

# Enlargement or Periodontitis? : A Case Report

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## Case Report

A 25year old female patient reported to the Department of Periodontology at the Nair Hospital Dental College, Mumbai with the chief complaint of swollen gums since 12 months. She first noticed the swelling 12 months ago and it gradually increased to its present size. She gave no history of a similar condition before. She noticed shifting of the teeth and gaps since 3-4 months. She underwent treatment in a private clinic for the same which included prophylaxis and topical gum-paints and mouthwash prescription (Figs. 4,5).

## Medical History

No history of any systemic disorder was relevant.

## Intra-oral Examination

The enlargement was distributed in both, the maxillary and mandibular arches and involved the papillary and marginal gingiva extensively on the buccal as well as lingual aspects.

The growth was pale, firm, and slightly tender with signs of mild inflammation.

11, 34, 35, 21, 36, 37 and lower anteriors exhibited Grade II mobility.

There was a noticeable drifting of teeth observed by the increased spacing in both arches.

Pocket depths were measurable in all teeth ranging from 8-10 mm. Local factors such as calculus and plaque seemed conspicuous by their absence supra-gingivally.

## Cleaning Habits

Patient used toothbrush & toothpaste with Horizontal Scrub method since 9 years. Prior to that she was using "datun"

## Provisional Diagnosis

The overall clinical features were suggestive of generalised aggressive periodontitis associated with chronic inflammatory gingival enlargement.

## Investigations

They included

- OPG
- Blood Haemogram
- Blood Sugar (F, PP)
- Biopsy (Excisional)
- Sputum AFB

The blood sugar and haemogram reports revealed all counts to be within the normal parameters.

Sputum AFB was negative.

OPG revealed picture of generalised severe horizontal bone

loss.

## Histologic Report

The biopsy sample exhibited a chronic inflammatory response and was suggestive of chronic inflammatory gingival enlargement (Fig. 1).

## Prophylactic Regimen

The patient was taught Modified Stillman's Method of brushing and given a rigorous regimen to follow for maintaining oral hygiene.

She was advised 0.2% Chlorhexidine gargles. Cap Amox 250 mg qid and Tab Metronidazole 250 mg tds for 7 days were prescribed.

Thorough scaling and root planning was done for the patient in the span of three sittings. The first task was to perform supra-gingival scaling. The remaining sessions were devoted to sub-gingival areas to remove all plaque and calculus. Ultra sonic and hand instruments were effectively utilised. Patient was recalled after 4 weeks. After 4 weeks decision of surgery was taken as pocket depth and enlargement were persistent with only slight reduction in the overall gingival inflammation.

## Surgical Therapy

Patient was taken up for periodontal surgery. The surgery was divided into six stages with the arches divided into sextants. First, the anterior lower sextant was selected for surgery. Full mouth conventional flap surgery was performed (open debridement) (Figs. 2,3).

## Follow Up

Follow up was performed 28 days after each surgery.

The gingiva had healed satisfactorily with acceptable contours and inflammation had regressed with significant gain in the clinical attachment level (significant reduction in the pocket depth was seen 4-6 mm)

There was evidence of plaque and calculus deposits reappearing and scaling was performed and patient was educated and motivated for maintaining oral hygiene. Patient was again recalled after a month.

## Discussion

All the clinical signs were those that could easily be attributed to periodontitis. It was the enlargement that was baffling due to its wide extent and severity.

In this case, generalised gingival enlargement was the striking feature after clinical examination, but that was secondary and the most important feature was generalised loss of attachment i.e. generalised aggressive

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periodontitis. Such cases are very common in a routine dental practice which are always mistakenly treated as the cases of gingival enlargement. The ideal line of treatment should always include proper diagnosis of the case and its treatment accordingly. Most of such cases are left with the superficial treatment of gingival enlargement, but the treatment of periodontitis remains undone.

The occurrence of gingival enlargement along with aggressive or chronic periodontitis is not uncommon but, wrong diagnosis and treatment is common. Such confusing cases need thorough evaluation (oral and systemic examination), proper treatment plan and utmost patient education and motivation to attain the desired success.

(For Colour Figs. Please refer Page No. 47)

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### Comment by the Dental Dialogue Editorial Board on the Article Title "Enlargement or Periodontitis?" : A Case Report

The case report has described a case of GINGIVAL ENLARGEMENT in a 25-year-old female patient. Following are the points that need to be considered, as was discussed and arrived at by the editorial committee-

1. The History, Clinical Photographs and OPG (that reveals generalized moderate to severe alveolar bone loss) are suggestive of GENERALIZED AGGRESSIVE PERIODONTITIS with CHRONIC INFLAMMATORY GINGIVAL ENLARGEMENT.
2. Such cases cause a DIAGNOSTIC DILEMMA for the GENERAL PRACTITIONER who is often misled confused due to strikingly apparent clinical presentation of such cases and PERIODONTITIS ["THE SILENT DISEASE"] is often missed out in the diagnosis.
3. The presence of periodontal diseases in such cases would have a great impact on the treatment plan and must be emphasized upon since periodontitis is the primary disease entity to be treated.
4. Similarly if a patient presents with gingival enlargement and gives history of intake of drugs like anticonvulsants, antihypertensives and immunosuppressants and shows clinical signs of periodontitis, a diagnosis of PERIODONTITIS WITH DRUG INDUCED GINGIVAL OVERGROWTH may be given.

**The committee has penned down the comments for the benefit of GENERAL PRACTITIONER.**

## Enlargement or Periodontitis? : A Case Report

(Article a Page 45)

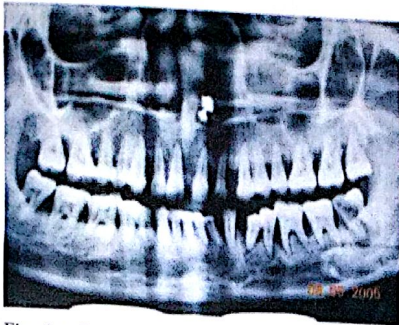


Fig. 1 : Orthopantomogram



Fig. 2 : Pre-Operative view of gingival enlargement



Fig. 3 : Immediate Post-Op for lower anterior sextant.



Fig. 4 : Follow Up view of lower anterior sextant at 2 weeks.



Fig. 5 : Post-operative view of patient on successful therapy.

## Cementifying Fibroma

(Article a Page 43)



Fig. 1 : Localized enlargement.



Fig. 2 : Surgical excision done.

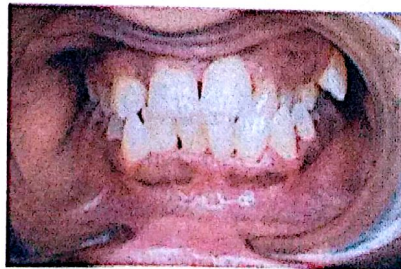


Fig. 3 : Post-Operative view.

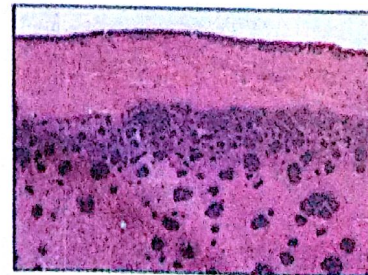


Fig. 4 : Histologic view.