STREPTOCOCCAL GINGIVITIS WITH AGGRESSIVE PERIODONTITIS: A CASE REPORT

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ABSTRACT

An acute inflammation of the oral mucosa is termed as acute streptococcal gingivitis. Streptococcal infections of gingiva are seen rarely as the origin of this gingival inflammation is different from that of routine plaque associated gingivitis. This article describes a patient who presented with severe gingival inflammation that was diagnosed as an acute streptococcal infection associated with aggressive periodontitis. A case of streptococcal gingivitis with aggressive periodontitis was reported which was diagnosed treated with no postoperative complications and side effects.

Key words: Periodontitis, Gingivitis, Inflammation etc.

INTRODUCTION

An acute inflammation of the oral mucosa is termed as acute streptococcal gingivitis and the pathogens responsible in the routine gingival inflammation are rarely different from that of routine plaque-associated gingivitis such as Treponema pallidum, Neisseria gonorrhea and Streptococci infections [1,2]. Streptococci may cause inflammatory periodontal disease and dental caries [3]. The streptococci related gingival diseases have very particular microbiological and clinic features, so there are only a few cases reported in different articles related to it [4,5].

CASE HISTORY

A 57 year old female came with complain of severe bleeding gums while brushing. There was no significant past medical history. The clinical findings included generalized edematous hyperplastic gingiva, bleeding on probing and calculus formation. The clinical situation of the patient was calculated using gingival index [6], plaque index [7], periodontal probing depths and clinical attachment levels of the teeth. Periodontal examination revealed gingival swelling, 77% bleeding at probing sites, 51% plaque control record, and 71% of the sites in the examined area had a pocket depth of 3 mm or more. The early examination was done using radiographs which showed severe generalized vertical intra-bony defects in the maxillary and mandibular arches. A final diagnosis of generalize Acute periodontitis was given to the patient and treatment was started with an initial phase of mechanical therapy; including systematic scaling and planning. The oral hygiene instruction was given to the patient and for subsequent initial preparation as a chemotherapeutic support tetracycline had been given to the patient. The second phase of therapy was started and flap and gingivectomy operations were done. Still after 1 week, the signs and symptoms developed again. Some other medical tests were conducted to find out the underlying systemic disease and its influence on the etiology of the disease. It was supposed that the patient was suffering from acute streptococcal infection after the results of the early tests still for being sure, bacterial sample was cultured to identify the bacteria. Culture grew streptococcus pyogenes and a few other microorganisms. The treatment was given accordingly and patient was treated. No post operative complications were seen.

DISCUSSION

AP can be termed as a complex structure of microbial alterations and cellular dysfunctions that differentiate the underlying molecular mechanisms from chronic periodontal disease. The aggressive nature of this disease results due to the presence of A. actinomycetemcomitans. A comprehensive periodontal treatment plan must be followed for the treatment of acute periodontitis which is divided into four phases: systemic, hygienic, corrective and maintenance therapy [8]. During this time, the dentist uses both surgical and non-surgical methods to remove biofilm created by the bacterial pathogens. Antimicrobial drug therapy should be started

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alongside routine treatment procedures to increase the responsiveness of the patient to the treatment. Saliva has some antimicrobial activity due to the presence of immunoglobulin and non-immunoglobulin agents in its content which can be helpful in such cases [9]. Penicillin the drug of choice for such cases still sulfonamides and broad spectrum antibiotics can also be used. The disease must be identified, diagnosed and treated timely else may have many serious complications [10].

CONCLUSION

There are various newer advanced diagnostic and treatment modalities which have emerged in the management and treatment of aggressive periodontitis still the conventional techniques are being used widely. A case of streptococcal gingivitis with aggressive periodontitis was reported which was diagnosed treated with no postoperative complications and side effects.

REFERENCES