

Open Ac<u>cess</u>

# A Short Note on Growing of Receding Gums

## Faraz Mohammed\*

Department Of Oral Medicine, Hitkarini Dental University, India

## Abstract

The several methods of treating receding gums are described in this article. We also offer advice on how to halt and reduce its progression. The crown, or visible portion, of healthy teeth is encircled by tightly fitting gums. Gum recessions happen when the gums pull away or recede, exposing the roots below. While receding gums cannot be reversed, several procedures can rebuild the gum line surrounding the teeth.

**Keywords:** Receding gums; Gingival recession; Periodontal disease; Periodontitis

## Introduction

Receding gums are when the gums peel away from the teeth, further exposing the roots of every tooth. It is referred to as gingival recession, a form of periodontal disease, by medical practitioners [1]. Periodontitis and gingivitis are further forms of periodontal disease.

### Factors that contribute to receding gums

Periodontal disease, traumatic brushing, teeth clenching and grinding, ageing, injury, smoking, and several other causes can all lead to gum recession.

#### Periodontal disease

In addition to gums, alveolar bone, ligaments, and cementum, which are the hard tissue that enables the periodontal ligament to connect to a tooth, the periodontium is the supporting framework that surrounds each tooth [2]. Gum disease, also known as periodontal disease, is the term used to describe the infection and inflammation of the mouth's upper dental components. Plaque, a build-up of bacteria-containing sediments, is the cause of this inflammation.

A genetic predisposition, hormonal changes brought on by pregnancy or oral contraceptives, crooked teeth, damaged or defective fillings, out-of-place bridges or partial dentures, medications that cause dry mouth, specific disorders like Down syndrome and Crohn's disease, stress, smoking or the use of any tobacco products, diabetes, and (12) are some of the factors that may cause or contribute to periodontal disease [3].

Periodontal disease progresses through two stages. First, gingivitis results in gum redness, swelling, and bleeding that can progress to periodontitis if left untreated. There are four distinct severity levels in periodontitis, the advanced stage of periodontal disease. A pocket forms between the tooth and gum in periodontitis, which can harbours bacteria. The gum and connective tissues pull away from the teeth. More inflammation is eventually brought on by the bacteria. Teeth may become loose or fall out if the gums recede too far and bone density is lost as a result [4].

#### Overly vigorous or improper brushing

For maintaining proper dental hygiene, brushing frequently is necessary. Gum recession, however, could be a result of improper brushing technique. The area of the gum that touches the crown of the tooth is known as the gingival margin. Inadequate or excessive brushing in this area might cause gum recession and inflammation [5]. Applying too much pressure while brushing, using a toothbrush with hard or medium bristles, and scrubbing the teeth in a broad, horizontal motion are all brushing habits that can cause gum recession.

#### Bruxing and clenching of the teeth

Some people grind their upper and lower teeth together while they sleep. The motion of teeth grinding places great pressure on the gums, which over time may cause them to recede. Teeth that have been ground can also become loose in their sockets [6]. Additionally, grinding causes large pockets between the tooth and the gum where bacteria can gather. These microorganisms cause gum irritation and can exacerbate gum recession.

#### Aging

According to a review of the literature, receding gums are brought on by the body's normal ageing process. As the years go by, constant exposure to germs and other substances causes damage to the alveolar bone and soft tissue.

## Injury

The gums there may recede after receiving direct trauma to the tissue [7]. The examples of similar injuries: wearing improperly fitting partial dentures, participating in contact sports, experiencing a fall or other injury, experiencing dental procedures.

#### Smoking

Smoking and receding gum lines have been linked, claims the National Institute on Aging [8, 9]. For example, the previous literature review also found people who smoke has are twice as likely to have receding gums as non-smokers.

#### Growing of gums

Natural gum regrowth is not possible. The gums can stop from receding further, and surgery can even restore some tissue.

\*Corresponding author: Faraz Mohammed, Department of Oral Medicine, Hitkarini Dental University, India, E-mail: mohammed.faraz@gmail.com

Received: 17-Oct-2022, Manuscript No: JOHH-22-81291, Editor assigned: 19-Oct-2022, PreQC No: JOHH-22-81291(PQ), Reviewed: 02-Nov-2022, QC No: JOHH-22-81291, Revised: 07-Nov-2022, Manuscript No: JOHH-22-81291(R), Published: 14-Nov-2022, DOI: 10.4172/2333-0702.1000346

Citation: Mohammed F (2022) A Short Note on Growing of Receding Gums. J Oral Hyg Health 10: 346.

**Copyright:** © 2022 Mohammed F. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## Treatment

The underlying cause of receding gums will determine the course of treatment, which may or may not involve surgery.

## Dental hygiene

Reassessing proper dental care is the first line of defence when damaging brushing habits are to blame [9]. The following is possible in the care plan:

**Regularly replace toothbrushes:** A toothbrush with a force detector that is soft, ultra-soft, or electric is an effective treatment [10].

Alternating toothpaste brands: Avoiding toothpaste with abrasives can help stop additional gum recession. Another option is to think about using a paste for sensitive teeth.

Keeping up routine dental check-ups and cleanings with the dentist Gum recession can be treated by seeing a dentist at least twice a year for a check-up and cleaning.

#### Planned scaling and root pruning

A dentist may first suggest scaling and root planing as treatments for receding gums. Plaque and tartar are removed during these procedures from below the gum line, where normal brushing cannot [11]. Plaque and tartar from the teeth's roots are precisely removed during root planning. The roots will next be smoothed by a dentist using specialised tools, aiding in the gums' ability to reconnect to the tooth.

#### Gum graft procedures

In cases where a patient's gums have seriously receded, a dentist may recommend Gum Graft Surgery (GGS). A little amount of gum tissue from another area of the mouth will be removed during GGS and used to conceal the exposed tooth roots [12]. GGS aids in halting bone deterioration and additional gum recession. Additionally, it can prevent dental decay in the previously exposed tooth roots.

#### Surgery using a pinhole

A recent procedure for mild to severe gum recession is called pinhole surgical technique (PST). A little hole must be made in the gum tissue above the exposed tooth root in this minimally invasive treatment [13]. To separate the gum from the tooth, a dentist will put a special instrument through the hole. When the tooth root is once again exposed, they will expand and realign the gum.

## Prevention

The progression of receding gums can be slowed or stopped by the following advice:

#### Maintaining proper oral hygiene

The advice on this section can assist in maintaining good dental health: Regular flossing, the use of fluoride toothpaste, twice-daily brushing of the teeth and the gum line with a soft-bristled toothbrush, the use of fluoride mouthwash to kill germs and remove debris, the selection of a toothbrush with a size and shape that allows access to all parts of the mouth, the replacement of toothbrushes at least every 2-4 months, and regular dental visits are just a few of the preventative measures that should be taken [14].

#### Application of proper brushing method

Gum recession can be avoided by using the proper brushing method.

These recommendations are given by the American Dental Association:

• Make a 45-degree angle with the toothbrush while it rests against the gums.

• Using little, tight strokes and light pressure, move the toothbrush back and forth.

• Brush your teeth's chewing surfaces, inner surfaces, and exterior surfaces.

• Hold the toothbrush vertically when cleaning the inner surfaces of the front teeth.

Spend a total of two minutes brushing your teeth.

In order to manage their receding gums, people can also seek their dentist for advice on how to adjust this procedure.

### Use a face mask

Due to teeth grinding during night, a mouth guard or splint might help prevent gum recession. The top and bottom teeth are physically separated from one another by the mouth guard, which also distributes pressure evenly across the jaw [15]. The majority of pharmacies sell mouth guards. A mouth guard that is made specifically for you by a dentist will fit you better.

#### Replace dentures that don't fit properly

Even partial dentures that formerly suited the mouth well can lose their compatibility over time. This can happen for a number of reasons, such as: (1) the bone and gum ridges thinning with age, (2) variations in jaw alignment, and (3) general partial denture wear and tear [16]. The gums around healthy teeth may shrink if ill-fitting partial dentures rub and irritate them. By replacing partial dentures as needed, people can avoid this.

### Schedule regular dental appointments

Regular dental check-ups are essential for spotting gum recession in its earliest stages. Exams also provide the dentist the chance to find and fix any worn-out partial dentures or defective fillings that might be causing your gums to recede.

## Conclusion

The gums can never grow back when they have receded. However, several procedures can repair and rebuild the gums that surround the teeth. Gum recession can be prevented, slowed down or stopped by practising good oral hygiene and visiting the dentist on a regular basis. For personalised guidance on preventing and treating receding gums, people should speak with their dentist.

#### References

- Boke F, Gazioglu C, Akkaya S, Akkaya M (2014) Relationship between orthodontic treatment and gingival health: a retrospective study. Eur J Dent 8:373–380.
- Capelozza L, Filho, Fattori L, Cordeiro A, Maltagliati LA (2008) Avaliação da inclinação do incisivo inferior através da tomografia computadorizada. Rev Dental Press Ortod Ortop Facial 13:108–117.
- Handelman CS (1996) The anterior alveolus: its importance in limiting orthodontic treatment and its influence on the occurrence of iatrogenic sequelae. Angle Orthod 66:95-109.
- Fattori L, Maltagliati LA, Capelozza L, Filho (2010) Assessment of tooth inclination in the compensatory treatment of pattern II using computed tomography. Dental Press J Orthod 15:118–129.

- Garib DG, Yatabe MS, Ozawa TO, Silva OG (2010) Alveolar bone morphology under the perspective of the computed tomography: defining the biological limits of tooth movement. Dental Press J Orthod 15:192–205.
- Johal A, Katsaros C, Kiliardis S, Leito P, Rosa M, et al. (2013) State of the science on controversial topics: orthodontic therapy and gingival recession (a report of the Angle Society of Europe 2013 meeting). Prog Orthod 14: 16.
- Kahn S, Rodrigues WJPR, Barceleiro MO (2013) Periodontal plastic microsurgery in the treatment of deep gingival recession after orthodontic movement. Case Rep Dent 2013:851413:
- Kamak G, Kamak H, Keklik H, Gurel HG (2015) The effect of changes in lower incisor inclination on gingival recession. Sci World J 2015: ID193206.
- Melsen B, Allais D (2005) Factors of importance for the development of dehiscences during labial movement of mandibular incisors: a retrospective study of adult orthodontic patients. Am J Orthod Dentofacial Orthop 127:552-561.
- Molon RS, Avila ED, Souza JAC, Nogueira AVB, Cirelli CC, Cirelli JA (2012) Combination of orthodontic movement and periodontal therapy for full root

coverage in a miller Class III recession: a case report with 12 years of followup. Braz Dent J 23:758–763.

- Northway WM (2013) Gingival recession: can orthodontics be a cure? Evidence from a case presentation. Angle Orthod 83:1093–1101.
- Patcas R, Müller L, Ullrich O, Peltomäki T (2012) Accuracy of cone-beam computed tomography at different resolutions assessed on the bony covering of the mandibular anterior teeth. Am J Orthod Dentofacial Orthop 141:41–50.
- Rana TK, Phogat M, Sharma T, Prasad N, Singh S (2014) Management of gingival recession associated with orthodontic treatment: a case report. J Clin Diagn Res 8:ZD05–ZD07.
- Renkema AM, Fudalej PS, Renkema A, Bronkhorst E, Katsaros C (2012) Gingival recessions and the change of inclination of mandibular incisors during orthodontic treatment. Eur J Orthod 35:249–255.
- 15. Sgrott EA, Moreira RS (2010) Anatomia aplicada à Implantodontia. São Paulo: Ed. Santos.
- 16. Squier CA, Ghoneim S, Kremenak CR (1990) Ultrastructure of the periosteum from membrane bone. J Anat 171:233–239.