

# Essays park

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In modern medicine, marginal gingival tissue recession is becoming a common concern of the patient often requiring treatment for aesthetic reasons. Deep recessions often affecting the anterior teeth in young age group is significantly associated with patient request for treatment. The displacement of the soft tissue margin apical to the cemento-enamel junction (CEJ) not only exposes the root surface but also impairs the aesthetics. Marginal gingival tissue recession is associated with several factors with complex etiology. Traumatic tooth brushing is considered as one of the main causative factors for the development of recessions commonly creating a wedge shaped defect at cervical area. A five year study showed that with the level of oral hygiene education, probability of gingival recession also increases. However, the exact mechanism of gingival recession is not well understood. Risk factors considered to be associated with gingival recession include tooth malposition, path of eruption, tooth shape, profile and position in the arch, alveolar bone dehiscence, muscle attachment and frenal pull, periodontal disease and treatment, iatrogenic restorative or operative treatment, improper oral hygiene methods (e.g. tooth brushing, floss, interproximal brush) and other self-inflicted injuries (e.g. oral piercing) while the most important factor increasing the risk of gingival recession may be a thin gingival biotype where a delicate marginal tissue is covering a non-vascularized root surface.

**4 PREVALENCE/FREQUENCY** Gingival recession of 1 mm or more at one or more sites is one of the common findings seen in more than 50% of the population.

It is prevalent in patients with good as well as poor oral hygiene.

Buccal surfaces are often involved in patients with good oral hygiene, whereas all tooth surfaces get affected in patients suffering from periodontal disease or after periodontal treatment. 5, 6, 7 Gingival recession has also been linked to ethnicity. It has been seen that Mexican Americans and non-Hispanic whites exhibited lesser prevalence and extent of gingival recession compared to non-Hispanic blacks.

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