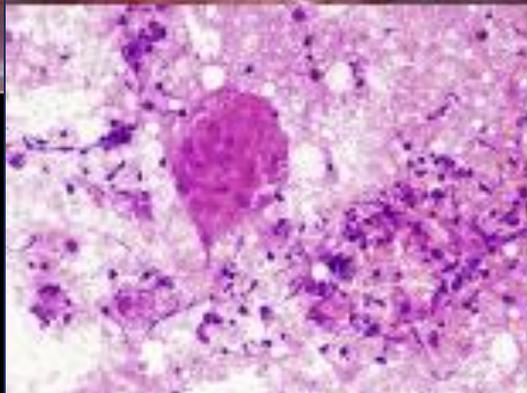
8mg/day for several years



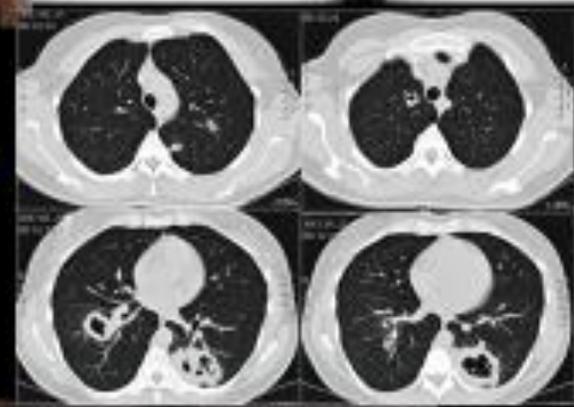
35-year-old female patient's case who presented the typical form of the so called "strawberry gingivitis" that developed within two days in mid October 2016. It was diagnosed as GPA (Wegener's granulomatosis) on the basis of the plethora of characteristic clinical symptoms (strawberry gingivitis, sinus and ear infection, saddle nose, pneumonia and salivary gland swelling) but finally verified by the presence of the anti-neutrophil cytoplasmic antibody (c-ANCA test) and a positive biopsy from the submandibular salivary gland.







pneumonia and salivary gland swelling and a positive biopsy from the submandibular salivary gland finally verified the presence of the anti-neutrophil cytoplasmic antibody (c-ANCA test) dsaddle nose,



55 y old female
Plasmocytic
gingivitis



PA



55 y old female
Plasmocytic gingivitis Corticosteroid therapy
16mg Medrol/day for two weeks Follow-up



43 y old male
Plasmocytic gingivitis

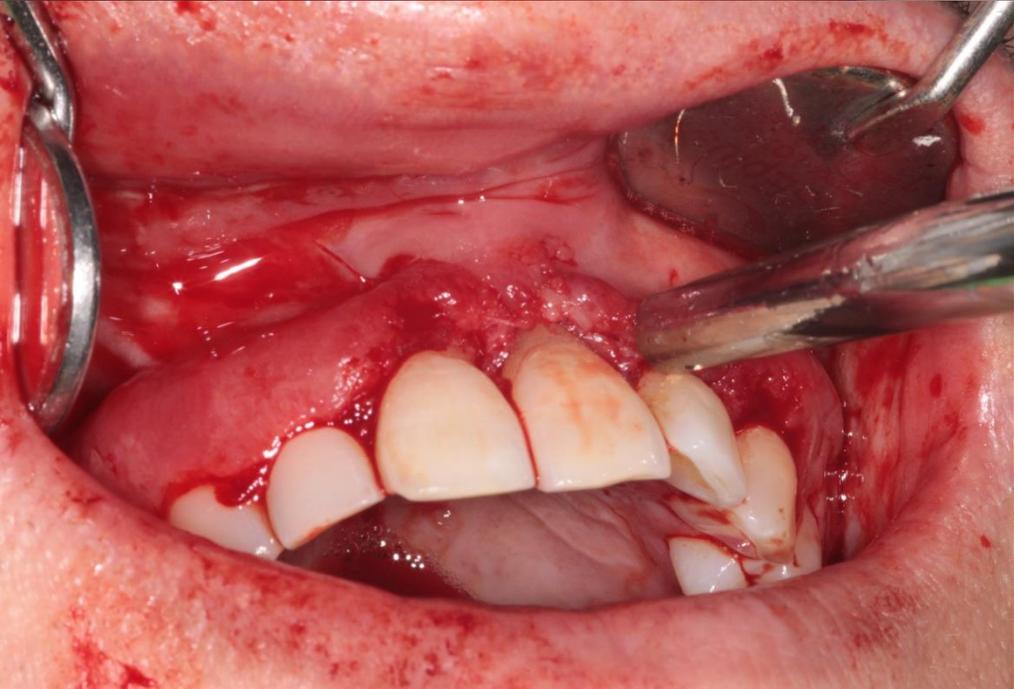




55 y old male
Plasmocytic gingivitis

Corticosteroid therapy

8mg Medrol/day
For three months



Now 4mg Medrol/day
Follow-up



SEMMELWEIS
EGYETEM 1769

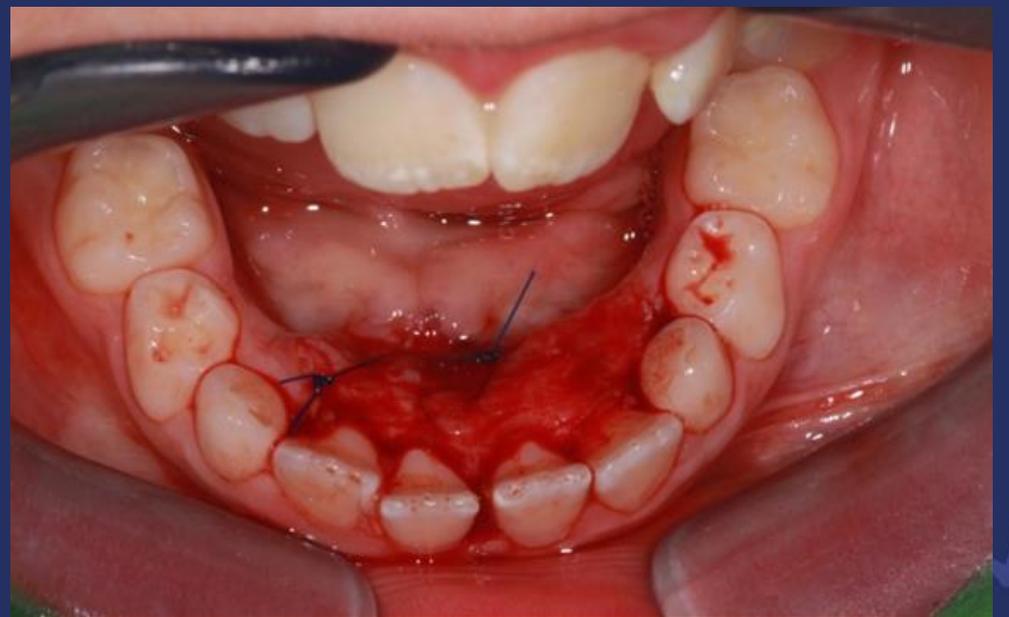


Neurofibromatosis - Recklinghausen disease

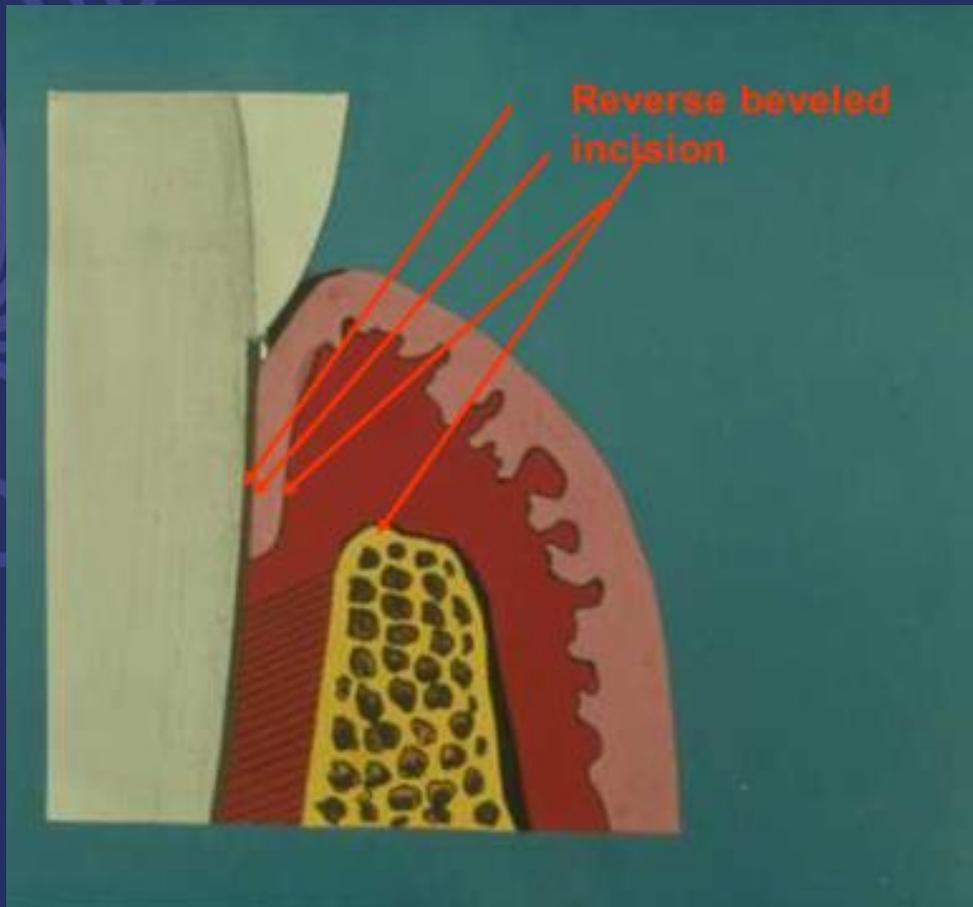


RODO





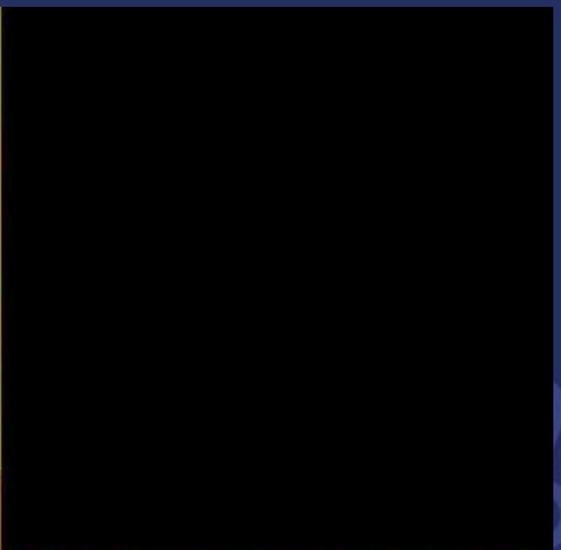






MINIMAL INVASIVE INTERNAL BEVELED INCISION AND MICROSURGICAL FLAP CLOSURE









INTERNAL REVERSE BEVELED INCISION BY SEXTANS

Kidney transplant boy
Initially aged 20

Cyclosporine
(Sandimmune)
Medrol
+ Ca-channel blockers



INTERNAL REVERSE BEVELED INCISION BY SEXTANS



CYCLOSPRINE-A KIDNEY TRANSPLANT PATIENT AGED 25



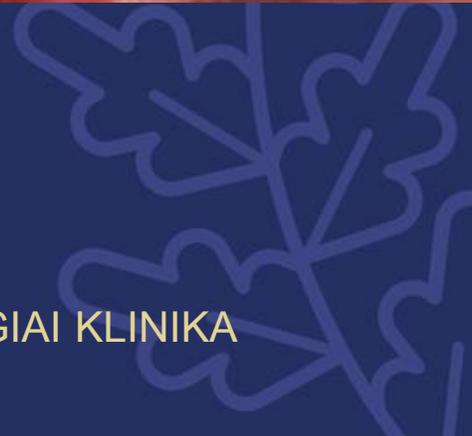


GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA





**AFTER THE WHOLE
COURSE OF
SURGERIES**

**PATIENT DIED OF
THE RUPTURED
BRAIN ANEURISM**

TODAY AMONG MIDDLE AGED AND ELDERLY
POPULATION THE DRUG RELATED GINGIVAL
HYPERPLASIA IS VERY COMMON



CALCIUM-CHANNEL BLOCKERS

dihydropiridin-származékok

Nifedipine

CORDAFLEX
CORINFAR
NIFEDIPINE
Nimodipine
NIMOTOP
Nisoldipine
BAYMYCARD
Nitrendipine
BAYPRESS
UNIPRESS

Amilodipine

AMLODIPIN
AMLODOWIN
CARDIOPIN
NORMODIPINE
NORVASC
TENOX
Felodipine
FELODIPIN
PLENDIL
PRESID

phenylalkylamine-származékok

Verapamil

CHINOPAMIL
VERAPAMIL
VEROGALID

Bensothiazepin-származékok

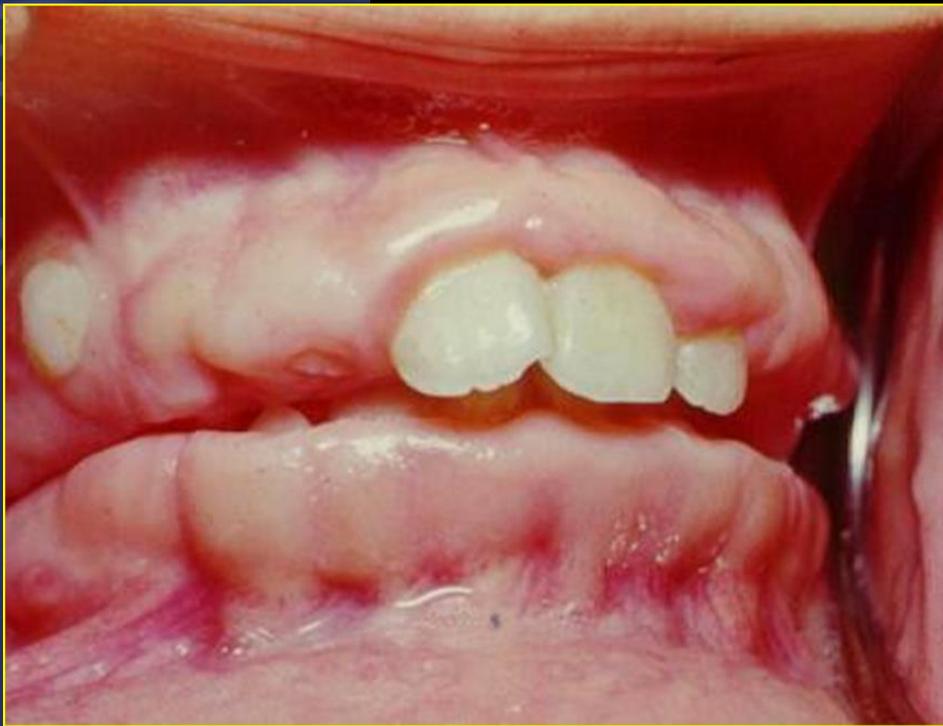
Diltiazem

BLOCALCIN
DILRENE
DILZEM



HEREDITARY GINGIVAL FIBROMATOSIS

CASES



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA

HEREDITARY GINGIVAL FIBROMATOSIS



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



Long term follow-up to
avoid preterm surgery
Assisted tooth eruption
with serial extraction of
the deciduous teeth





First surgery at the age of 13 in 2007







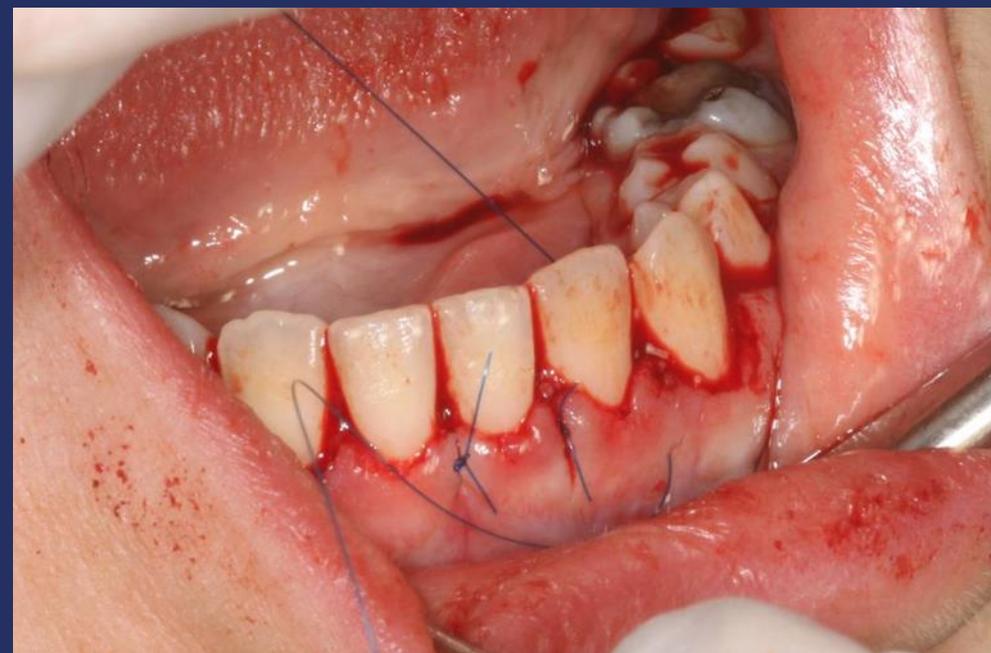


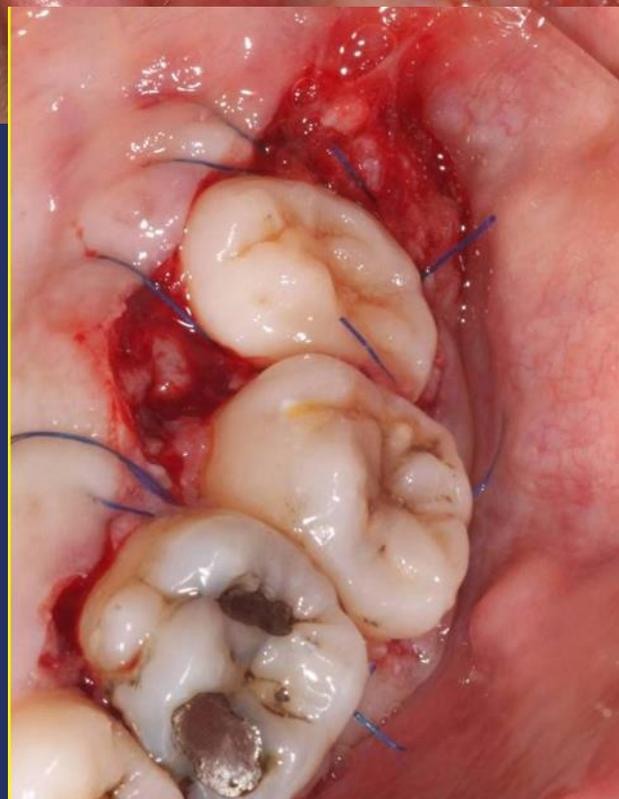
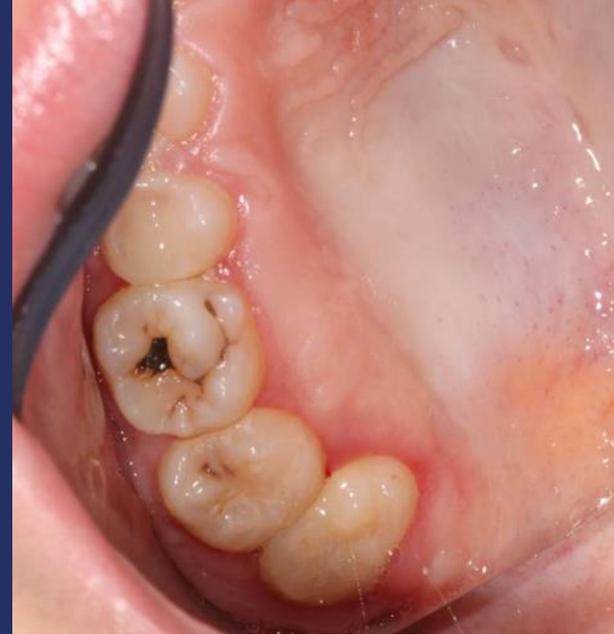
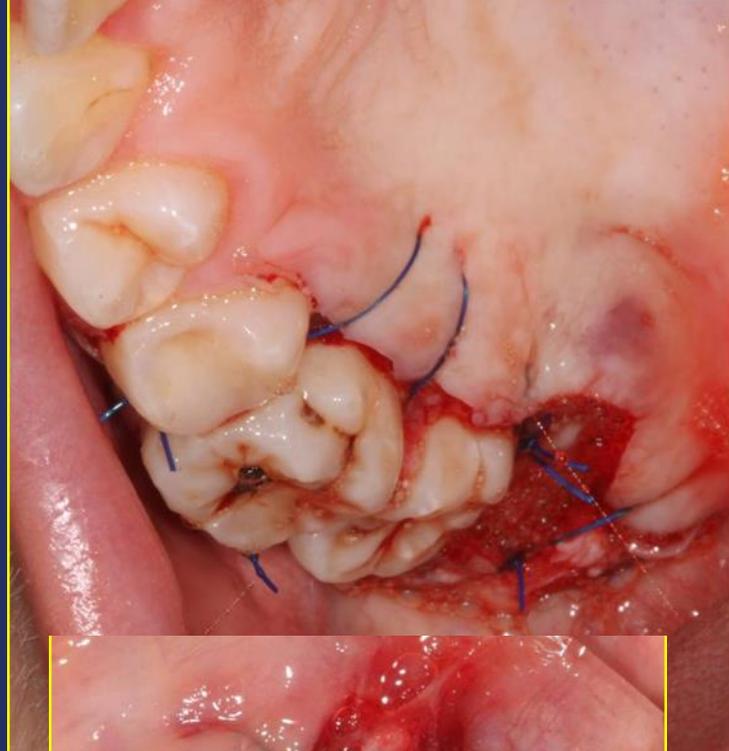




Orthodontic therapy
And final gingival
correcting surgeries
are needed





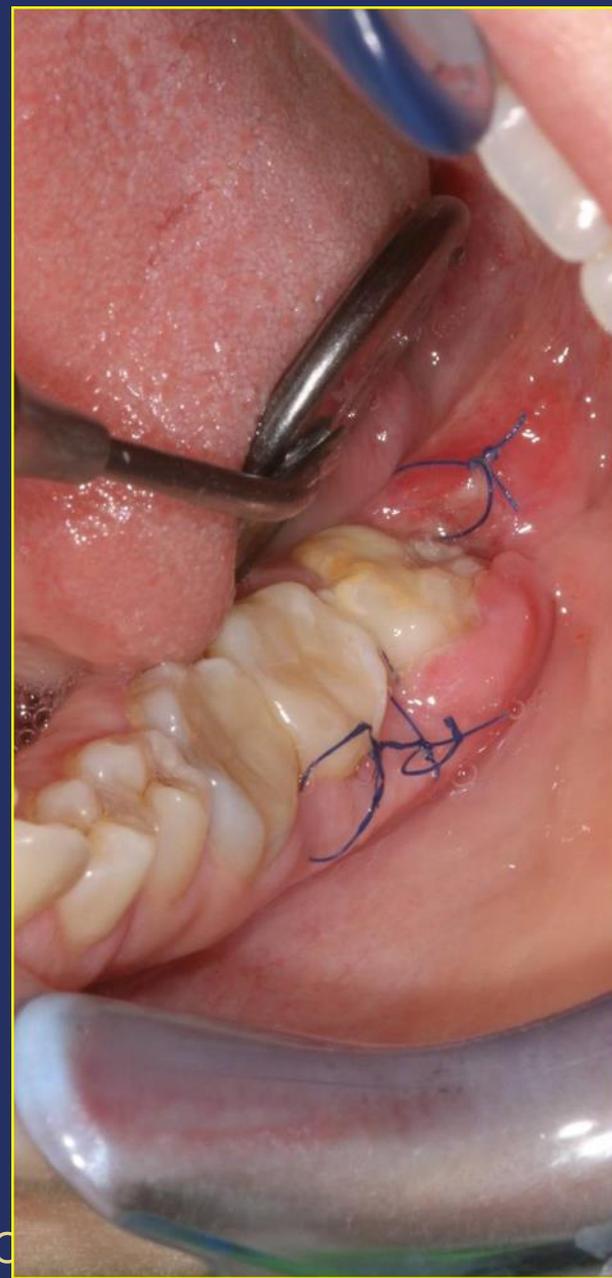
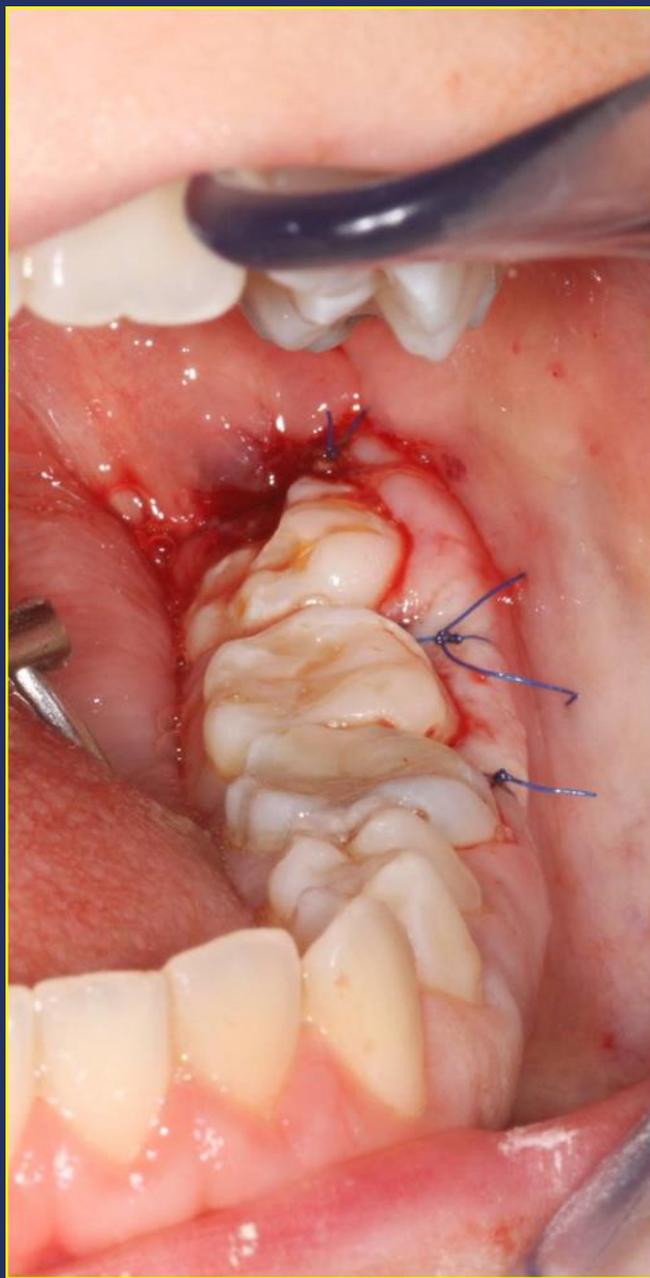


IS



A





PARC





GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



FAMILIARY INHERITED FIBROMATOSIS GINGIVAE SISTER-BROTHER



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



FAMILIARY INHERITED FIBROMATOSIS GINGIVAE BROTHER AGED 15



FAMILIARY INHERITED FIBROMATOSIS GINGIVAE BROTHER



13.10.01.

FAMILIARY INHERITED FIBROMATOSIS GINGIVAE BROTHER



15.03.17.



FAMILIARY INHERITED FIBROMATOSIS GINGIVAE SISTER- AGED 13





FAMILIARY INHERITED FIBROMATOSIS GINGIVAE SISTER

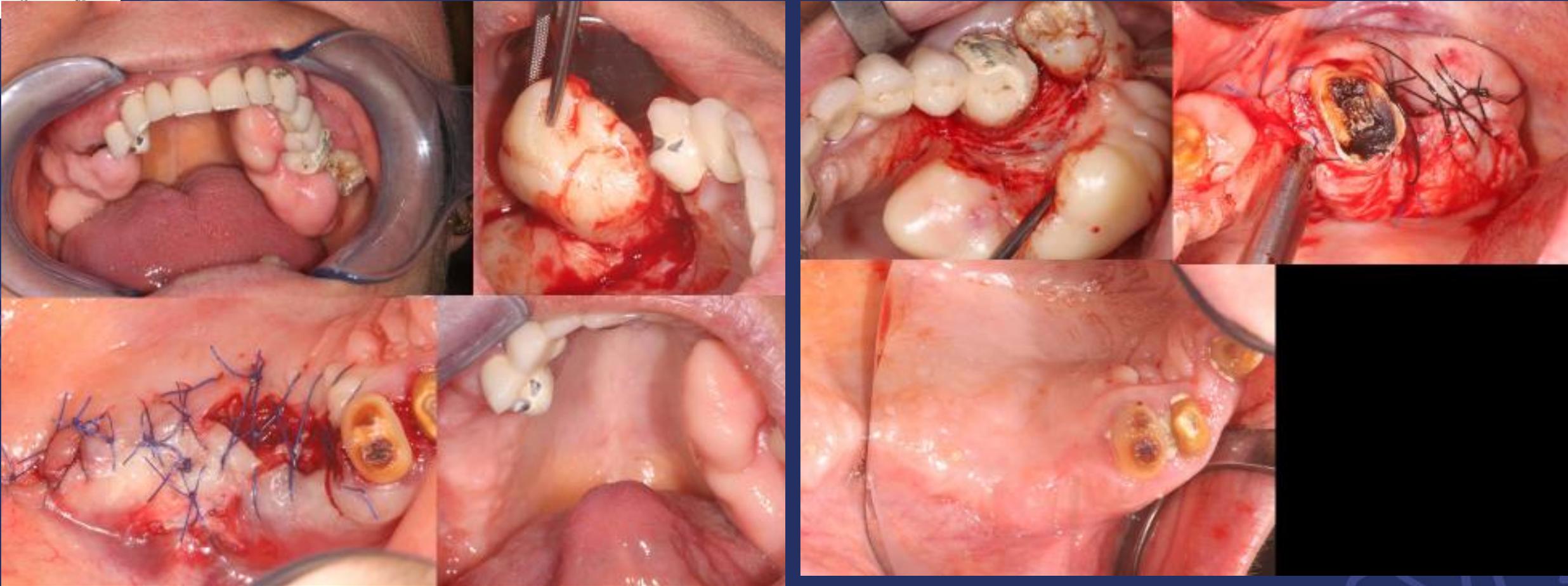


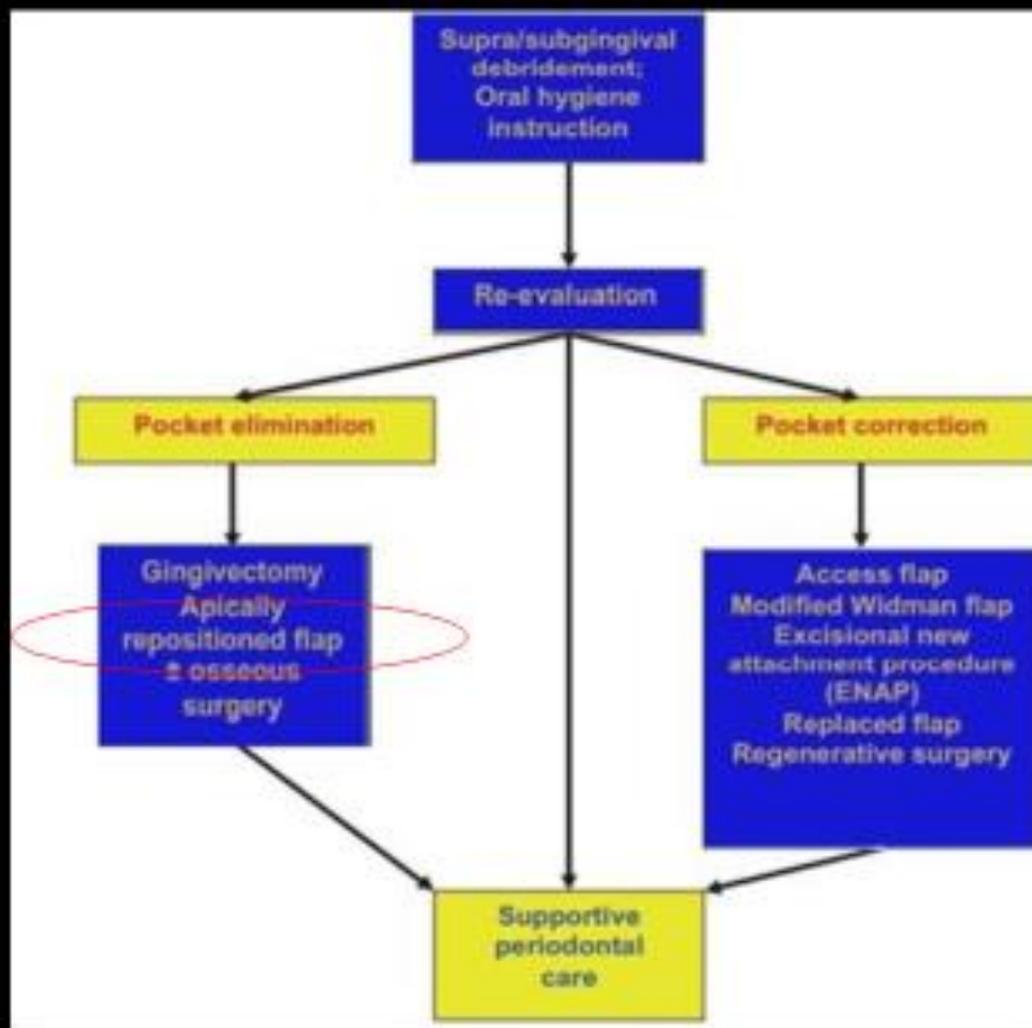
12.12.12.

13.09.17.

GERA ISTVÁN

DONTOLÓGIAI KLINIKA





Schematic representation of a typical treatment regimen for periodontitis patient management (Jan Lindhe, Clinical Periodontology and Implant Dentistry (2008), p767)







HYDANTOIN



UPPER FRONT



CONTROL



Yukna RA, Lawrence JJ, Dent Clin North Am. 1980 Oct;24(4):705-18. Gingival surgery for soft tissue new attachment.

LOWER FRONT



LEFT MAXILLARY



RIGHT MAXILLARY



AFTER SURGERY I



FOLLOW-UP







72 Y OLD MALE Ca antagonists



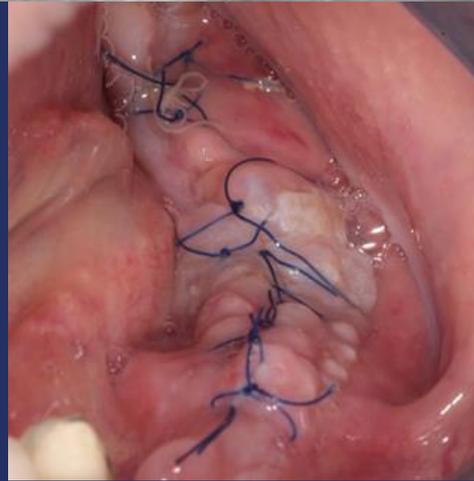
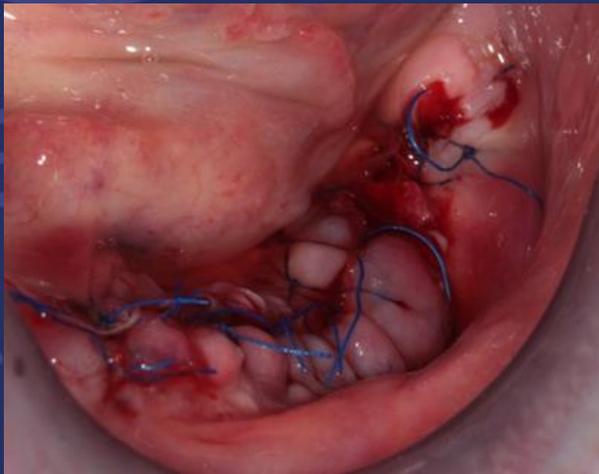
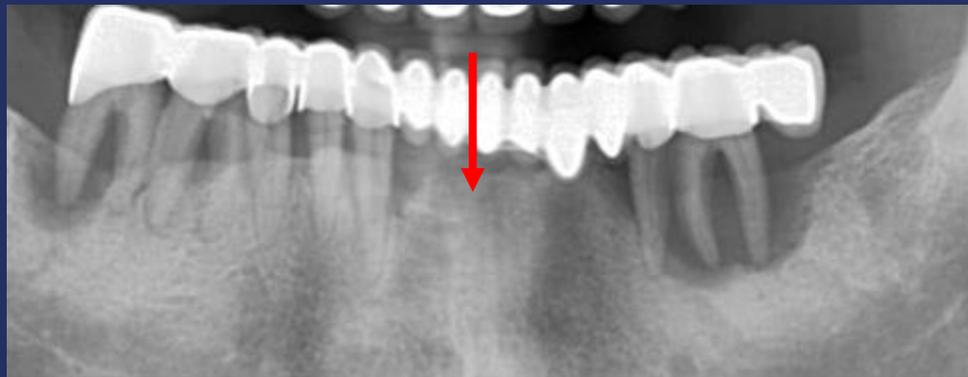


55 y. male patient
Chronic lymphoid leukemia - cytostatic therapy
Thyreidectomy 5 years ago –due to cancer
Type II diabetis
Hypertension –Ca antagonist therapy



SEMMELWEIS
EGYETEM 1769

PAR



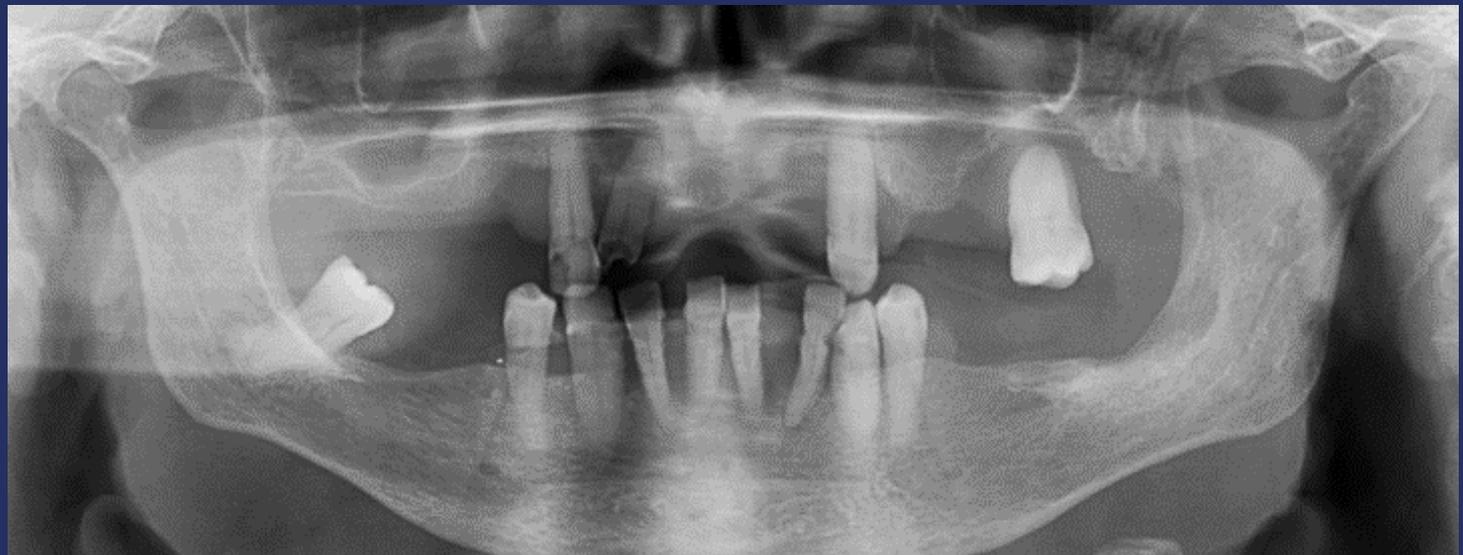




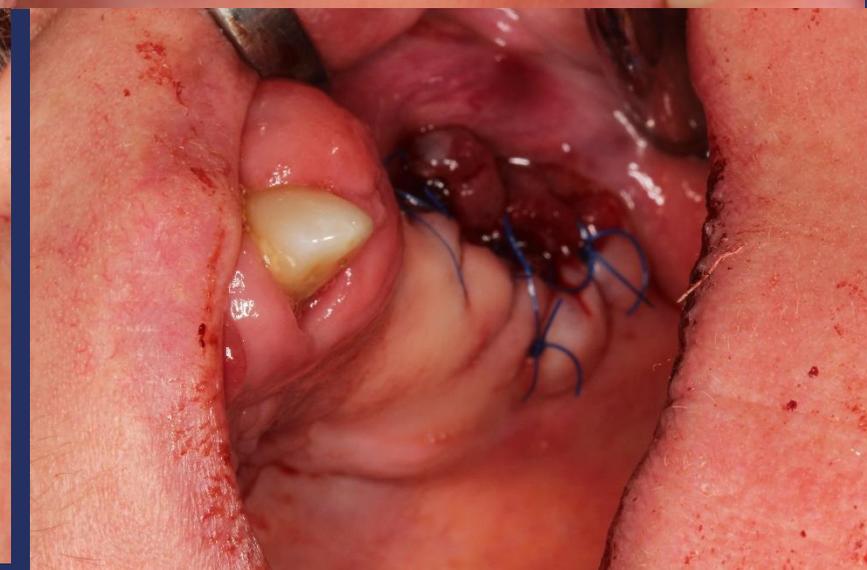


65 y. female patient

Hypertension –Ca antagonist therapy



GERA ISTVÁN

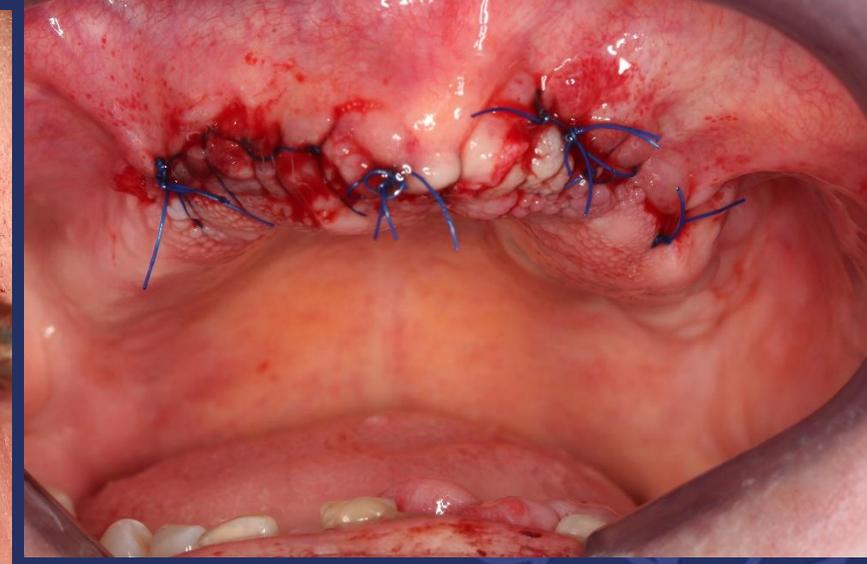
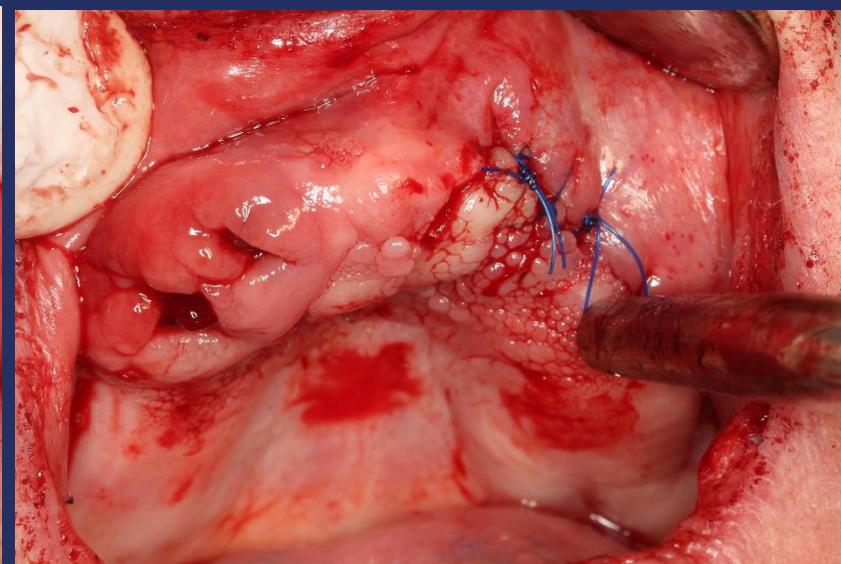
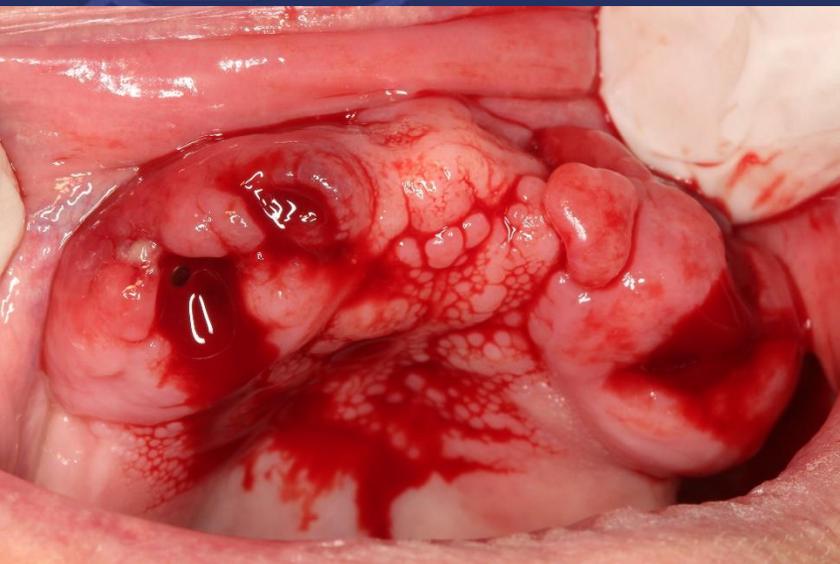
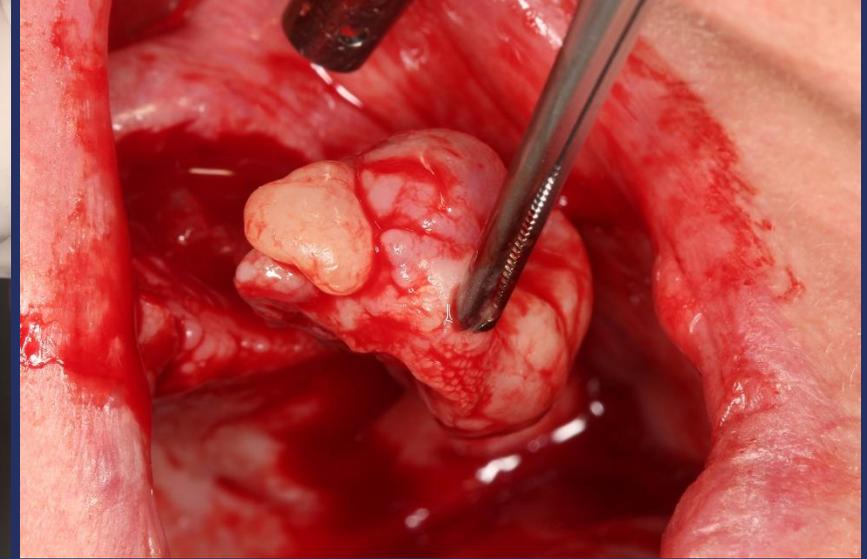


GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA

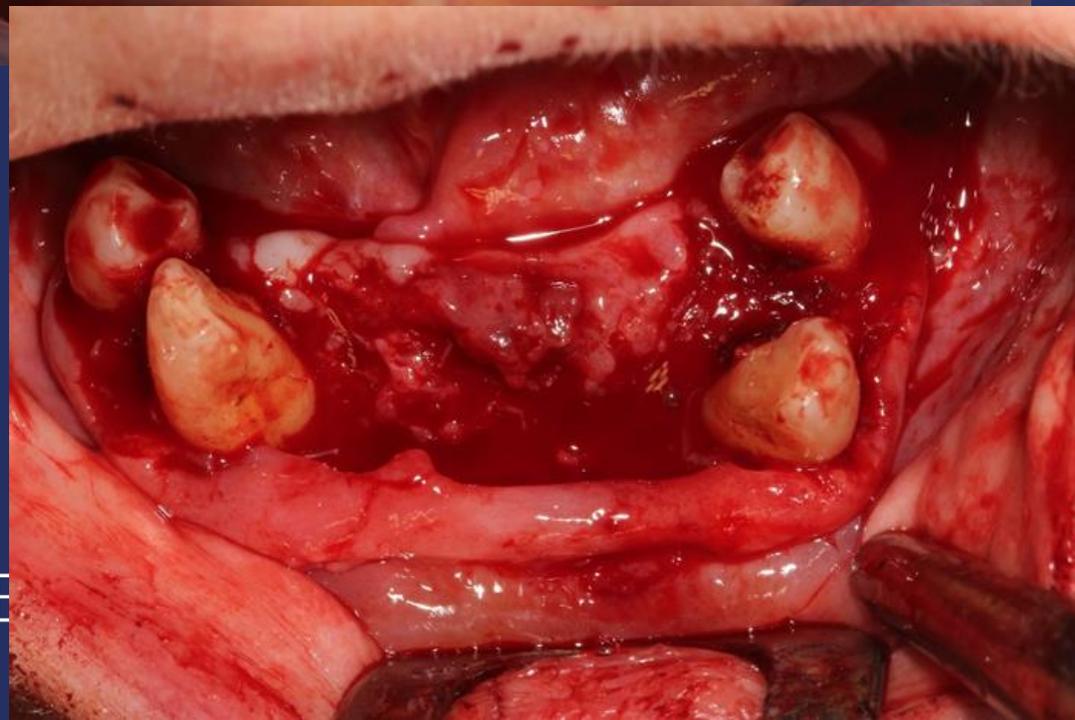
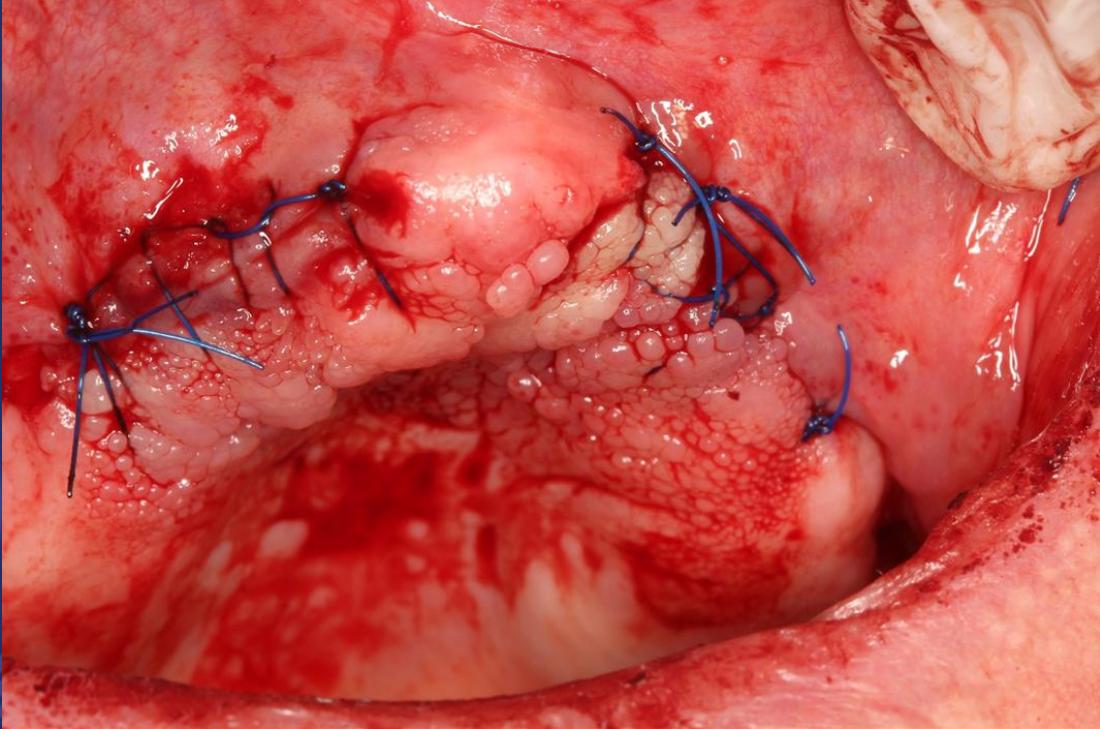


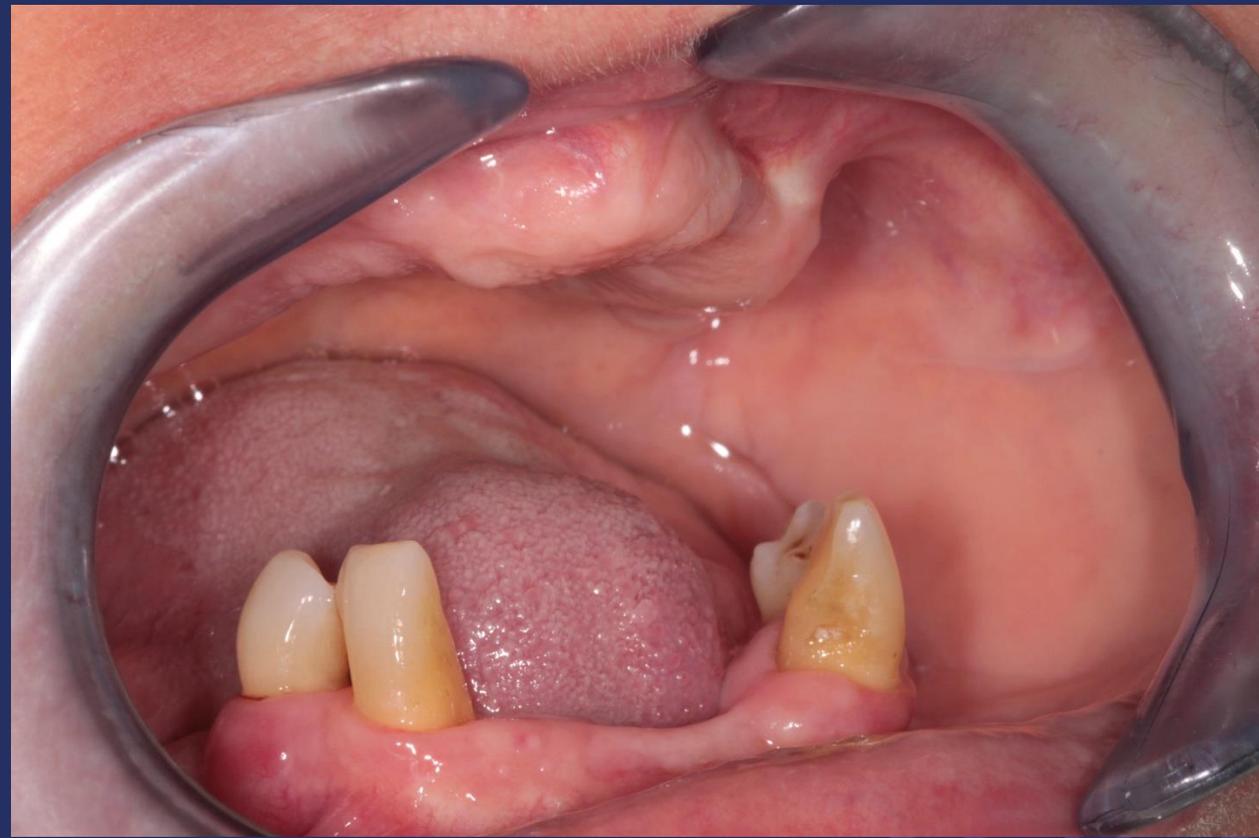
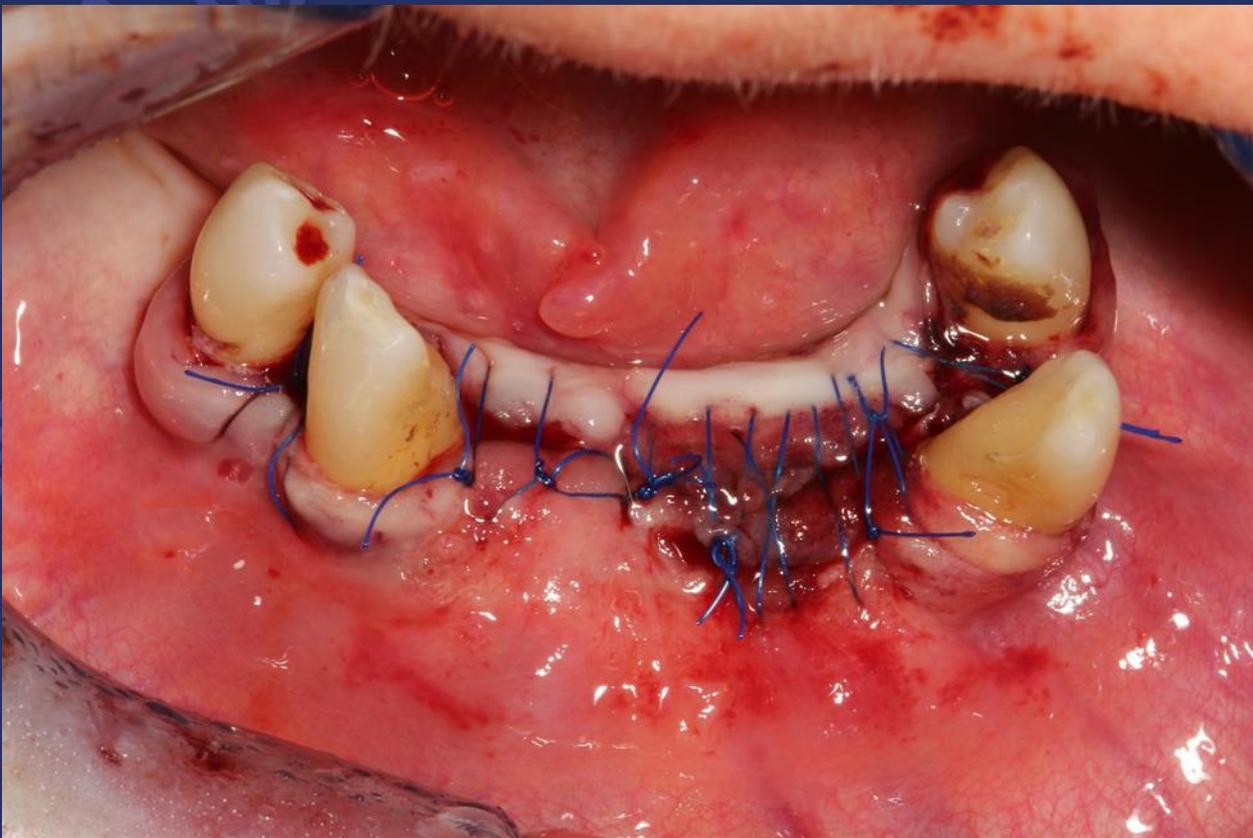
GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA





PREVENTION – THERAPY

- the gingival overgrowth does not recur if plaque control is excellent
- excellent oral hygiene prevents the development or worsening of gingival hyperplasia



Predictable long term results can only be achieved by excellent individual oral hygiene and regular supportive therapy

Ca channel blockers can be changed to other anti-hypertensive drugs but CSA is still the only choice



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA

PROVISIONAL SPINTING

Istvan Gera



THE INDICATION FOR PROVISIONAL SPLINTING,

- if tooth mobility interferes with mastication and occlusion ,
- hampers the periodontal cause related therapy or wound healing and regeneration
- if causes subjective or objective complains to the patients .







GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA





GERA ISTVÁN



SEMMEI
EGYETEM 179





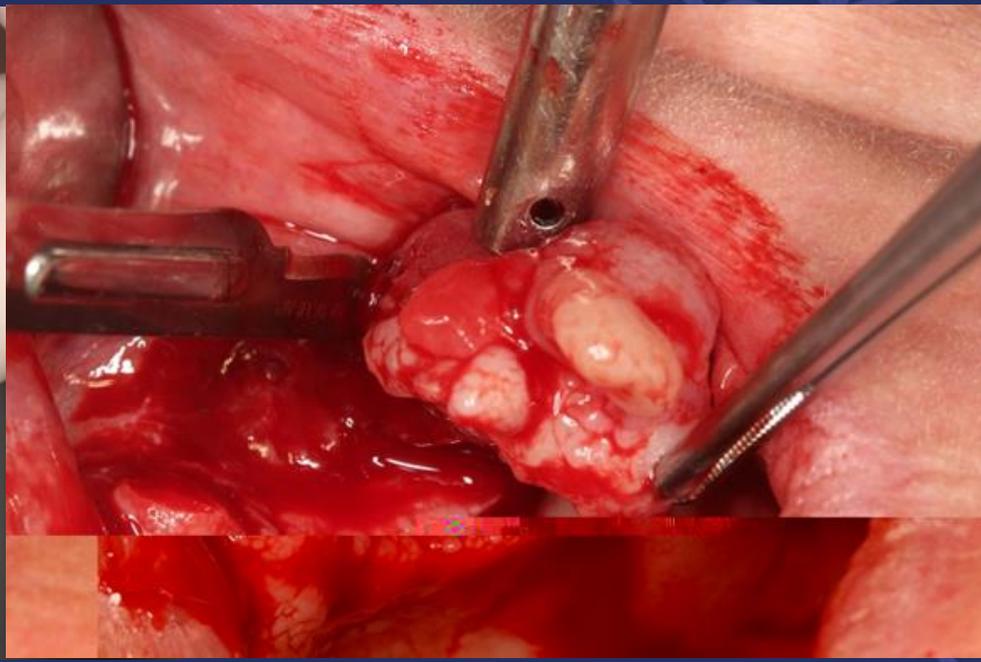
GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA







GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA

GINGIVAL HYPERPLASIA AND THE MANAGEMENT OF GINGIVAL ENLARGEMENT

Istvan Gera

*Semmelweis University,
Department of Periodontology,
Budapest*





GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA



GERA ISTVÁN



SEMMELWEIS
EGYETEM 1769

PARODONTOLÓGIAI KLINIKA