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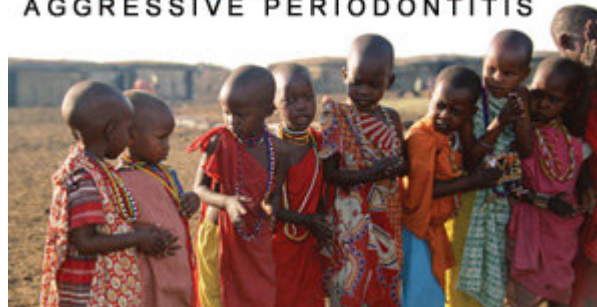
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## Global Juvenile Risk: AGGRESSIVE PERIODONTITIS



The rise of aggressive periodontitis, formerly called juvenile periodontitis is declared a global "epidemic" in a recent report.<sup>1</sup> The report also warns of the disfigurement and arrested social development the disease can cause among youthful populations.

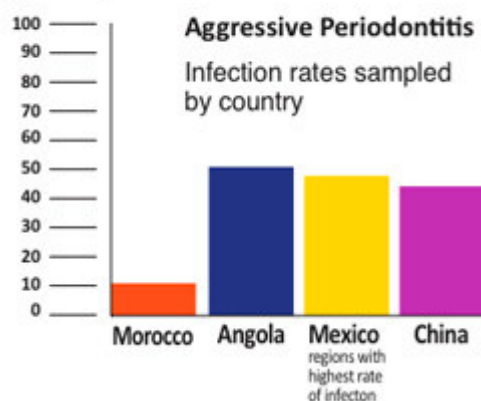
Aggressive periodontitis typically manifests as swollen gums that are bright red or purplish, or feel tender when touched. Other signs include receding gums, space developing between teeth, pus between teeth and gums, and bad breath. Symptoms begin to appear in children at puberty but can appear as young as 3 years of age.

Though preventable, stopping this worldwide epidemic requires much more than a clinical response.

### The worldwide threat

Worldwide the infection rate of aggressive periodontitis among children stands at 2% according to World Health Organization (WHO) statistics.

Infection rates  
by percentage



In the United States aggressive periodontitis is found in less than 1% of children age 14 to age 17. However, significantly higher rates of infection occur among minority populations and throughout certain communities in Los Angeles, Atlanta, and regions of Texas, Arizona and South Carolina.

### **How a smile is destroyed**

A child's smile plays a significant role in how he or she relates to other people. Aggressive periodontitis can devastate a child's facial expression in a number of ways including:

- Protrusion of maxillary incisors following periodontal attachment loss.
- Extensive destruction of anterior papilla.
- Loss of maxillary central incisors.

Speech may also become problematic for these children who may also exhibit conduct problems, learning problems and social inhibition as well as depression.

### **Breaking the cycle**

The microbial infection responsible for aggressive periodontitis is often passed from mother or caregiver to child or from generation to generation--vertical transmission. Slowing the spread of the disease is directly related to educating parents in a way that helps them understand the infection process.

Education should begin before birth and include advice to expectant mothers to warn against kissing a child on the lips, sharing eating utensils or toothbrushes with a child, or chewing food for a child. Simple periodontal education can be included in prenatal instruction for mothers.

Parents should be educated early about brushing primary teeth and general oral hygiene, and counseled to understand how saliva acts as a vehicle for bacterial transmission between parent and child and among family members.

### **Dental hygienists at the line of defense**

In battling aggressive periodontitis, dental hygienists provide a critical role in monitoring patients for problems associated with oral disease. Their observations and vigilance in preventing the disease from progressing into the erupting permanent dentition is a key part of minimizing the oral health risk to many youths.

When the disease has progressed to cause bone and attachment loss, extraction of affected primary teeth may be the best option. Emphasis should be placed on halting progression of the disease into the permanent dentition so that permanent teeth are allowed to erupt under healthy conditions.

Finally, dental hygienists should also be prepared to guide treatment for entire families and communities affected by aggressive periodontitis, and to work toward stopping the patterns of transmission

#### **Reference**

1. A Global Epidemic. *Dimensions of Dental Hygiene*. 2008;6(2): 20-22.

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