Relationship between retained deciduous tooth stumps and Gingivitis
Shashi Bala, Nikhil Marwah, Anjali Narwal, Jigyasa Duhan

Abstract
Deciduous tooth remaining after eruption of permanent tooth if not removed, affect direction of eruption of permanent tooth causing malocclusions and gingivitis. Resultant gingivitis and malocclusion can be easily prevented by routine examination and removal of tooth stumps as it affects maintenance of oral hygiene. This paper reports the management of a twelve year old child with gingivitis associated with a retained deciduous tooth.

Key Words: Retained tooth; Deciduous tooth; Gingivitis

Introduction
Dental plaque remains the primary etiological factor for chronic gingivitis; however, anything that encourages plaque accumulation or retention will invariably aggravate existing gingivitis. (1) Mitigating factors include inadequate oral hygiene measures, poorly fabricated prostheses, and cervical overhangs and so on. (1) Oral hygiene is an important etiological factor related to oral health status in children. Gingivitis is a reversible disease. (2) Therapy is aimed primarily at reduction of etiologic factors to reduce or eliminate inflammation, thereby allowing gingival tissues to heal. Appropriate supportive periodontal maintenance that includes personal and professional care is important in preventing re-initiation of inflammation. (3) The present paper report the management of gingivitis associated with a retained deciduous tooth.

Case Report
A twelve year old boy reported with the chief complaint of painful, bleeding gums and inability to eat. His parents were quite anxious as he has lost weight recently and was not able to concentrate on his studies; their dentist has advised some medications which he has been taking off and on without any relief. On examination, gingival was fiery red with plaque and calculus deposits even on the occlusal surfaces of molars and partially erupted premolars (Figure 1).

Maxillary and mandibular deciduous molars were not shed, even though premolars have erupted partially and were covered by calculus (Figure 2). Retained deciduous molars were interfering with occlusion and that was the reason patient was not able to eat and clean properly leading to calculus deposits even on occlusal surface and gingival inflammation. Retained deciduous teeth were removed and thorough scaling was done. Patient was given oral hygiene instructions and was motivated to maintain oral hygiene to avoid recurrence of the problem. He was recalled after one week for follow up. On examination after one week gingiva was healthy, with no sign of inflammation (Figure 3 and Figure 4). He has understood the importance of oral hygiene and routine dental checkup.

Discussion
Therapy for individuals with chronic gingivitis is initially directed at reduction of oral bacteria and associated calcified and non calcified deposits. (2, 4) Patients with chronic gingivitis, but without significant calculus, alterations in gingival
morphology, or systemic diseases that affect oral health, may respond to a therapeutic regimen consisting of improved personal plaque control alone.(2, 4) The periodontal literature documents the short- and long-term effects following self-treatment of gingivitis by personal plaque control.(3)

![Healthy pink gingiva after one week](image)

However, while it may be possible under controlled conditions to remove most plaque with a variety of mechanical oral hygiene aids, many patients lack the motivation or skill to attain and maintain a plaque-free state for significant periods of time.(4, 5) Clinical trials also indicate that self-administered plaque control programs alone, without periodic professional reinforcement, are inconsistent in providing long-term inhibition of gingivitis.(6)

Periodontal diseases are among the most frequent diseases affecting children and adolescents. These include gingivitis, localized or generalized aggressive periodontitis (a.k.a., early onset periodontitis which includes generalized or localized prepubertal periodontitis and juvenile periodontitis) and periodontal diseases associated with systemic disorders. The best approach to managing periodontal diseases is prevention, followed by early detection and treatment.(7) Our case the gingivitis was successfully managed by mechanical oral hygiene aids and patients motivation.

**Conclusion**

In conclusion, the gingivitis, being the first stage of periodontal disease pathology, should be managed with proper motivation, counseling and mechanical therapy in the early stages to prevent the complications.

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