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THE CONDITION OF PERIODONTAL TISSUES IN PREGNANT WOMEN

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Pregnancy is a physiological condition accompanied by significant hormonal, immunological, and metabolic changes in a woman's body. These changes have a pronounced effect on the condition of the organs and tissues of the oral cavity, particularly the periodontium. Periodontal diseases in pregnant women represent a relevant medical and social problem, as they can negatively affect not only the mother's health but also the course of pregnancy and fetal development.

The periodontium is a complex of tissues that surround and support the tooth, including the gingiva, periodontal ligament, root cementum, and alveolar bone. The main periodontal diseases are gingivitis and periodontitis. During pregnancy, pregnancy-associated gingivitis is most commonly observed and develops as a result of hormonal changes in the body.

One of the key factors influencing periodontal status during pregnancy is alteration of the hormonal background. Increased levels of estrogen and progesterone lead to enhanced vascular permeability, increased blood supply to the gingiva, and reduced resistance of periodontal tissues to microbial factors. As a result, even a small amount of dental plaque can provoke a pronounced inflammatory response.

Changes in the immune status of a pregnant woman also play an important role in the development of periodontal diseases. A physiological decrease in immune reactivity promotes the active proliferation of pathogenic oral microflora, which intensifies inflammatory processes in periodontal tissues. Inflammation most often manifests as gingival swelling, hyperemia, and bleeding, especially during tooth brushing or eating.

Insufficient oral hygiene is another significant etiological factor. During pregnancy, many women experience nausea, vomiting, and increased sensitivity of the oral mucosa, which complicates regular and effective oral care. Accumulation of soft dental plaque and formation of dental calculus aggravate the course of inflammatory processes in the periodontium.

Particular attention is given to the relationship between periodontal diseases and pregnancy complications. A number of studies indicate that chronic inflammation of periodontal tissues may contribute to the development of preterm birth, low birth weight, and gestosis. This is associated with the entry of inflammatory mediators and toxins produced by periodontopathogenic microorganisms into the systemic circulation.

Prevention and treatment of periodontal diseases in pregnant women should be aimed at eliminating local and systemic risk factors. The basis of prevention is adherence to proper individual oral hygiene, including regular tooth brushing, the use of dental floss, and mouth rinses approved for use during pregnancy. Professional oral hygiene and timely treatment of inflammatory gingival diseases play an important role.

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Treatment of periodontal diseases in pregnant women should be carried out with consideration of the gestational age and the patient's general condition. Preference is given to non-pharmacological and gentle treatment methods aimed at reducing inflammation and improving the condition of periodontal tissues. Timely visits to the dentist and interdisciplinary cooperation between the dentist and the obstetrician-gynecologist significantly reduce the risk of complications.

Thus, the periodontal status of pregnant women requires increased attention from healthcare professionals. Early diagnosis, prevention, and adequate treatment of periodontal diseases contribute to the preservation of a woman's oral health and a favorable course of pregnancy.