CONDITION

Gingivitis

Gingivitis is inflammation of the gums, usually caused by dental plaque buildup.

WHAT IT IS
Reversible inflammation of the gums

BODY SYSTEM
Mouth and teeth

MAIN SYMPTOMS
Bleeding, redness, swelling, bad breath

WHAT CAUSES IT
Dental plaque buildup

HOW IT IS DIAGNOSED
Dental examination and gum measurements

MAIN TREATMENT
Professional cleaning and daily plaque removal

CAN IT BE CURED?
Yes - usually resolves with plaque control

IS IT AN EMERGENCY?
No - routine dental care is usually appropriate

LONG-TERM OUTLOOK
Gums usually recover with effective plaque control

Overview

Gingivitis is inflammation of the gingiva, the soft gum tissue around your teeth. The gums may become red, swollen, tender, or likely to bleed during brushing or flossing.

The most common type is caused by dental plaque. Plaque is a sticky layer of bacteria that constantly forms on teeth. If it is not removed regularly, it can irritate the gums. Plaque can also harden into tartar, also called calculus, which cannot be removed with a toothbrush.

Gingivitis is common and often painless, so you may not notice it straight away. Bleeding gums are often an early sign. Healthy gums should not regularly bleed during gentle brushing or cleaning between the teeth.

Plaque-related gingivitis does not cause permanent loss of the bone or tissues supporting the teeth. It is usually reversible with effective daily cleaning and professional dental care.

However, untreated inflammation can contribute to periodontitis in some people. Periodontitis is a more serious condition that damages the tissues and bone holding teeth in place.

Symptoms

Gingivitis can affect a few teeth or most of the mouth. Symptoms may be mild even when inflammation is widespread.

Possible symptoms include:

Healthy gums are usually firm and fit closely around the teeth. Their exact colour differs between people and can range from pale pink to brown or darker shades. A change from your normal gum colour is more useful than colour alone.

Gingivitis does not usually cause loose teeth, major gum recession, or bone loss. These findings may suggest periodontitis or another dental problem and need assessment.

A less common condition called necrotising gingivitis develops more quickly. It can cause severe gum pain, ulcers between the teeth, bleeding, very bad breath, and a grey surface layer on the gums. It needs prompt dental treatment.

- Red, darkened, or swollen gums
- Bleeding during brushing, flossing, or eating firm foods
- Tender or sensitive gums
- Persistent bad breath or an unpleasant taste
- Gums that look smooth or shiny rather than firm
- Plaque or hard tartar around the gumline

Causes and risk factors

Dental plaque is the main cause of gingivitis. Bacteria within plaque release substances that trigger inflammation. Plaque tends to collect along the gumline, between teeth, around crowded teeth, and beside dental appliances.

Several factors can make plaque harder to remove or change how the gums respond to it:

Smoking can make gum problems harder to detect because it may reduce visible redness and bleeding. This does not mean the gums are healthy.

Some forms of gingival inflammation are not primarily caused by plaque. Allergic reactions, infections, immune conditions, and irritation from dental products can sometimes affect the

gums. Persistent or unusual changes need a dental examination rather than self-diagnosis.

- Infrequent or ineffective brushing and cleaning between teeth
- Tartar buildup
- Smoking or using other tobacco products
- Dry mouth, which reduces the protective effects of saliva
- Crowded teeth, braces, dentures, or rough dental restorations
- Diabetes, especially when blood glucose is not well controlled
- Medicines that cause dry mouth or gum overgrowth
- Hormonal changes during puberty or pregnancy
- Poor nutrition or severe vitamin deficiencies
- Conditions or treatments that weaken the immune system

Diagnosis

A dentist or dental hygienist usually diagnoses gingivitis by examining your teeth and gums. They look for redness, swelling, bleeding, plaque, and tartar.

A small measuring instrument called a periodontal probe may be placed gently between each tooth and gum. This checks the depth of the space around the tooth and whether the gum bleeds. It also helps distinguish gingivitis from periodontitis.

Dental X-rays do not directly show gingivitis. They may be recommended if there are signs of periodontitis, tooth decay, or another problem. X-rays can show whether bone around the teeth has been lost.

Tell the dental team about your medicines, smoking or vaping, pregnancy, diabetes, and other health conditions. This information can help explain why inflammation has developed or why it is not improving.

Blood tests are not normally needed for straightforward plaque-related gingivitis. A dentist may suggest medical assessment if bleeding is unusually heavy, occurs elsewhere in the body, or does not match the dental findings.

Treatment and management

Treatment focuses on removing plaque and tartar and making daily cleaning more effective.

With good plaque control, bleeding and swelling often begin to improve within days, although full recovery may take longer.

A dentist or dental hygienist may carry out a professional cleaning, often called scaling. This removes tartar and plaque from areas that cannot be cleaned effectively at home. They can also identify places you are missing and show you how to clean them.

Daily care usually includes:

Bleeding may briefly seem more noticeable when you begin cleaning inflamed gums. Gentle, thorough cleaning should usually continue. Avoid forceful scrubbing, which can injure the gums.

An electric or manual toothbrush can both work well when used correctly. The best option is one you can use comfortably and consistently. A soft-bristled brush is generally less likely to injure the gums than a hard brush.

A dentist may sometimes recommend an antiseptic mouthwash for a limited period. These products do not replace brushing or cleaning between teeth. Some can stain teeth, affect taste, or interact with toothpaste, so follow the product instructions and professional advice.

Treatment may also involve adjusting a rough filling, improving denture care, managing dry mouth, or reviewing a medicine that contributes to gum overgrowth. Do not stop a prescribed medicine without speaking with the clinician who prescribed it.

- Brushing all tooth surfaces and the gumline twice a day with fluoride toothpaste
- Cleaning between the teeth each day with floss or interdental brushes
- Cleaning around braces, bridges, implants, or dentures as instructed
- Spitting out toothpaste after brushing rather than immediately rinsing it away
- Replacing a worn toothbrush or brush head

Complications

Plaque-related gingivitis is usually reversible and does not itself destroy the bone supporting the teeth. The main concern is that persistent inflammation can progress to periodontitis in susceptible people.

Periodontitis affects deeper supporting tissues. It can create spaces called periodontal pockets between the teeth and gums, cause gum recession and bone loss, and eventually loosen teeth. Not everyone with gingivitis develops periodontitis, but controlling gingivitis reduces an important risk.

Ongoing inflammation can also contribute to bad breath, gum discomfort, and bleeding that makes eating or cleaning unpleasant.

Rapidly developing, painful, ulcerated gums may represent necrotising gingivitis. Without prompt treatment, this can damage gum tissue and spread deeper. It is more likely during severe stress, poor nutrition, smoking, or reduced immune function.

Prevention

Most plaque-related gingivitis can be prevented or greatly reduced by removing plaque consistently. This means cleaning both the visible tooth surfaces and the narrow spaces between teeth.

Brush twice daily with fluoride toothpaste and clean between your teeth each day. Interdental brushes may be useful where there is enough space; floss can reach tighter contacts. A dental professional can help you choose a size and technique that fit your mouth.

Regular dental visits allow plaque, tartar, and early gum changes to be found. How often you need appointments should be based on your oral health and risk factors rather than a single schedule for everyone.

Avoiding tobacco lowers the risk of gum problems and improves healing. If you have diabetes, keeping it well managed may reduce gum inflammation. Good dental care remains important during pregnancy because hormonal changes can make the gums more sensitive to plaque.

Gingivitis related to unavoidable hormonal changes, medicines, or health conditions may not always be completely preventable. Careful plaque control can still reduce its severity.

Living with it and what to expect

For most people with plaque-related gingivitis, the outlook is good. The gums can return to a healthy state because gingivitis has not caused permanent loss of supporting bone or tissue.

Bleeding and tenderness often improve after plaque and tartar are removed. Keeping the gums healthy then requires ongoing cleaning. Plaque begins forming again soon after it is removed, so a one-time professional cleaning is not a permanent cure without daily care.

Gingivitis can return if cleaning becomes less effective, tartar builds up, or risk factors change. Braces, reduced hand movement, dry mouth, pregnancy, new medicines, or illness may mean your routine needs to be adapted.

Regular follow-up is particularly important if you smoke, have diabetes, previously had

periodontitis, or find cleaning difficult. These visits are routine care, not a sign that an emergency is expected.

If periodontitis has already developed, treatment can control inflammation and reduce further damage, but lost supporting bone does not simply grow back when the gums stop bleeding. This is why distinguishing gingivitis from periodontitis matters.

When to get medical help

Arrange a routine dental appointment if your gums regularly bleed, remain swollen, or stay tender despite careful cleaning. You should also seek dental advice for persistent bad breath, visible tartar, gum recession, or changes around braces, dentures, crowns, or implants.

Ask for prompt dental assessment if you have:

Seek emergency care for facial or neck swelling that affects breathing or swallowing. Uncontrolled bleeding, especially with faintness or bleeding elsewhere, also needs urgent medical assessment. These symptoms are not typical of uncomplicated gingivitis.

- Very painful or rapidly worsening gums
- Gum ulcers or a grey layer over the gums
- Pus around a tooth or gum
- A loose adult tooth
- Fever or feeling unwell alongside gum symptoms
- Heavy gum bleeding that is difficult to stop

Common questions

Can gingivitis go away on its own?

It is unlikely to settle permanently while plaque and tartar remain. Plaque-related gingivitis usually improves after professional cleaning and consistent daily plaque removal. Tartar must be removed by a dental professional.

Is bleeding when I floss normal?

Occasional bleeding can happen after minor injury, but repeated bleeding often indicates inflammation. If you have recently started cleaning between your teeth, gentle daily cleaning may improve it. Persistent or heavy bleeding should be assessed.

Can gingivitis cause teeth to fall out?

Gingivitis alone does not cause the bone loss that loosens teeth. Untreated gum inflammation can progress to periodontitis in some people, and periodontitis can eventually lead to tooth loss.

How long does gingivitis take to heal?

Improvement may begin within several days after effective plaque removal, but the timing is not the same for everyone. The amount of tartar, your cleaning routine, smoking, diabetes, medicines, and other gum conditions can affect recovery.

Does mouthwash cure gingivitis?

Mouthwash alone does not remove the sticky plaque attached to teeth. Some antiseptic rinses may help for a limited time, but brushing, cleaning between teeth, and professional removal of tartar are the main parts of treatment.

Can I have gingivitis without pain?

Yes. Gingivitis is often painless, even when the gums bleed or look swollen. This is why regular bleeding should not be ignored just because it does not hurt.

Sources

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