



## Management of Gingival Overgrowth Associated with Orthodontic Therapy

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### Clinical Image

A 15-year-old male presented with gingival overgrowth associated with the lower anterior teeth. The patient was undergoing orthodontic therapy and oral examination revealed hyperplastic gingiva on the buccal aspect of teeth #26 - #23 with plaque accumulation noted on the tooth surfaces (Figure 1). Most of the fixed orthodontic appliances can hinder oral hygiene measures causing increased plaque retention [1]. This can lead to gingival enlargement, which results in pseudo pocketing with no attachment loss [1]. A combination of non-surgical and surgical treatment may help patients undergoing orthodontic therapy resolve the gingival enlargement [2,3]. The current patient was



Figure 1: Initial presentation.

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Figure 2: Intra operative image.



Figure 3: One month post operative image.

treated with external bevel gingivectomy. Local anesthesia was achieved with 2% Lidocaine with 1:1,00,000 epinephrine following which a UNC periodontal probe was used to make bleeding points on the buccal surfaces of the lower anterior teeth marking the base of the pockets. A #15 Bard Parker scalpel blade was used to make the incisions on the buccal aspects of teeth #26 - #23 and the excess tissue was removed (Figure 2). Oral hygiene instructions were given to the patient. One month post operative image showed dramatic improvement in the gingival appearance (Figure 3). The inflammation was resolved with healthy gingival contour and consistency. Although plaque removal can be a challenge with fixed orthodontic appliances, patient motivation and oral hygiene practices are imperative for maintaining periodontal health.

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