CONDITION

Periodontitis

Periodontitis is long-term inflammation that damages the gums and bone supporting the teeth.

WHAT IT IS
Chronic inflammation damaging tissues that support teeth

BODY SYSTEM
Mouth, teeth and gums

MAIN SYMPTOMS
Bleeding gums, gum recession, bad breath, loose teeth

WHAT CAUSES IT
Plaque bacteria and an excessive immune response

HOW IT IS DIAGNOSED
Gum probing, dental examination and X-rays

MAIN TREATMENT
Professional cleaning and daily plaque control

CAN IT BE CURED?
No - lost support cannot fully return

IS IT AN EMERGENCY?
Sometimes - facial swelling or breathing difficulty

LONG-TERM OUTLOOK
Usually controllable with treatment and ongoing care

Overview

Periodontitis is a long-term inflammatory condition affecting the tissues that hold your teeth in place. These tissues include the gums, the periodontal ligament connecting each tooth to its socket, and the jawbone around the teeth.

It usually develops after plaque, a sticky film containing bacteria, builds up along the gumline. Your immune system reacts to these bacteria. In some people, ongoing inflammation begins to break down the supporting tissue and bone.

Periodontitis is different from gingivitis. Gingivitis is early gum inflammation that causes redness or bleeding but has not destroyed the supporting tissues. Gingivitis can usually be reversed with effective plaque removal. Once support has been lost through periodontitis, it does not normally grow back completely.

The condition often progresses slowly and may cause little discomfort at first. Without treatment, teeth can become loose or be lost. Treatment can usually stop or greatly slow further damage, but ongoing home care and dental follow-up are important.

Symptoms

Bleeding when brushing or cleaning between your teeth is a common early sign. Healthy gums do not usually bleed during gentle, effective cleaning. However, bleeding can have other causes, so it does not confirm periodontitis by itself.

Other possible symptoms include:

Spaces called periodontal pockets can form between the gums and teeth. These pockets collect plaque and may deepen as supporting tissue is lost. You cannot reliably measure or clean deep pockets yourself.

Periodontitis is not always painful. Significant bone loss can occur before you notice a loose tooth or other obvious change. Regular dental examinations can find signs earlier.

- Red, swollen or tender gums
- Gums pulling away from the teeth
- Teeth appearing longer because of gum recession
- Ongoing bad breath or an unpleasant taste
- Gaps developing between teeth
- Pus around the gumline
- Pain when chewing
- Teeth moving, becoming loose or fitting together differently
- Dentures or other dental appliances no longer fitting as before

Causes and risk factors

Dental plaque starts the process. If plaque is not removed, it can harden into calculus, also called tartar. Calculus cannot be removed with a toothbrush and creates a rough surface where more plaque can collect.

The damage is not caused by bacteria alone. Your immune response to plaque produces inflammation. When this response continues, it can damage the tissues supporting the teeth.

Factors linked with a higher risk or faster progression include:

Smoking can hide some warning signs by reducing visible gum bleeding. This means the gums may look less inflamed even while damage is occurring.

Diabetes and periodontitis can affect each other. Diabetes can increase the risk and severity of periodontitis, while severe gum inflammation may make blood glucose harder to manage. Having either condition does not mean you will necessarily develop the other.

- Smoking or using other tobacco products
- Diabetes, especially when blood glucose is not well controlled
- Infrequent or ineffective plaque removal
- A personal or family tendency toward severe periodontitis
- Increasing age and years of exposure to risk factors
- Conditions or treatments that affect immune function
- Medicines or health problems that reduce saliva or make cleaning difficult
- Stress and other circumstances that interfere with daily care

Diagnosis

A dentist or dental hygienist diagnoses periodontitis using your dental history, an examination and measurements around the teeth.

A small instrument called a periodontal probe is gently placed between each tooth and the gum. It measures pocket depth and helps identify bleeding, gum recession and loss of attachment around the tooth.

Dental X-rays show the height and pattern of the bone supporting your teeth. They can also help identify other problems that may affect treatment. An X-ray alone is not enough; its findings are considered alongside the examination.

Your dentist may record the condition by stage and grade. The stage describes the amount and complexity of damage. The grade estimates how quickly it may be progressing and considers factors such as smoking and diabetes.

Further tests are not needed for most people. If your history suggests an underlying health issue, you may be advised to have medical assessment or blood tests. A periodontist, a dentist with additional training in gum conditions, may assess advanced or complex cases.

Treatment and management

Treatment aims to control infection and inflammation, make the teeth easier to clean, and prevent additional loss of support. It cannot reliably replace all gum and bone that have already been lost.

The first part of treatment usually includes guidance on brushing and cleaning between the teeth. This is central to treatment, not an optional extra. Plaque that remains around the gumline can allow inflammation to continue after professional care.

Professional treatment may include:

Deep cleaning may be completed over more than one appointment. Local anaesthetic may be used to numb the area. Temporary tenderness, tooth sensitivity or more noticeable spaces between teeth can occur as swelling settles.

Antibiotics like amoxicillin or doxycycline are not needed for every case. A dental professional may use them alongside cleaning in selected situations, such as certain rapidly progressing patterns or a spreading infection. Antibiotics do not replace physical plaque and calculus removal.

If deep pockets or difficult tooth shapes remain, periodontal surgery may be considered. Surgery can provide access to clean the roots and may reshape damaged gum or bone. Selected defects may be treated with regenerative techniques intended to restore some support, but full regrowth cannot be guaranteed.

A tooth with very little remaining support may not be maintainable. If removal is recommended, options for replacing it can be discussed after inflammation and risk factors are assessed.

After active treatment, periodontal maintenance appointments are usually needed. These visits monitor pocket depths, remove new deposits and identify renewed inflammation. The interval is based on your remaining pockets, plaque control, smoking, diabetes and previous progression.

- Removing plaque and calculus above and below the gumline
- Deep cleaning of root surfaces, often called scaling and root planing
- Treating areas that trap plaque, such as rough fillings
- Support to stop smoking or manage other changeable risk factors
- Reviewing diabetes control when relevant
- Rechecking pocket depths and bleeding after healing

Complications

The main complication is continuing loss of the tissue and bone that support the teeth. Teeth may drift, become loose, affect chewing or eventually need to be removed.

A periodontal abscess can develop when pus collects in a gum pocket. This may cause pain, swelling, a bad taste or a tooth that feels raised when you bite.

Gum recession may expose tooth roots. Exposed roots can be sensitive, are more vulnerable to decay and can change the appearance of your smile. Tooth loss or movement may also affect speech, nutrition and confidence.

Periodontitis is associated with several wider health conditions, including diabetes and cardiovascular conditions. An association does not prove that periodontitis directly causes heart attacks or strokes. Treating your gums is important for oral health, but it should not replace medical care for another condition.

Prevention

Many cases can be prevented, or their risk reduced, by regularly removing plaque before long-term inflammation damages tooth support. Prevention is not always complete because immune response, genetics and health conditions also influence risk.

Useful measures include:

Interdental brushes often clean larger spaces more effectively than floss, while floss may suit tight contacts. A dental professional can help you choose a size and method that do not injure your gums.

Bleeding when you begin cleaning an inflamed area does not usually mean you should stop. Gentle daily plaque removal often reduces bleeding over time. Persistent bleeding should be assessed rather than ignored.

- Brush twice a day with fluoride toothpaste
- Clean between your teeth daily using a suitable method
- Attend dental examinations at intervals recommended for your risk
- Have hardened calculus removed professionally
- Avoid smoking and other tobacco use
- Keep diabetes as well controlled as possible with your healthcare plan

Living with it and what to expect

Periodontitis is generally a lifelong condition to manage, even after treatment has made it stable. Stability means there is little inflammation and no evidence of continuing support loss. It does not mean that previous damage has disappeared.

Over the first weeks and months of treatment, gum swelling and bleeding often decrease. Teeth may look longer or gaps may become more visible as inflamed gums shrink. Sensitivity can occur, especially where roots are exposed.

Over the years, the outlook is strongly influenced by daily plaque control, attendance for maintenance, smoking, diabetes and the amount of support already lost. Many people keep their teeth for a long time when the condition is treated and monitored. Some teeth with advanced damage may still be lost despite careful treatment.

Periodontitis can become active again. A return of bleeding, deeper pockets or new bone loss may lead to further cleaning, changes in home care or specialist treatment. Maintenance visits are therefore part of treatment rather than simply routine polishing.

Cleaning around bridges, implants, braces or dentures may require special brushes or threaders. Dental implants cannot develop periodontitis because they are not teeth, but they can develop a similar inflammatory condition called peri-implantitis.

When to get medical help

Arrange a routine dental appointment if your gums regularly bleed, look swollen, have receded or remain sore. Also book an assessment if you have ongoing bad breath, a new space between teeth or a tooth that feels loose. These changes need assessment but are not usually medical emergencies.

Seek urgent dental care if you develop:

Go to emergency care if swelling makes it difficult to breathe or swallow, spreads toward your eye or neck, or is rapidly worsening. These signs can indicate a spreading infection requiring immediate assessment.

- A painful or rapidly increasing gum swelling
- Pus around a tooth or gum
- Facial swelling
- Fever or feeling unwell with a dental swelling

- A tooth that suddenly becomes very loose
- Severe pain that is not settling

Common questions

Can periodontitis be cured?

Previous loss of bone and attachment is usually permanent, so periodontitis is not considered fully cured. Treatment can bring it under control and prevent or slow further loss. Selected regenerative procedures may restore some support in suitable areas.

Will my gums grow back after treatment?

Inflamed gums may tighten and become healthier, but receded gum tissue does not usually grow back by itself. Gum grafting may cover some exposed roots in selected cases. Bone regeneration is also possible only in certain types of defect.

Is periodontitis contagious?

The bacteria involved can pass between people through saliva, but periodontitis itself is not considered contagious in the same way as a cold. Developing it also requires a susceptible inflammatory response and other risk factors. Normal social contact does not usually require special precautions.

Can periodontitis make my teeth fall out?

Advanced periodontitis can remove enough support for teeth to loosen or be lost. This is not inevitable. Early treatment, effective daily cleaning and continuing maintenance improve the chance of keeping affected teeth.

Why do my gums bleed when I brush?

Bleeding often means the gums are inflamed by plaque. Brushing too forcefully can also injure them, and some medicines or health conditions can increase bleeding. Persistent bleeding should be checked by a dental professional.

Can I get dental implants if I have periodontitis?

Implants may be possible after the condition is brought under control. A history of periodontitis increases the risk of inflammation and bone loss around implants, so careful planning, plaque control and long-term maintenance are important.

Sources

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