

CLINICAL COURSE AND DIAGNOSTIC FEATURES OF CHRONIC HYPERTROPHIC GINGIVITIS IN ADOLESCENTS

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ABSTRACT: This study is devoted to a comprehensive investigation of the clinical course and diagnostic characteristics of chronic hypertrophic gingivitis in adolescents. The research analyzes etiological factors, pathogenesis, clinical manifestations, and contemporary diagnostic approaches, including clinical indices and instrumental methods. Based on the obtained findings, criteria for early diagnosis have been identified, and evidence-based approaches to effective treatment and prevention have been substantiated.

Keywords: hypertrophic gingivitis, adolescents, periodontium, inflammation, diagnosis

INTRODUCTION: Chronic hypertrophic gingivitis represents one of the most prevalent inflammatory periodontal diseases among adolescents. During puberty, significant hormonal changes occur, which markedly influence the condition of periodontal tissues.

Increased reactivity of gingival tissues, alterations in microcirculation, and a decrease in local immune defense create favorable conditions for the development of hypertrophic processes.

According to epidemiological data, the prevalence of gingivitis in adolescents reaches 70–90%, with the hypertrophic form constituting a considerable proportion and demonstrating a tendency toward chronic progression.

LITERATURE REVIEW AND METHODOLOGY

Contemporary studies indicate that hypertrophic gingivitis has a multifactorial etiology.

Local factors:

Dental plaque and calculus

Orthodontic appliances

Malocclusion

Traumatic factors

Systemic factors:

Hormonal changes (puberty)

Hypovitaminosis

Gastrointestinal diseases

Immunological disorders

Numerous authors emphasize that during adolescence, gingival tissues exhibit heightened sensitivity to hormonal fluctuations, which significantly contributes to disease progression.

MATERIALS AND METHODS

The study included adolescents aged 12 to 18 years.

The following diagnostic methods were applied:

Clinical oral examination

Oral Hygiene Index (OHI-S)

Gingival Index (GI according to Löe and Silness)

Bleeding Index (Muhlemann)

Periodontal probing

Radiographic examination

The degree of gingival hypertrophy was assessed visually and using standardized clinical scales.

RESULTS: The study revealed the following findings:

The majority of adolescents presented with a catarrhal-hypertrophic form of gingivitis

The anterior teeth region was most frequently affected

Pronounced hyperemia, edema, and gingival enlargement were observed

Bleeding occurred during probing and tooth brushing

Oral hygiene levels were unsatisfactory in most patients

A direct correlation was established between poor oral hygiene and severity of gingival hypertrophy

DISCUSSION

The obtained results confirm existing literature data regarding the leading role of dental plaque and hormonal factors in the development of hypertrophic gingivitis.

Characteristic features of the disease course in adolescents include:

Rapid progression

Pronounced inflammatory response

High recurrence rate

Therefore, diagnostic assessment must be comprehensive, incorporating both clinical and instrumental methods.

CONCLUSIONS

Chronic hypertrophic gingivitis is highly prevalent among adolescents

The primary etiological factors are dental plaque and hormonal changes

The disease is characterized by marked clinical manifestations

Early diagnosis plays a crucial role in disease management

A comprehensive approach is required for effective treatment and prevention

REFERENCES:

1. Barer G.M., Volkov E.A. Therapeutic Dentistry. Moscow: GEOTAR-Media, 2020.
2. Dmitrieva L.A. Periodontal Diseases. Moscow: MEDpress-inform, 2018.
3. Grudyanov A.I. Periodontology. Moscow: Medicine, 2009.



4. Kuzmina E.M. Prevention of Dental Diseases. Moscow, 2010.
5. Newman M.G., Takei H., Klokkevold P. Carranza's Clinical Periodontology. Elsevier, 2019.
6. Lindhe J., Lang N.P. Clinical Periodontology and Implant Dentistry. Wiley-Blackwell, 2015.
7. Page R.C., Schroeder H.E. Pathogenesis of inflammatory periodontal disease, 1976.
8. Loe H., Silness J. Periodontal disease in pregnancy. Acta Odontol Scand, 1963.
9. Ainamo J., Bay I. Recording gingivitis and plaque. Int Dent J, 1975.
10. Armitage G.C. Classification of periodontal diseases. Ann Periodontol, 1999.
11. Albandar J.M. Risk factors for periodontal diseases. Periodontology 2000, 2002.
12. Pihlstrom B.L., Michalowicz B.S. Periodontal diseases. Lancet, 2005.