

HYPERPLASIA OF GUMS DURING PREGNANCY

Dr. M. A. Soofi,
Dental Surgeon, Mayo Hospital, Lahore

Dr. Mrs. Iqbal Soofi,
Medical Officer, Civil Hospital, Quetta

Several pregnant mothers complained of swollen red and easily bled gums during pregnancy at my clinic and they were treated accordingly both with local and systemic therapy, but increased influx of such patients struck me for genuine study and these 42 pregnant mothers were examined clinically and prescribed charts were filled. These charts show local and general examinations along with a short history of number of total pregnancies menopausal period or any other disease, along with nutritional value, and general habits. The charts also represent gingival condition i.e. supra gingival sub gingival calculus deposition, total number of teeth, number of carious teeth artificial teeth, high cusp and means of cleanliness and oral habits etc. There were columns for pus pockets, involvement of anterior division of mucosa or part of it on upper or lower gums.

These 42 pregnant patients were examined in out-patient department. Among these 33 mothers had hyperplasia of the gums and nine were found free, although slight congestion and redness of oral mucosa was still visible among them. These were in 3rd, 4th and 8th para while the hyperplastic patients had experience of several pregnancies, as chart No. I. It is interesting to know that the patients with the normal menstrual cycle and the normal menstrual period i.e. 7/30 and 6/30 had hyperplastic gums, while the patients with menstrual period and cycle of 3/30, 9/30 were not too much affected.

Another observation was that the mothers with 4 to 6 months and 6 months to 8 months amenorrhoea (pregnancy) had more marked hyperplasia, as compared to the mothers with early and late pregnancies.

It is not less than surprising that we could not find out, even a single case of pregnancy tumor in the form of fibroma or epulis of giant cells and moreover there was no evidence for justification of hypertrophic gingival involvement of the posterior region.

The common complaints of the patients were inflammation, congestion, tendency for bleeding both from the inter-dental papillae and the gums margins.

On examination of the local tissues, the mucous membrane around the dentition specially in the anterior region revealed deposits of calculus with slight evidence of marginal gingivitis. In certain cases there was extension to the deeper tissues, due to the neglect of oral hygiene. Most of the patients had used simply Dandasa (bark of the walnut tree) for cleaning the gums and teeth. This way of cleaning the oral cavity provided exercise and rich blood supply to the tissues by friction. The gum margins were kept hard and firm during and after pregnancy.

All these cases were free from irregularities of teeth, occlusal stresses, excessive traumas, mouth breathing or any other infectious disease. A few cases showed deficiency of vitamins due to their own economic problems and more pregnancies. Almost all the cases had full dentition except with one or two missing teeth. There were quite a good number of decayed teeth and recession of the gums, specially at the posterior regions. One of the lot had inferior protrusion and gums were not firm and healthy. Three cases had nasal obstruction and thus mouth breathing was evident, the mouth breathers had marked hypertrophic marginal gingivitis at the upper and lower anterior part. The cases with marked hyperplasia of the gums had thick plaque of saliva, attached to the surface of gingival tissues and the natural tinge was also missing. Oral habits of all such patients were normal except two had different way of maintaining oral hygienic i.e. with powdered charcoal. These women had sufficient corrosion, and blackish calculus was significantly visible in the interdental spaces. Such patients, of course, had pus pockets, deposition of sub gingival tartar, bad odor, oozing of pus and blood and heavy plaques of salivary secretion.

The menstrual history was prominently stressed upon in all cases, because during menstruation, vaginal epithelium becomes soft and this is shared by Keratinized mucous membranes in the body under the influence of hormones; specially that of head or orchestra, another lobe of pituitary gland. Moreover many a cases have been treated successfully for bleeding gums, during any six years of clinical experience who had irregular menstrual cycle, by hormonal therapy along with local removal of the causes.

The cases under observations are from different strata of society, mostly from average group, rarely from high and very low classes. Ten cases did not show any sign of

deficiency of ascorbic acid, B Complex or Vitamin A, while rest of these cases, definitely had vitamin deficiency involved, and more marked hyperplasia. All of them had good physique except 4 mothers, who were weak, anemic and thin.

The line of treatment to such patient was divided into two parts in local and systemic. The systemic therapy was followed by local means. Estrogenic hormones (0.1 m.g) were administered according to severity of the disease. Sufficient response was noted within two weeks of this drug in most of the cases. In two cases, however, the drug had to be continued for one month to obtain a satisfactory result. Six cases were administered Strepto Penicillin $\frac{1}{2}$ g.im. B.D. for one week along with ascorbic acid 200 mg B.D. and B. Complex injection i.e. C.O.D. After subsiding of the local infection, calculotomy was carried out at different periods and hyperplasia diminished. In two cases hydro-cortisen acetate with taramyoin (ointment) was locally used and gums were massaged twice a day after complete scaling. There was sufficient improvement. The nasal obstructed cases were referred to nose specialist for needful and carious teeth were advised for filling and conservation treatment.

Among the 33 cases of hyperplasia, 30 were treated successfully, as they followed the proper treatment.

DISCUSSION

It is common belief that hormones, specially Ovarian play a significant part in disorders of oral mucosa during pregnancy, which induce excessive salivation, alteration of taste and hyperplasia of oral mucosa. Hyperplasia of gums during pregnancy was described by Ziskin, Blackberg and Stout (1933). Ziskin (1938) injected folluctin into normal female monekys and found condition as in pregnancy gingivitis. He also in 1937 investigated hormonal therapy for hyperplasia of gums.

Gonadotropic sex hormones are being secreted by two anterior lobes of pituitary gland. Prolan A. Has effect on ovaries for activating graffianfollicles. The oestradiol is secreted by ovaries, to stimulate the uterine endomerium for proliferation (McGregor 1949). Some of oestradiol is secreted by Prolan B on the pituitary hormones as a result of stimulation of corpus luteum, which is being formed from the raptured follicles.

Schmidt 1930, removed the diseased ovaries in a case of stomatitis, which happened with every regular menstrual period, because disfunction of ovaries can bring out metro pathia hemorrhage and congestion of other nucosal surfaces.

Ziskin, Blackberg and Stanetz 1936, found successful result of ostrogenic hormones for degenerative and stomatitis