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# Gingivitis

## Types, Causes, Symptoms, Diagnosis, and Treatments

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**Correspondence:** Exon Publications, Brisbane, Australia; Email: books@exonpublications.com

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## Abstract

Gingivitis is a common condition that affects the gums and can lead to more serious dental problems if left untreated. It begins with inflammation of the gum tissue and is typically caused by plaque buildup along the gumline. This article explains what gingivitis is, its types, causes, symptoms, and stages. It also breaks down how the disease develops in the body, how it is diagnosed, and the complications that may arise. The article discusses current treatments, including over-the-counter products and prescription drugs, and outlines preventive strategies and what to expect in terms of long-term outlook.

**Keywords:** acute necrotizing ulcerative gingivitis; allergic gingivitis; complications of gingivitis; diagnosis of gingivitis; drug-induced gingivitis; hormonal gingivitis; living with gingivitis; pathophysiology of gingivitis; plaque-induced gingivitis; prevention of gingivitis; prognosis of gingivitis; risk factors and causes of gingivitis; stages of gingivitis; symptoms of gingivitis; treatment and management of gingivitis; types of gingivitis; what is gingivitis

## Introduction

Gingivitis is one of the most widespread oral health problems in the world. Many people do not realize they have it because early symptoms can be mild or go unnoticed. Yet untreated gingivitis can progress to periodontitis, which can result in tooth loss and damage to the structures supporting the teeth. This article provides an in-depth and accessible explanation of what gingivitis is, how it affects the mouth, who is at risk, and what steps can be taken to treat and prevent it. Whether you are experiencing gum irritation or just want to maintain a healthy smile, understanding gingivitis is key to protecting your overall oral health (1-10).



*Gingivitis is the inflammation of the gum tissue that occurs when plaque, a sticky film of bacteria, builds up on the teeth and gums. When plaque is not removed by regular brushing and flossing, it irritates the gum tissue, leading to redness, swelling, and bleeding during brushing or flossing. Image:*

*Gingivitis dental model. Image Credit: Thiprot from Getty Images via Canva.com.*

## What is Gingivitis?

Gingivitis is the inflammation of the gum tissue that occurs when plaque, a sticky film of bacteria, builds up on the teeth and gums. When plaque is not removed by regular brushing and flossing, it irritates the gum tissue, leading to redness, swelling, and bleeding during brushing or flossing. Unlike more advanced forms of gum disease, gingivitis does not involve loss of bone or connective tissue, making it reversible with proper care. However, if left untreated, it can progress to periodontitis, which causes permanent damage to the gums and bone. Gingivitis is usually painless in its early stages, which is why it often goes unnoticed until more severe symptoms appear.

## Types of Gingivitis

There are several different types of gingivitis, each with distinct causes and characteristics.

### Plaque-induced gingivitis

The most common form is plaque-induced gingivitis, which results from the buildup of bacterial plaque along the gumline. This type is directly related to poor oral hygiene and is reversible with improved dental care.

### Hormonal gingivitis

Another form is hormonal gingivitis, which occurs during periods of hormonal change such as puberty, menstruation, pregnancy, or menopause. These hormonal fluctuations can increase the sensitivity of gum tissue to plaque, leading to inflammation even with relatively good oral hygiene.

## Drug-induced gingivitis

Drug-induced gingivitis can be caused by medications that affect gum tissue, such as phenytoin, cyclosporine, or calcium channel blockers like nifedipine.

## Allergic gingivitis

Allergic gingivitis may develop as a response to dental materials, toothpaste, or food additives.

## Acute necrotizing ulcerative gingivitis

There is also acute necrotizing ulcerative gingivitis, a severe and painful form caused by a combination of bacterial infection, poor oral hygiene, stress, and lowered immunity. Understanding the specific type of gingivitis helps tailor treatment and preventive strategies more effectively.

## Risk Factors and Causes of Gingivitis

Gingivitis primarily results from the accumulation of dental plaque, but several factors can increase the risk or severity of the condition. Poor oral hygiene is the most common cause, as it allows plaque to accumulate and harden into tartar, which further irritates the gums. Smoking or chewing tobacco weakens the immune system and reduces the body's ability to fight infection, making it harder for gum tissue to heal. Certain illnesses like diabetes, leukemia, and HIV can also affect the immune response, increasing the risk of gum disease. Hormonal changes during pregnancy or puberty can heighten gum sensitivity, making it easier for inflammation to occur. Medications that reduce saliva flow or cause gum enlargement can also contribute to gingivitis. Genetic factors may play a role, as some people are more prone to gum disease due to inherited traits. Genes such as IL-1 (interleukin-1) have been linked to increased inflammatory response in gum tissue. A diet lacking in essential nutrients, particularly vitamin C, can further

impair gum health. All of these factors can work together to create an environment where gingivitis is more likely to develop or worsen.

## Symptoms of Gingivitis

Gingivitis often begins with subtle signs that many people overlook. The most common early symptom is redness and swelling of the gums. Gums may bleed easily, especially during brushing or flossing. In some cases, the gums appear puffy or soft to the touch. Bad breath, also known as halitosis, is another frequent symptom and results from bacteria in the plaque releasing foul-smelling compounds. Some people may notice a receding gumline, where the gums start pulling away from the teeth. Others may experience tenderness or discomfort while chewing, although gingivitis is often not painful in its early stages. A change in the color of the gums from healthy pink to darker red is also a sign of inflammation. The presence of these symptoms should prompt individuals to seek dental evaluation, as early treatment can prevent more serious issues.

## Stages of Gingivitis

Gingivitis is generally considered the earliest and mildest stage of gum disease. In its initial phase, plaque accumulates along the gumline and begins to irritate the gum tissue. If this plaque is not removed through brushing and flossing, it continues to build up, triggering inflammation. During this early stage, symptoms such as bleeding and swollen gums may appear. At this point, the condition is still reversible. However, if plaque is allowed to harden into tartar, it becomes more difficult to remove and the inflammation may worsen. The next stage beyond gingivitis is early periodontitis, where the inflammation spreads deeper into the supporting structures of the teeth,

including the bone. Once bone loss begins, the damage becomes permanent. Therefore, catching and treating gingivitis early is critical in preventing progression to advanced gum disease.

## Pathophysiology of Gingivitis

The biological process of gingivitis begins when bacteria in dental plaque accumulate along the gumline. These bacteria release toxins that irritate the gum tissue, triggering an immune response. The immune system sends white blood cells to the area, which release inflammatory chemicals in an effort to fight the bacteria. This causes blood vessels in the gums to expand, leading to redness and swelling. Over time, continued inflammation leads to the breakdown of the epithelial barrier that normally protects the tissue. Collagen fibers within the gums begin to break down, which contributes to bleeding and gum recession. Genes involved in inflammatory pathways, such as TNF- $\alpha$  and IL-6, may play a role in determining the severity of this response. If left unchecked, the chronic inflammation seen in gingivitis can eventually lead to destruction of the bone and connective tissue, turning into periodontitis. However, because gingivitis does not yet involve bone loss, it can be completely reversed with timely treatment.

## Diagnosis of Gingivitis

Diagnosing gingivitis begins with a clinical examination by a dentist or dental hygienist. The dental professional will assess the gums for redness, swelling, and bleeding during gentle probing. A periodontal probe may be used to measure the depth of the pockets between the teeth and gums. In healthy gums, these pockets are shallow. Deeper pockets may indicate gum disease. Dental X-rays are typically not required for diagnosing gingivitis unless there are signs that the disease has progressed to periodontitis.

In some cases, additional tests may be conducted to identify specific bacteria or assess the presence of inflammatory markers. Early diagnosis allows for prompt treatment, often avoiding the need for more invasive procedures. Dental professionals may also review medical history and medication use to determine if systemic factors or drugs are contributing to the gum inflammation.

## Complications of Gingivitis

If not treated, gingivitis can lead to a number of complications. The most significant risk is progression to periodontitis, a more severe form of gum disease that affects the bone and connective tissues holding the teeth in place. Periodontitis can result in tooth loosening and eventual tooth loss. Chronic inflammation from untreated gingivitis has also been linked to systemic health issues such as heart disease, diabetes, and stroke. In pregnant women, severe gum disease has been associated with preterm birth and low birth weight. Infections can spread to surrounding tissues, creating abscesses or contributing to halitosis. Gum recession may also occur, exposing the sensitive roots of teeth and increasing the risk of cavities and sensitivity. These complications make it important to treat gingivitis at its earliest stage to preserve both oral and overall health.

## Treatment and Management of Gingivitis

Treating gingivitis focuses on removing plaque and tartar and stopping the inflammatory process. The first step is professional dental cleaning, also known as scaling, to eliminate plaque and tartar from the teeth and gumline. If inflammation is severe, a deeper cleaning procedure called root planing may be done to smooth the surfaces of the tooth roots and help gums reattach. Dentists may prescribe

antimicrobial mouthwashes such as chlorhexidine to reduce bacterial load. In some cases, antibiotics like doxycycline may be used to target stubborn infections. Over-the-counter options such as toothpaste containing stannous fluoride or essential oils can help manage plaque. Consistent oral hygiene is crucial, including brushing at least twice a day and flossing daily. Patients with drug-induced gingivitis may require adjustment of medications in consultation with their physician. Supportive treatments like vitamin C supplements may be recommended if nutritional deficiency is a factor. With proper care, symptoms typically improve within a few days to weeks.

## Prevention of Gingivitis

Preventing gingivitis relies on maintaining good oral hygiene habits. Regular brushing and flossing help remove plaque before it can irritate the gums. Using a soft-bristled toothbrush and fluoride toothpaste helps clean teeth without damaging gum tissue. Flossing removes food particles and plaque from between the teeth and along the gumline, where a toothbrush cannot reach. Routine dental check-ups and professional cleanings every six months allow for early detection and removal of tartar. Avoiding tobacco products and eating a balanced diet rich in vitamins and minerals also support gum health. Limiting sugary snacks and drinks reduces the growth of plaque-causing bacteria. Using mouthwash with antibacterial properties may provide additional protection. For individuals with a history of gingivitis or risk factors such as diabetes or hormonal changes, more frequent dental visits may be recommended. Consistency is key in keeping gums healthy and preventing recurrence.

## Prognosis of Gingivitis

The outlook for individuals with gingivitis is generally very positive, especially when diagnosed and treated early. With proper care, gingivitis is entirely reversible, and gum tissue can return to a healthy state within weeks. Most people respond well to improved oral hygiene and professional cleaning. However, failure to address the condition can lead to periodontitis, which requires more intensive treatment and carries a risk of permanent damage. Individuals who maintain consistent oral hygiene and attend regular dental visits are less likely to experience recurrence. For those with chronic health conditions that increase risk, ongoing monitoring and preventive care are essential to maintain long-term gum health.

## Living with Gingivitis

Living with gingivitis requires a commitment to daily oral care and regular dental visits. Early diagnosis means that with a few changes, such as better brushing and flossing, the condition can be brought under control quickly. For people with recurring gingivitis or additional risk factors, developing a tailored routine with their dental professional can help reduce flare-ups. This may involve using special toothpaste, antimicrobial mouth rinses, or seeing a hygienist more frequently. Maintaining a healthy lifestyle, including a nutritious diet and stress management, can further support oral health. While gingivitis is not life-threatening, ignoring it can lead to long-term dental problems. Managing gingivitis successfully is not just about treating a condition—it is about building daily habits that keep your mouth healthy for life.

## Conclusion

Gingivitis is a common and preventable condition that serves as a warning sign for more serious gum disease. With early recognition and consistent oral care, it can be fully reversed. Understanding the causes, symptoms, and treatment options for gingivitis helps individuals take control of their oral health before complications arise. Through simple, consistent habits and professional care, maintaining healthy gums is entirely within reach.

## References

1. Löe H. The Gingival Index, the Plaque Index and the Retention Index Systems. *J Periodontol.* 1967;38(6):610-6.  
<https://doi.org/10.1902/jop.1967.38.6.610>
2. Page RC. Gingivitis. *J Clin Periodontol.* 1986;13(5):345-59. <https://doi.org/10.1111/j.1600-051X.1986.tb01471.x>
3. Lang NP, Bartold PM. Periodontal health. *J Periodontol.* 2018;89(Suppl 1):S9-S16.  
<https://doi.org/10.1002/JPER.16-0517>
4. Preshaw PM, Alba AL, Herrera D, et al. Periodontitis and diabetes: a two-way relationship. *Diabetologia.* 2012;55(1):21-31.  
<https://doi.org/10.1007/s00125-011-2342-y>
5. Kinane DF, Stathopoulou PG, Papapanou PN. Periodontal diseases. *Nat Rev Dis Primers.* 2017;3:17038.  
<https://doi.org/10.1038/nrdp.2017.38>
6. Sanz M, Beighton D, Curtis MA, et al. Role of microbial biofilms in the maintenance of oral health and in the development of dental caries and periodontal diseases. Consensus report of group 1 of the Joint EFP/ORCA workshop on the boundaries between caries and periodontal

- diseases. J Clin Periodontol. 2017;44(Suppl 18):S5-S11. <https://doi.org/10.1111/jcpe.12682>
7. Pihlstrom BL, Michalowicz BS, Johnson NW. Periodontal diseases. Lancet. 2005;366(9499):1809-20. [https://doi.org/10.1016/S0140-6736\(05\)67728-8](https://doi.org/10.1016/S0140-6736(05)67728-8)
  8. Eke PI, Dye BA, Wei L, et al. Prevalence of periodontitis in adults in the United States: 2009 and 2010. J Dent Res. 2012;91(10):914-20. <https://doi.org/10.1177/0022034512457373>

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