



ETIOLOGY OF PERIODONTAL DISEASES SYSTEMIC & ENVIRONMENTAL FACTORS

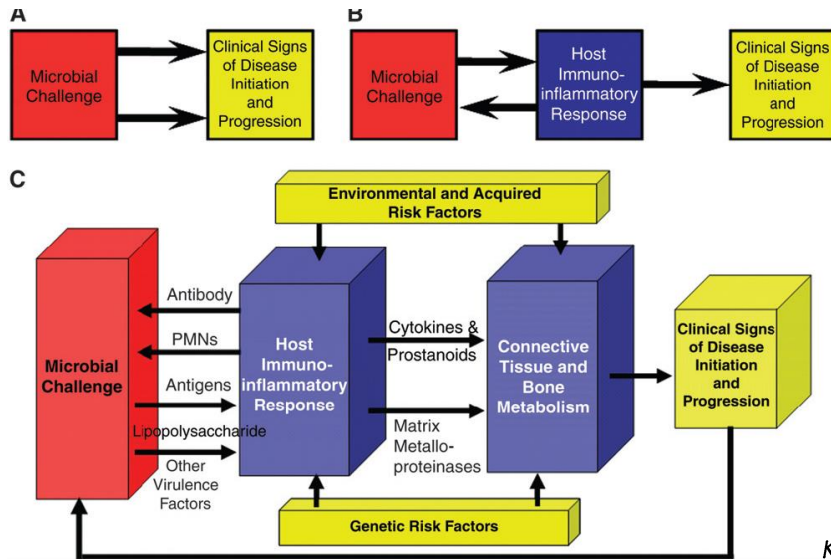
Dr. Ahmad Abdel Salam Hamdan

B.D.S., M.Sc., Ph.D.

**Assistant Professor, Periodontology
Faculty of Dentistry – University of Jordan**

Introduction

Introduction



Introduction

A number of environmental, physical, & psychological factors have the potential to alter periodontal tissue & host immune response, resulting in more severe periodontal disease expression.

Klokkevold PR & Mealey BL

Introduction

Systemic & Environmental Factors

Modifiable

Diabetes Mellitus

Smoking

Stress & psychological factors

Non-modifiable

Genetic factors

Puberty, pregnancy, & the menopause

Introduction

They have profound effects on the host

Physiological response

Vascular system

Inflammatory response

Immune system

Tissue repair

Introduction

They have the potential to modify

- Susceptibility to disease

- Plaque microbiota

- Clinical presentation of periodontal disease

- Disease progression

- Response to treatment



Diabetes Mellitus

Diabetes Mellitus... Types

Diabetes mellitus type 1

Destruction of insulin-producing β cells

10-20% of patients with DM

Diagnosis before age of 21 years

Diabetes mellitus type 2

Insulin resistance

Reduction in insulin production

Onset of symptoms is gradual (after 40 years)

Diabetes Mellitus... Clinical Symptoms

Hyperglycemia

Polyuria

Polydipsia

Polyphagia

Pruritis

Weakness

Fatigue

Diabetes Mellitus... Complications

Retinopathy

Nephropathy

Neuropathy

Macrovascular disease

Impaired wound healing

Diabetes Mellitus... Oral & Periodontal Effects

Diminished salivary flow

Burning mouth or tongue

Xerostomia (Oral Hypoglycemic Drugs)

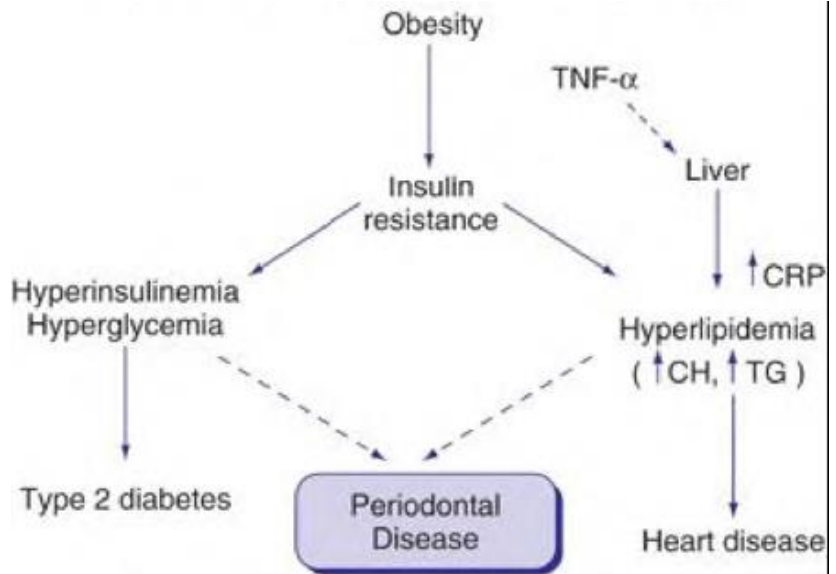
Candidiasis

Clinical attachment loss

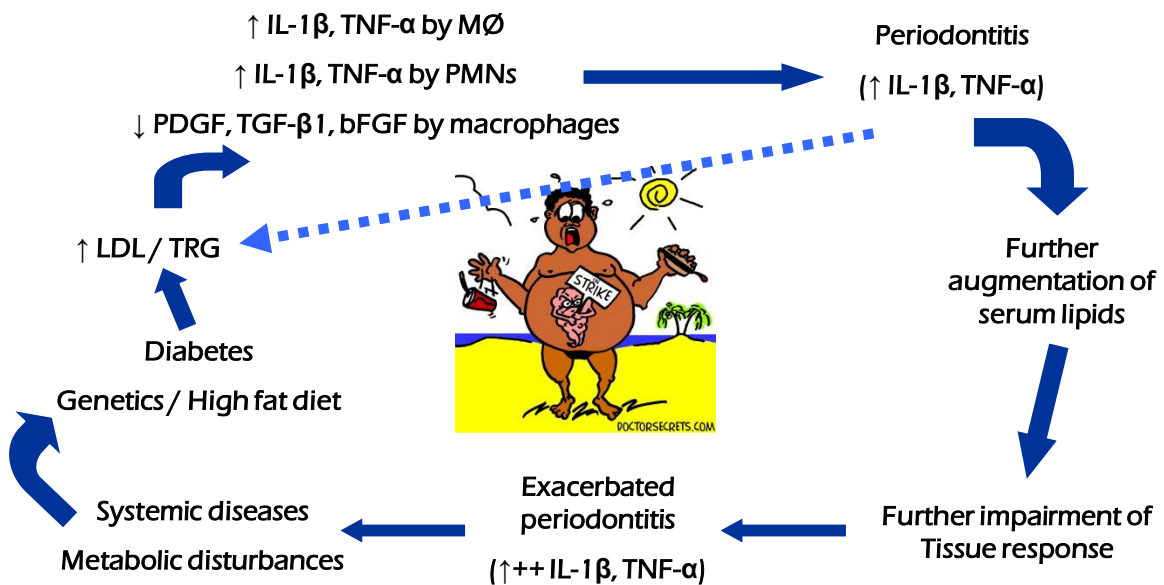


... Association of Periodontal Infection & Diabetic Control

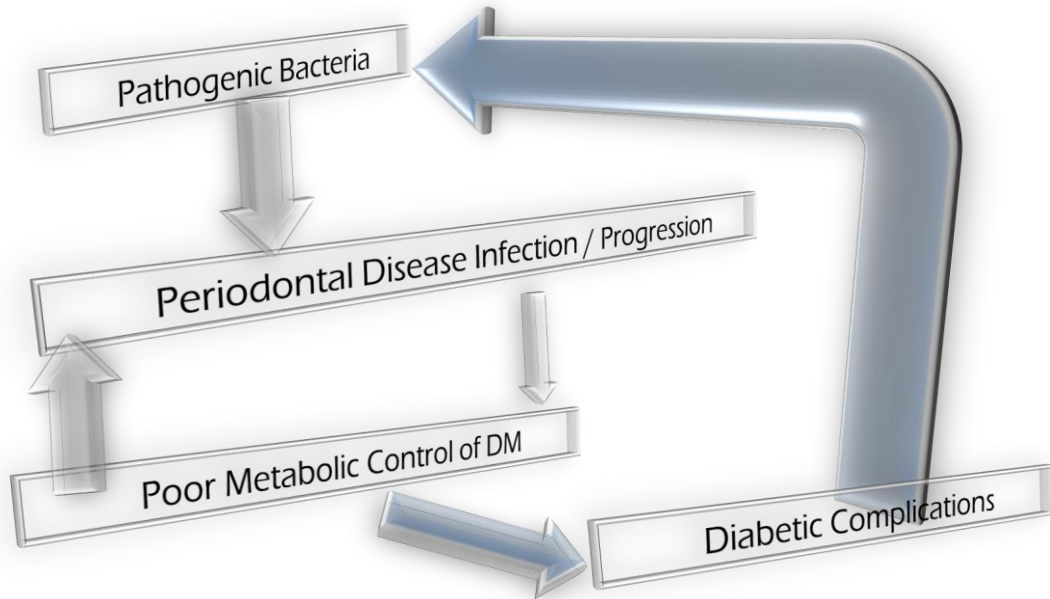
Insulin resistance



Impaired tissue response via immune cell alterations:



... Association of Periodontal Infection & Diabetic Control



... Modification of the Host-Bacteria Relationship in Diabetes

Effects on microbiota

Increase in the proportions of pathogenic species

Effects on the host response

PMNs

Cytokines, Monocytes, & Macrophages

Connective Tissue

... Modification of the Host-Bacteria Relationship in Diabetes

Effects on PMNs

- Reduced function
- Defective chemotaxis
- Increased collagenase activity in crevicular fluid
- Increased levels of β -glucuronidase & elastase

... Modification of the Host-Bacteria Relationship in Diabetes

Effects on Cytokines, Monocytes, & Macrophages

- Higher levels of IL-1 β & PGE₂ in crevicular fluid
- Increased release of IL-1 β , PGE₂ & TNF- α by monocytes
- Binding of AGEs to macrophages & monocytes
 - Destructive cell phenotype**
 - Increased sensitivity to stimuli**
 - Excessive release of cytokines**

... Modification of the Host-Bacteria Relationship in Diabetes

Effects on Connective Tissue

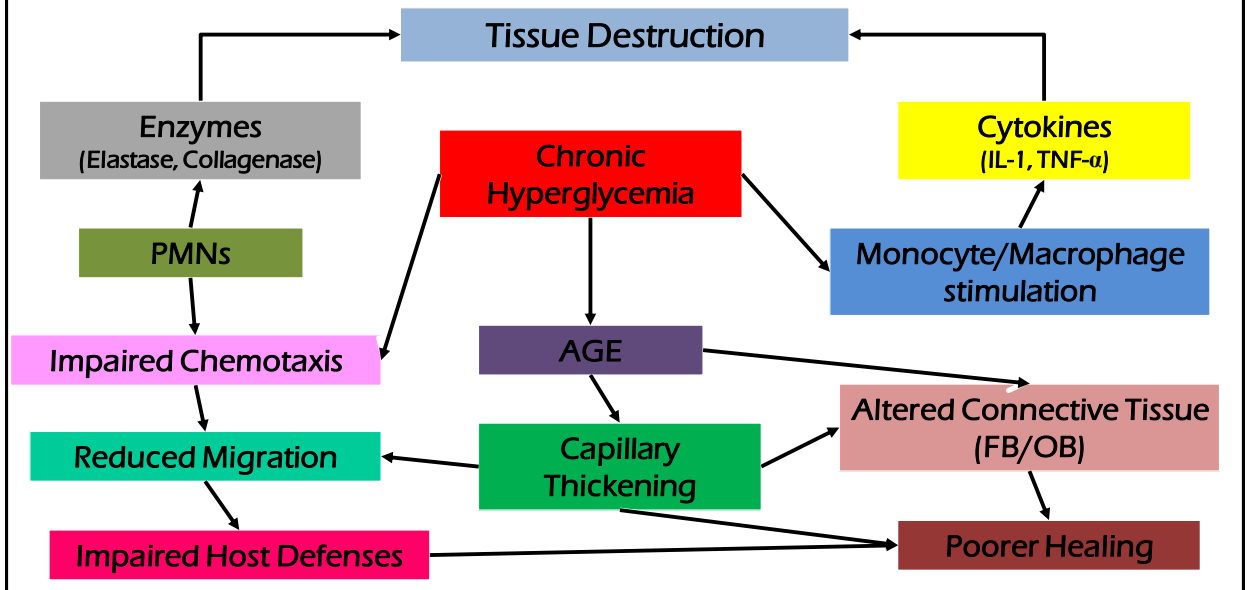
- Reduced growth, proliferation, & differentiation of FB & OB
- Reduced matrix synthesis by FB & OB
- Formation of reactive oxygen species damaging cellular function (oxidative stress)
- Altered collagen metabolism due to AGE accumulation
 - Vascular changes (thickening of capillary basement membrane)

... Modification of the Host-Bacteria Relationship in Diabetes

Effects on Healing & Treatment Response

- Decreased synthesis of collagen by FB
- Increased degradation by collagenase
- Glycosylation of existing collagen at wound margins
- Defective remodeling & rapid degradation of newly synthesized, poorly cross-linked collagen

... Modification of the Host-Bacteria Relationship in Diabetes



Puberty,
Pregnancy, &
The Menopause

Puberty, Pregnancy, & The Menopause

Effects of Estrogen & Progesterone on the periodontium

Affect salivary peroxidases (Estrogen)

Stimulate collagen metabolism & angiogenesis (Estrogen)

Trigger autocrine or paracrine GF signaling pathways (Estrogen)

Modulate vascular responses & connective tissue turnover in the periodontium (Estrogen & Progesterone)

Interaction with inflammatory mediators (Estrogen & Progesterone)

Puberty, Pregnancy, & The Menopause... Puberty & Menstruation

Increase in gingival inflammation

No change in plaque levels

Differences between studies (related to study designs)

Prevotella intermedia (can use progesterone as nutrient)

Increased inflammation during menstruation

Puberty, Pregnancy, & The Menopause... Pregnancy

Pregnancy gingivitis

Increase in BoP, PD, Crevicular Fluid Flow

More significant during 2nd & 3rd trimesters

Effects on the microbiota

Increase in growth of periodontal pathogens (*P. intermedia*)

Puberty, Pregnancy, & The Menopause... Pregnancy

Effects on the tissues & host response

Increased capillary permeability & dilatation (increased gingival exudate)

Stimulation of prostaglandin synthesis

Decreased keratinization of the gingiva

Increased epithelial glycogen

Suppression of the immune response to plaque

Suppression of PMN chemotaxis & phagocytosis

Suppression of antibody & T cell responses

Puberty, Pregnancy, & The Menopause... Pregnancy

Pregnancy granuloma or epulis

- Pedunculated, fibro-granulomatous lesion
- Bright red, hyperemic, & edematous
- Interdental papillae (max. ant. teeth)
- Regression after parturition
- Recurrence after surgical removal during pregnancy
- Good oral hygiene & debridement (during pregnancy)



Puberty, Pregnancy, & The Menopause... Menopause & Osteoporosis

Reduction of hormonal levels

Desquamation of gingival epithelium

Osteoporosis

- Reduction in bone density
- Prevented by estrogen replacement therapy
- Lower risk of tooth loss with replacement therapy

Effect of smoking on osteoporosis

- Increased levels of FSH & LH (reduction in estrogen)

Puberty, Pregnancy, & The Menopause... Hormonal Contraceptives

Similar to pregnancy but less dramatic

Increased gingival inflammation

Increased gingival exudate

Increase in tissue breakdown with long-term use



Tobacco
Smoking



Smoking

Effects of nicotine

- Increase in blood pressure
- Increase in heart rate
- Increase in respiratory rate
- Decrease in skin temperature



Smoking

Periodontal disease in smokers

- Necrotizing periodontal diseases (NUG & NUP)
- Poorer oral hygiene
- Higher levels of periodontal destruction
- Deeper probing depths & larger number of deep pockets
- More attachment loss with more recession
- More alveolar bone loss
- More tooth loss
- Less gingivitis & less BoP
- More furcation involvement

Smoking... Modification of the host-bacteria relationship in smoking

Effects on plaque bacteria

- Higher levels of plaque
- Higher counts of periodontal pathogens
- Higher proportion of sites harboring periodontal pathogens

Smoking... Modification of the host-bacteria relationship in smoking

Effects on the host response

- Retarded inflammation
- Lower amounts of crevicular fluids
- Fewer blood vessels

- Increased number of leukocytes in the circulation (fewer in gingiva)
- Inhibition of neutrophil & monocyte/macrophage functions
- Generation of reactive oxygen species
- Alteration in the migration of leukocytes
- Alteration in the levels of PMNs enzymes
- Alteration in T & B cell functions

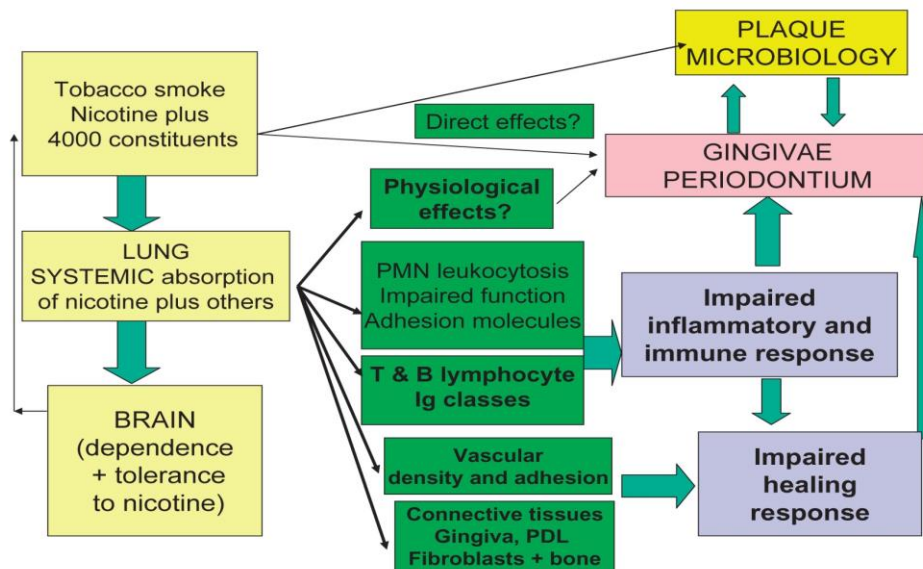
Smoking... Modification of the host-bacteria relationship in smoking

Effects on healing & treatment response

Poorer reduction in PD & gains in CAL

Impairment & retardation of tissue healing

Smoking... Modification of the host-bacteria relationship in smoking



Thank You...