

Non-plaque-induced gingival diseases

Palle Holmstrup | Jacqueline Plemons |
Joerg Meyle

Presented by Dr. Basais Alajmi

- While plaque-induced gingivitis is one of the most common human inflammatory diseases, several non-plaque-induced gingival diseases are less common but often of major significance for patients.
- The non-plaque-induced gingival lesions are often manifestations of systemic conditions, but they may also represent pathologic changes limited to gingival tissues.

- A classification is proposed, based on the etiology of the lesions and includes: Genetic/Developmental disorders; Specific infections; Inflammatory and immune conditions and lesions; Reactive processes; Neoplasms; Endocrine, Nutritional and metabolic diseases; Traumatic lesions; and Gingival pigmentation.
- The present review aims to add available additional literature as well as diseases and conditions which were not included in the former review.

- Several of the diseases and their treatment have been reviewed recently.
- The major difference between the present classification proposal and that of the 1999 workshop is creation of a more comprehensive nomenclature and inclusion of ICD-10 diagnostic codes.
- Because some of the conditions seldom manifest in the oral cavity and some even more seldom present gingival manifestations.

1 Genetic/developmental disorders

1.1 Hereditary gingival fibromatosis (HGF)

2 Specific infections

2.1 Bacterial origin

Necrotizing periodontal diseases (Treponema spp., Selenomonas spp., Fusobacterium spp., Prevotella intermedia, and others)

Neisseria gonorrhoeae (gonorrhea)

Treponema pallidum (syphilis)

Mycobacterium tuberculosis (tuberculosis)

Streptococcal gingivitis (strains of streptococcus)

2.2 Viral origin

Coxsackie virus (hand-foot-and-mouth disease)

Herpes simplex 1/2 (primary or recurrent)

Varicella-zoster virus (chicken pox or shingles affecting V nerve)

Human papilloma virus (squamous cell papilloma, condyloma acuminatum, verruca vulgaris, and focal epithelial hyperplasia)

2.3 Fungal

Candidosis

Other mycoses (e.g., histoplasmosis, aspergillosis)

3 Inflammatory and immune conditions and lesions

3.1 Hypersensitivity reactions Contact allergy

Plasma cell gingivitis

Erythema multiforme

3.2 Autoimmune diseases of skin and mucous membranes

Pemphigus vulgaris

Pemphigoid

Lichen planus

Lupus erythematosus

3.3. Granulomatous inflammatory conditions (orofacial granulomatosis)

Crohn's disease

Sarcoidosis

4 Reactive processes

4.1 Epulides

Fibrous epulis

Calcifying fibroblastic granuloma

Pyogenic granuloma (vascular epulis)

Peripheral giant cell granuloma (or central)

5 Neoplasms

5.1 Premalignant
Leukoplakia
Erythroplakia

5.2 Malignant
Squamous cell carcinoma

Leukemia

Lymphoma

6 Endocrine, nutritional, and metabolic diseases

6.1 Vitamin deficiencies
Vitamin C deficiency (scurvy)

7 Traumatic lesions

7.1 Physical/mechanical insults

Frictional keratosis

Toothbrushing-induced gingival ulceration (self-harm)

7.2 Chemical (toxic) insults

Etching

Chlorhexidine

Cocaine

Hydrogen peroxide

Dentifrice

Paraformaldehyde or calcium hydroxide

7.3 Thermal insults

Burns of mucosa

8 Gingival pigmentation

Melanoplakia

Smoker's melanosis

Drug-induced pigmentation

Amalgam tattoo

A piece of aged, textured paper with a dark green border. The paper has a mottled, fibrous appearance and is centered on a dark green background. The text "Thank You" is written in a white, serif font in the center of the paper.

Thank You