

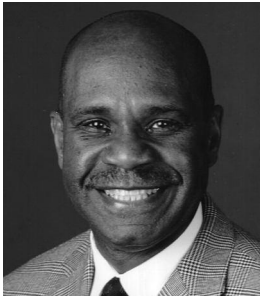
“Why are my gums bleeding?”

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One morning, as you stagger into your bathroom to start your personal hygiene routine, something out of the ordinary grabs your attention: your gums are bleeding when you brush your teeth.

Your mind immediately recalls your fifth grade science class and pictures of ancient mariners with bleeding gums and a disease they called “scurvy.” But since you’ve been pretty good about eating your fruits and vegetables, you can probably rule that out.

Then you get an uncomfortable thought: your bleeding gums may have something to do with the fact that you haven’t seen your dentist in recent memory. Well, I guess it’s time to see your dentist.



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The first thing you notice upon arriving for your appointment is that the whole office has a completely different feel. The reception area is a sleek chrome and black with flat screens that can be viewed at all angles. The pungent smell of eugenol¹ no longer pervades the space.

An office administrator informs you that your dentist has retired and a new dentist has taken over the practice. I guess you missed that e-mail.

You then upgrade your patient record

and explain why you’re there. Your new dentist materializes moments after you’re seated in the dental chair, and using a notebook laptop begins a 30-minute interview. You tell her about your bleeding gums.

Your dentist gives you a primer on **gum disease**, which explains that it’s an inflammatory process caused by many of the common bacteria that inhabit your mouth. When you don’t brush and floss every day to remove these bacteria, they group together and form family units known as **plaque**. The plaque then forms its own protective covering known as biofilm, which is resistant to some of the important defenses found in your gums.

If the plaque is not removed in 10-14 days, **gingivitis** (inflammation of the gums) begins. When gingivitis is present, gums will bleed, swell and be tender. This is the first sign of gum disease.

Gum or “periodontal” disease is divided into two basic classifications: **gingivitis** and **periodontitis**. In gingivitis the destructive process is confined to the gums and does not affect the bone that holds the teeth in place. It is reversible by brushing, flossing and a professional cleaning. The bleeding and swelling will stop once the plaque is removed on a consistent basis.

If the gingivitis is left untreated, bacteria will gain access and destroy bone and supporting tissue. You now have periodontitis, which is a more advanced stage of the disease.

Under healthy conditions, a slight space (known as “**pockets**”) measuring 2-3 millimeters exists around each tooth. You can clean this space easily with proper brushing, flossing

and professional maintenance. When periodontitis is persistent, the bone loss progresses and the pockets, which have become increasingly difficult to clean, can deepen to 4 millimeters or more.

Your evaluation will include X-rays and measurements of six different areas around each tooth to assess bleeding and the health of bone and gum tissue. All teeth will be checked for looseness and stained with a special dye to check for plaque. Your medical history will be reviewed and a discussion will ensue about how periodontal disease can affect your general health.

The X-rays reveal no bone loss, but the health of your gum tissue is a different story. Your past neglect has caught up with you—periodontitis around some of the back teeth, but mostly gingivitis around the remaining teeth. Your dentist explains they will start with nonsurgical treatment to gain control of the inflammatory process. This will consist of oral hygiene instructions and a procedure called “scaling and root planing,” which consists of going under the gum to remove all plaque and **calculus** (plaque that has gotten hard).

Weeks later your dentist will recheck your gum tissue to see if there has been an improvement. Remember, the goal is to reduce the size of all pockets to 3 millimeters or less. If the pockets are still greater than 3 millimeters, your dentist will refer you to a periodontist (gum specialist) for more evaluation and possible surgical correction.

You can maintain healthy pocket depths with routine brushing, flossing and periodic professional care. Being proactive is the key. **Remember to brush and floss the teeth you want to keep and see your dentist regularly.**

¹Eugenol is an aromatic liquid extracted from certain essential oils, such as oil of cloves, and is used chiefly in perfumery but also in dentistry as an antiseptic.

**Take care
of your
mouth
to avoid
gum
disease**