

GUM DISEASE: what it is, how it evolves

Tooth

divides into 2 parts:

Crown

is the visible part we bite with

Root

is the invisible part, which fixes the tooth to the bone and bone to the gum through the periodontium (tissues that surround & support the tooth)

Crown

Root

Periodontium

consists of 4 components

Gum or gingiva

the pink, visible cover

Periodontal ligament

attachment fibres fastening tooth to the bone

Cementum

covering & holding the root

Alveolar bone

where the root is anchored

HEALTHY



pale pink firm gum with shallow groove at junction with tooth

Most pregnant women do suffer gum disease to a greater or lesser degree

Gum disease (periodontal disease) begins at the **gum margin**, and shows itself by gum bleeding, e.g. after toothbrushing, or even spontaneously

PROGRESSION OF GUM DISEASE:

1 > GINGIVITIS



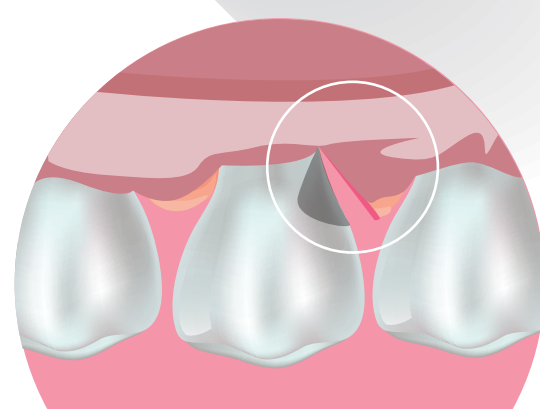
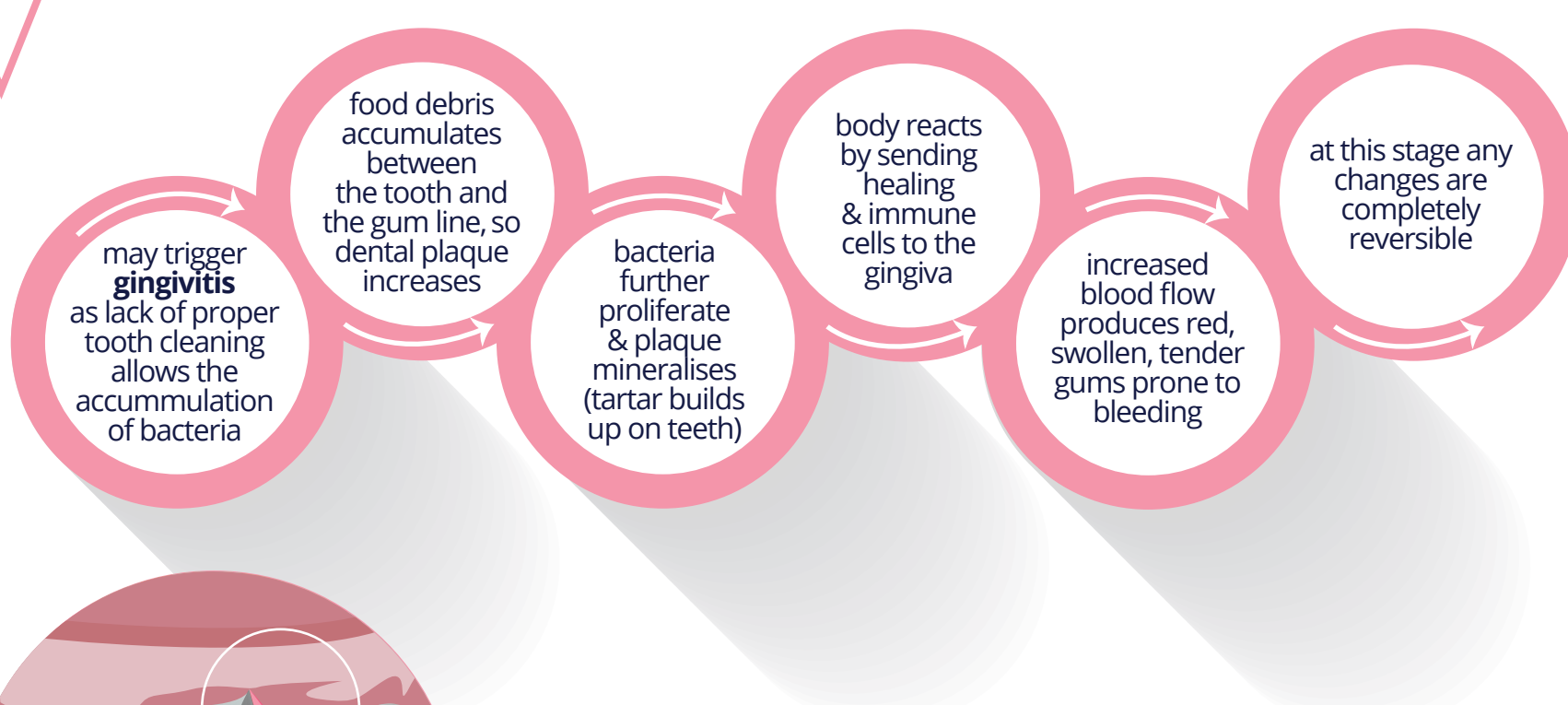
Pregnancy hormones



Poor dental plaque removal



Diseases & other factors



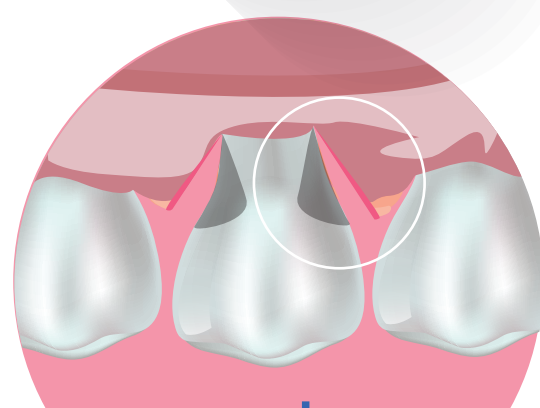
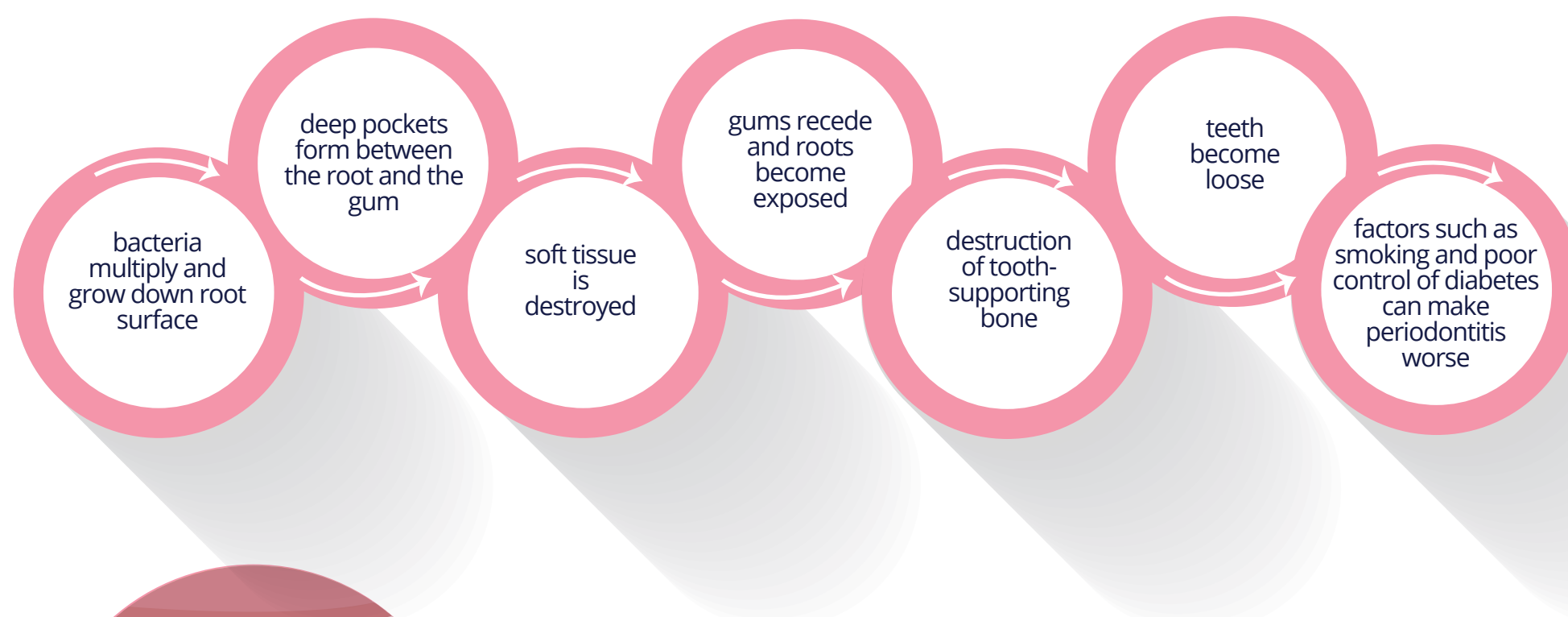
swollen, bleeding gums, with a deeper groove of 3-5mm between tooth and the surrounding gum

Solution:

Good plaque removal including brushing twice a day and cleaning between the teeth as demonstrated by your periodontist/dentist/therapist/hygienist + removal of tartar by a dental professional. This will result in healing and no irreversible damage to the gums.



2 > PERIODONTITIS



grooves become 5-7 mm deep "pockets" bone is destroyed around teeth and gums may recede

Treatment:

improvement in plaque removal + management of risk factors such as smoking + diabetes, deep scaling / cleaning below the gum margin + follow-up by periodontist/dentist/therapist/hygienist. This should stabilise the disease and prevent further damage to the supporting tissues. Initial treatment is followed by long term follow up care.



Make sure that gum disease does not become an issue during pregnancy