

Gum Disease and Women.

Gum disease is a gum infection that destroys the attachment fibres and supporting bone that hold teeth. The main cause is dental plaque, a sticky, colourless film that forms around teeth. Toxins produced by bacteria in plaque destroy supporting tissues around the teeth, including the bone. Common signs include bleeding gums, swollen and tender gums, pus, boils, loose teeth, drifting teeth, bad breath and minor discomfort and a change in the way teeth fit together when biting.

Women who have poor oral hygiene and a higher inherent risk for gum disease may get it. Other risk factors include smoking and diabetes.

Women who intend to get pregnant should also note that it is important to ensure that they have healthy gums prenatally. It is not enough to say that since I have no pain hence, my gums must be healthy. Gum disease is largely a silent disease until it becomes advanced. It is important to have healthy gums prenatally for 2 reasons:

- (1) If a woman has gum disease prior to pregnancy, the fluctuating hormones may make it worse. This means that a woman who perhaps only has bleeding gums before getting pregnant now presents with gum swellings, pus, pain or boils. Although dental treatment is relatively safe during pregnancy, if the infection is very bad, medication needs to be given and not all medications including antibiotics have been proven safe to be given during pregnancy. Safety studies on the use of antibiotics are not done in pregnant women and hence its absolute safety can never be assured.
- (2) Gum disease also if undetected and persists during pregnancy apparently increases the risk of a premature low birth weight baby being born too. This result is from several studies done in the USA. There has been some other studies though that dispute this. This finding is still an ongoing debate among the professionals but it always better to be safe than sorry.

Adolescents also experience hormonal fluctuations and hence can exhibit bleeding and painful gums. Gum disease in these individuals, if present, also proceed at a faster rate lending to the term “aggressive periodontitis or gum disease”. Sometimes it is the reduced immune system in such individuals that lead to exhibition of aggressive gum disease. These individuals may always have a blood test done to rule out other immune diseases.

In the much older age group of women, osteoporosis is a relatively common problem. With the advent of new medications, most of these women may be on hormone replacement therapy (HRT) or on bisphosphonates such as Fosamax post-menopause.

Those on HRT may experience similar symptoms of the gums as pregnant women such as an exacerbation of an existing gum disease or bleeding gums.

Fosamax is a commonly used medication to treat osteoporosis especially in the post-menopausal woman. For those patients on bisphosphonates such as Fosamax, there is a small risk of contracting osteonecrosis (destruction of the jaw bone) whenever an extraction or oral surgery has to be done. However, this risk increases after 3 years of continuous usage.

Women and bone cancers

Other bisphosphonates are used to treat certain cancers and bone conditions eg Zometa. Those on intravenous bisphosphonates such as Zometa have a 1-10% risk of contracting osteonecrosis. This means that if a patient on these medications need to get an extraction due to gum disease or decay, the socket that remains may never heal and destruction of the jaw bone may follow.

These patients are often sent by their doctors before the commencement of the medications for a dental clearance. Imagine if the patient had untreated gum disease, the dentist or Periodontist would have had no time to get it treated before the commencement of the medication especially if the medication is for cancer treatment. This is because gum treatment usually takes a minimum of 2 months to treat. Hence, the patients end up with many extractions instead just so that they have an infection-free mouth to start on the bisphosphonates as soon as possible. This can be avoided if everyone ensures that their gums are in a healthy state at any time in their lives.

These patients on bisphosphonates should also be under close supervision by their dentists or periodontists as any loss of teeth due to gum disease or decay can lead to osteonecrosis. To date, there has not been a predictable treatment regime for osteonecrosis.