

TOOTHFULLY. *speaking*



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6 Myths about Gum recession

Myth #1: *Once it's gone ... it's gone! False!*

The truth is that regeneration of new cementum, periodontal ligament, and alveolar bone (the supporting structures of a tooth) is possible. Most people think that, once the bone and gum are gone, they are gone forever. However amelogenin proteins (embryological building blocks of nascent teeth) have been used in regenerative periodontics for over 15 years to regrow hard and soft tissue, reversing recession naturally.

Myth #2: *Recession is just a gum disease ... false!*

The truth is that recession can be a disease of both hard and soft tissues. The reality is that the periodontium should be thought of as a system working together in harmony. The human body naturally strives to maintain a 1-3 mm sulcus/pocket/relationship between the gum margin and base of attachment. Thus to have a good boney scaffolding around the tooth and supporting the gum is logically a good thing. Understanding the biology of the periodontium is critical in educating yourself on the truth about recession.

Myth #3: *Shallow pocket depths of 1s, 2s, and 3s means good health ... false!*

The truth is that pocket depth plus recession equals clinical attachment level (CAL), which is the MOST accurate method of assessment. While pocket depth measurements are a key part in the comprehensive periodontal evaluation, this is not the true picture when it comes to recession. Determining CAL is simple. Here is an example: 2 mm pocket plus 4 mm recession equals 6 mm CAL.

Myth #4: *Just watch it ... false!*

The truth is that early detection is the key to treating any disease, and you the patient, deserve to know your options for reversing recession. Hygienists & dentists were taught to treat symptoms of recession by using topical fluorides, desensitizing pastes/gels OR to cover up the recession with plastic white filling. All of these modalities simply monitor, manage and treat the SYMPTOMS of recession - not addressing the true etiology of the disease.

Myth #5: *Recession is caused by toothbrush abrasion ... false!*

The truth is that recession often may have an etiology related to multifactorial aspects and not just aggressive tooth brushing. This means the role of a person's individual biofilm/bacteria, their acidic saliva, clenching/grinding habits, tooth position, and history of orthodontic treatment can be associated in part or as a whole to the true cause of recession.

Myth #6: *The roof of the mouth is the only place to get graft tissue ... false!*

The truth is that the advent of plastic surgical research into grafting for burn victims has benefitted the periodontal field. Periodontists use smaller pieces of donor graft tissue to replace the roof of the mouth for donor tissue and we can cover roots and increase the thickness of the gingiva around teeth to prevent future recession that at least 6400 hours of their life has gone onto keeping you safe and healthy!

It is important to take an interdisciplinary approach between the hygienist, general dentist, and periodontist to determine the individual needs of each patient and communicate as a team with the patient to understand the true cause of recession and a plan to reverse it. The earlier you catch recession - the more successful the treatment!



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