Objective: The objective of this clinical case presentation is to help dental hygienist recognize and understand the treatment of gingival hyperplasia. Assessment: A 56 year old Caucasian male presented to the dental hygiene clinic with the chief complaint, “I want my teeth cleaned”. The patient’s last cleaning was in 2011 at Indiana University School of Dentistry (IUSD). The patient’s medical history revealed that he smokes one pack a day and has been taking the calcium channel blocker amiodipine for approximately two months for hypertension. Amiodipine is known to cause gingival hyperplasia. [1] The patient’s gum tissue presented clinically as pink, stippled, rolled, and bulbous with a hyperplastic appearance. The mandibular attached gingiva in particular, was firm and had an enlarged clinical appearance. DH Care Plan: Treatment for this patient at the IUSD hygiene clinic includes scaling and root planing on the maxilla, with full mouth debridement, and a tissue re-evaluation 4-6 weeks after treatment. Evaluation: Due to time constraints associated with this presentation, the patient’s ability to remove plaque biofilm and the length of time the patient is on this medication with known cause of gingival hyperplasia was reclassified in 1999 by APP. [2] The group of calcium channel blockers more commonly associated with gingival hyperplasia are the dihydropyridines, these include nifedipine, felodipine, and amiodipine. [2]

INTRODUCTION

Gingival Hyperplasia is sometimes called gingival overgrowth when associated with medication-related enlargement. It is an abnormal proliferation of extracellular matrix of periodontal tissues. [4] Drugs that can cause this include, anticonvulsants, immunosuppressants, and calcium channel blockers. [1] The group of dihydropyridine molecule can be found in the literature. [2] Amlodipine is a commonly prescribed drug with known cause of gingival hyperplasia being reported as high as 33.3%. [5]

ASSESSMENT

Clinical Appearance: Granular and pebbly gingiva
Diffuse thickened gingiva
Interdental papillae may be abnormally enlarged
The more severe the more diffuse the enlargement is typically.
Commonly seen in the anterior labial gingiva, but can be present in posterior.

Other:
Medical history shows patient is taking drug with known cause of gingival enlargement.

CONCLUSION

Gingival hyperplasia is not fully understood. Studies show it is multifactorial in nature. [4] Oral Hygiene status of the patient is one factor that may affect the severity of this side effect. The dental hygienist must be able to recognize, treat, and provide maintenance for patients with gingival hyperplasia. Dental hygienist should modify treatment based on each individual's needs. Reducing the amount of plaque biofilm will decrease the change of an inflammatory response leading to periodontal disease.

REFERENCES