Gingivitis is one of the commonly known oral diseases globally [1]. Gingival diseases are non-ordinary contamination that embraces an assorted clan of pathological units triggered by numerous etiologic aspects, if left untouched can crack into an added dangerous malady known as periodontitis [2]. However, if gingivitis is left untreated and unregulated, it can result in a gap between the gums and the teeth, which can harm the bone and tissue supporting the teeth [3]. If the infection worsens, teeth may start loosening up in the gums and ultimately may need to get extracted [4]. Numerous insults add to gingivitis from use of certain medicines, smoking, uncontrolled diabetes, irritation by dental appliances, HIV and over hanging fillings/restorations [5]. Gingivitis is preventable and avoidable disease of periodontium. This is only possible if appropriate brushing technique is adapted, twice a day every day; use of mouth washes, regular visits to the dentist, and proper cleaning of mouth after every meal [6]. In Pakistan, several scholars have established that periodontal problems never happen unaided; they are almost always linked with other associated elements [7-10]. The goal of the current study was to evaluate the incidence of gingivitis in patients coming to dental care facility i.e., DentoScope Institute of Advanced Dentistry, Rawalpindi and to learn the level of gingivitis and its related hazard aspects. Methods: This was a cross sectional research carried out to evaluate the level of gingivitis amongst the subjects appearing at DentoScope Institute of Advanced Dentistry Rawalpindi, Pakistan. The time of the research was eight months from January 2022 to August 2022. Non-probability purposive sampling was carried out for the collection of the subjects. Results: 400 patients were observed of which 172 (43%) were females and 228 (57 %) were males. With a total of 141 patients out of 400, the age group from 30 to 39 appears to be the largest amongst all other varieties, followed by the 40 to 49 age group, which had a total of 131 patients. Conclusions: Infamed gingiva, also commonly known as gingivitis is an avoidable normally happening disease in Pakistan that can be initiated by several various causative issues. Amongst diverse related risk aspects that cause gingivitis, chewing tobacco or tobacco smoking is the most regular one reported.

INTRODUCTION

Gingivitis is one of the commonly known oral diseases globally [1]. Gingival diseases are non-ordinary contamination that embraces an assorted clan of pathological units triggered by numerous etiologic aspects, if left untouched can crack into an added dangerous malady known as periodontitis [2]. However, if gingivitis is left untreated and unregulated, it can result in a gap between the gums and the teeth, which can harm the bone and tissue supporting the teeth [3]. If the infection worsens, teeth may start loosening up in the gums and ultimately may need to get extracted [4]. Numerous insults add to gingivitis from use of certain medicines, smoking, uncontrolled diabetes, irritation by dental appliances, HIV and over hanging fillings/restorations [5]. Gingivitis is preventable and avoidable disease of periodontium. This is only possible if appropriate brushing technique is adapted, twice a day every day; use of mouth washes, regular visits to the dentist, and proper cleaning of mouth after every meal [6]. In Pakistan, several scholars have established that periodontal problems never happen unaided; they are almost always linked with other associated elements [7-10]. The goal of the current study was to evaluate the incidence of gingivitis in patients coming to dental care facility i.e., DentoScope Institute of Advanced Dentistry, Rawalpindi Pakistan and to learn the level of gingivitis and its related hazard aspects.

METHODS

This was a cross sectional study carried out to evaluate the level of gingivitis amongst the subjects visiting DentoScope Institute of Advanced Dentistry, Pakistan for
Gingivitis is an avoidable usually stirring disease in Pakistan.

Table 1: Demographic Variables

| Variables                          | Incidence (%) |
|-----------------------------------|---------------|
| "Do you have any systemic problem?" | No: 318 (79.5%)  
Yes: 62 (20.5%) |
| "Do you take any form of tobacco or tobacco containing products?" | Yes: 272 (68%) |  
No: 128 (32%) |
| "How many times a day you clean (brush/ maswak) your teeth?" | Once: 332 (83%) |  
Twice: 68 (17%) |  
Thrice: 0 (0%) |
| "What instrument you use for cleaning teeth?" | Datum: 00 |  
Neem: 00 |  
Tooth paste: 360 (90%) |  
Maswak: 40 (10%) |
| "Does your gum bleed while brushing?" | Yes: 301 (75.25%) |  
No: 99 (24.75%) |
| "Have you ever visited a dentist?" | Yes: 123 (30.75%) |  
No: 277 (69.25%) |
| "Do you have chewing problems while eating due to pain in the gums?" | Yes: 260 (65%) |  
No: 140 (35%) |
| "Do you have a problem of bad breath?" | Yes: 249 (62.25%) |  
No: 151 (37.75%) |

Table 2: Risk features related with gingivitis and features causing gingival tissue

| Variables                          | Incidence (%) |
|-----------------------------------|---------------|
| Gender                            |              |
| Female                            | 172 (43%)     |  
Male                              | 228 (57%)     |  
Total                             | 400 (100%)    |
| Age Groups                        |              |
| 20-29                             | 75 (18.75%)   |  
30-39                             | 141 (35.25%)  |  
40-49                             | 131 (32.75%)  |  
50 and above                      | 53 (13.25%)   |  
Total                             | 400 (100%)    |
| Gingival Index (GI)               |              |
| Mild                              | 46 (11.3 %)   |  
Moderate                          | 267 (66.7%)   |  
Severe                            | 88 (22%)      |  
Total                             | 400 (100%)    |

Discussion

Gingivitis is an avoidable usually stirring disease in Pakistan.
that can be instigated by numerous diverse risk aspects such as use of medicines, tobacco smoking, diabetes mellitus, orthodontic appliances, improper brushing etc. [11]. Amongst the various related risk features that grounds the gingivitis, chewing/smoking tobacco was the most regular one described. The tobacco chewing was allegedly similarly shared in both the genders [12, 13]. Gingivitis affects gum health bringing about trouble in chewing; stagnation, exasperation of the gum and bad odor that does not go away like that even after cleaning the teeth via brushing or mouth washes [14]. Though, gingivitis could be prohibited and is rescindable by means of the appropriate brushing procedure; two times regularly brushing along with consistent visit to the clinic of dentist, mouth washes usage and appropriate cleaning once meal is served [15]. The existing study displays that maximum number of the subjects were using brush only a time daily and the brushing procedure was also dubious henceforth the higher ratio of gingivitis between these patients. The current study ratifies this conclusion that the patients using pastes and mouthwashes had somewhat improved oral cleanliness as related to those who were using just brush or mouthwash, since usage of both these products condensed the amount of bacterial oral flora and hence prohibited a person from gingival tenderness. It’s well known that braces specially fixed are responsible for certain pathological dissimilarities in the mouth of the patients [16]. These deviations are detected through initially in the management. These fixed appliances if not well kept hygienically helps by offering a capacity round the tooth where plaque can accrue on the surface around the tooth that can further leads and causes gingival tenderness[17, 18]. In the current study, few of the patients particularly patients who were female and were having orthodontic appliances, were establish to have poorer oral hygiene with plaque and bad odor. Therefore, orthodontic appliances in the management of patients can be measured as a risk aspect for gingivitis and periodontal swelling [19, 20]. Epidemiological surveys conducted on a steady routine may give essential data about changes in pattern and Prevalence of gingivitis, which can be supportive in design & providing treatment.

**CONCLUSIONS**

Inflamed gingiva, also commonly known as gingivitis is an avoidable normally happening disease in Pakistan that can be initiated by several various causative issues. Amongst diverse related risk aspects that cause gingivitis, chewing tobacco or tobacco smoking is the most regular one reported. A highly significant association was found among gender of the patients and gingivitis as well as amongst the degree of gingivitis and tobacco. Males were having more severe gingival inflammation.

**Conflicts of Interest**

The authors declare no conflict of interest

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