

Gingival Recessions in Children (An Overview)

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Abstract

The importance of maintaining the health of the gums, even though may not be more important than the teeth will certainly not be less than that. Unfortunately, this is often overlooked, and some people do not pay attention to the health of their gums. Needless to say, according to the experts, gum diseases and periodontal problems may sometimes be present without any pain or a certain sign, and this suggests that before any problems arise, it must be ensured that the gums are in healthy conditions. Hence, we need to know the causes and how to treat gingival recession in children so that we properly prevent this problem.

The main factors which can affect the gingival recessions in children are diabetes, bruxism, improper brushing techniques, poor oral hygiene and malocclusions.

In this article, we have a glance at the causes and treatments of gingival recession in children.

Keywords: *Gingival Recessions; Diabetes; Bruxism; Improper Brushing Techniques; Poor Oral Hygiene; Malocclusions*

Introduction

Gingival recession is one of the problems that many people, including children, are involved with and of course, many are afraid of the name of the disease; and even are worry about it before it happens.

Sometimes the gingival recession is visible and parents notice it. On the other hand, in the hidden recession, despite the tooth connection to the gum and bone has disappeared, but this situation is not visible and the person cannot see it.

In terms of appearance, the gum tissue is divided into two groups: thin and thick [1]. A thin gum is more prone to recession than thick gingiva [2].

The reasons why a person may have a gingival recession most notably include the following factors such as oral diseases, type 2 diabetes, genetic factors, inappropriate tooth brushing, oral habits, inadequate oral and dental care, tooth wear, and malocclusion [3-7].

Causes for gingival recession

For some reason, a person may develop a gum disease, the most important of which are:

- **Oral and dental diseases:** These diseases are bacterial infections of the mouth that damage the gum tissue and bones that hold the teeth in place. The oral cavity collects all sorts of bacteria, viruses, and fungi which the negligence of oral health and oral

hygiene can lead to oral problems and diseases such as tooth decay, gingivitis and periodontitis. These diseases are one of the causes of gingival recessions in children [8].

- **Diabetes type 2:** If diabetes has not controlled in the patients, it can affect teeth and gums, and cause oral illness [9-11]. Generally, diabetes can increase the risk of dental caries and oral fungal diseases [10-13]. Furthermore, oral lesions in people with diabetes will be recovered very late [10,13]. Dry mouth is one of the problems of people with diabetes, which causes oral infections [10,13,14].
- **Genetic factors:** Some people may be prone to oral and dental illnesses. Twin studies show that 20% of the populations are genetically predisposed to dental caries [15,16] whereas other studies point out the heritability of the genetic control of the periodontal disease has been estimated at around 50% despite oral and dental care [17-19].
- **Improper tooth brushing:** Gingival recession can be linked to improper tooth brushing [20-25]. If a child's toothbrush is too coarse or hard, or he brushes his teeth improperly, this leads to gingival damages [26] and ultimately causes gingival recession [27].

In one study, Khocht., *et al.* pointed out that the use of hard toothbrushes can be associated with gingival recession [28].

- **Inappropriate care of oral health:** Inadequate tooth brushing and dental flossing or negligence of dental care create plaque and deposits around the gum line and cervical area of the teeth. The accumulation of these substances leads to degeneration of the gingiva and periodontal tissue [29-31]. In one study the relation between gingival recessions with dental calculus can be noted due to inadequate access to dental care [5].
- **Grinding and squeezing teeth on one another:** Soto., *et al.* have reported a statistically higher prevalence of gingival recession amongst bruxers [32]. Another reason supporting the role of bruxism in the present study is the premature contact linking bruxism with premature tooth contacts [32-34].

Bruxism causes more pressure on the teeth and surrounding tissue which can also cause gingival recessions [35].

- **Malposition and malocclusions:** Malpositioned teeth have been indicated as one of the etiologic factors of the gingival recession in children [36]. If the teeth are irregular or do not fit well together, more force will come on the gums and the surrounding bones, and gingival recession will occur. Some studies show that malocclusions and malpositioned teeth were significant factors in the etiology of periodontal disease [37-40].
- **Eruption patterns of the teeth:** When a tooth is protruded into a jaw arch, the bone and gingiva become thinner and prone to be more recessive. The position of the tooth upon eruption has also been regarded as a local factor that may lead to gingival recession. Tooth eruption patterns may lead to gingival recession where emergence may be facilitated by the recession of the mucosa around the erupting area [41,42].
- **Progression of gum diseases:** If the gum infection is not treated properly, it may result in a gingival recession. The gingival loss is progressive and exacerbating the destruction of gum tissue that is commonly seen in the cervical area of the tooth [43].

A shortcoming in the treatment of gingival recession also results in the appearance of the root surface area, and the occurrence of pain and sensitivity [44]. Although the recession is commonly seen in adults over 40 [45], children are not immune to this condition. Children may experience gingival recessions at age of 6. Hollist reported usually recession of quite dramatic proportions happens even at the age of six before the eruption of incisors [46].

According to some studies, the gingival recession of the mandibular central incisor can manifest itself as early as 10 years of age [47,48].

Treatment

It is clear that to initiate a successful treatment, we must first identify the causes of the problem.

If the cause of the recession is gum disease, we must first eradicate the inflammation and disease with surgical treatment, elimination of infections, and compliance with health instructions. After the maintaining of healthy gingival tissue, if necessary, the tissue regeneration treatments may begin.

If the main factor is aggressive tooth brushing, it is advisable to brush with the correct method (using a soft toothbrush, light pressure during tooth brushing, and application of vertical methods). If the teeth are malpositioned, orthodontic advice is given; if diabetes is not controlled, it should be monitored. Therefore, removing or controlling one of these factors helps prevention of gingival recession.

Prevention

The best way to prevent gum recession is to properly care for children's oral health. The child should be trained to brush her teeth every day, use dental floss; visit the dentist at least twice a year.

If the child has a gingival recession, they should refer more often to the dentist. Always use a soft toothbrush for children and ask the dentist for a proper brushing technique.

Talk to a dentist about how to correct the open bite problem, clenching and prevention of any damage resulting from that.

Conclusion

Often, those parents who refer to dentists for the treatment of gingival recession in children, have noticed a clear gingival recession. Unfortunately, when they see the gum edge has moved from the enamel and reached the root, they get worried and seek the specialists for advice.

Tooth brushing with the wrong method, poor oral hygiene, type 2 diabetes, clenching and tooth grinding, oral and dental diseases, gum diseases, genetic factors, abnormal growth of the tooth in the inappropriate place are risk factors for gingival recessions in children.

If parents see signs of recessions, such as an elongated tooth or a child's complaint about teeth sensitivities, they should seek consultations as soon as possible.

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