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In modern medicine, marginal gingival tissuerecession is becoming a common concern of the patient often requiring treatmentfor aesthetic reasons. Deep recessions often affecting the anterior teeth inyoung age group is significantly associated with patient request for treatment. The displacementof the soft tissue margin apical to the cementoenamel junction (CEJ) not only exposes the root surface but also impairsthe aesthetics. Marginal gingival tissue recession is associated with severalfactors with complex etiology. Traumatictooth brushing is considered as one of the main causative factor for the developmentof recessions commonly creating a wedge shaped defect at cervical area. Afive year study showed that with the level of oral hygiene education, probability of gingival recession also increases. 1However, the exact mechanism of gingival recession is not well understood. Risk factors consideredto be associated with gingival recession include toothmalposition, path of eruption, tooth shape, profile and position in the arch, alveolar bone dehiscence, muscle attachment and frenal pull, periodontaldisease and treatment, iatrogenic restorative or operative treatment, improperoral hygiene methods (e.

g. tooth brushing, floss, interproximal brush) andother self-inflicted injuries (e. g. oral piercing) while the most importantfactor increasing the risk of gingival recession may be a thin gingival biotypewhere a delicate marginal tissue is covering a non-vascularized root surface. 4PREVALENCE/FREQUENCYGingival recession of 1 mm or more at one or moresites is one of the common finding seen in More than 50% of the population.

Itis prevalent in patients with good as well as poor oral hygiene. Buccalsurfaces are often involved in patients with good oral hygiene, whereas alltooth surfaces get affected in patients suffering from periodontal disease orafter periodontal treatment. 5, 6, 7Gingival recession has also been linked toethnicity. It has been seen that Mexican Americans and non-Hispanic whites exhibited lesser prevalenceand extent of gingival recession compared to non-Hispanic blacks.

7Refuting this observation no difference in terms of prevalence of gingivalrecession was found between whites and non-whites in an epidemiological study. 3The extent and prevalence of gingival recessionincreases with age. As compared to females, males have shown to exhibit greaterlevels of recession. 3 The association  of tobacco smoking in the etiology andprevalence of recession as discussed by several authors is controversial. However, more extensive recessions were seen in smokers than non-smokers insome studies. 3