

Both statements are true

Pregnancy gingival enlargement may be marginal and generalized or may occur as single or multiple tumor-like masses. During pregnancy there is an increase in levels of both **progesterone** and **estrogen**. These hormonal changes induce changes in vascular permeability, leading to gingival edema and an increased inflammatory response to dental plaque. **Note:** The subgingival microbiota may also undergo changes, including an increase in **Prevotella intermedia**. These bacteria crave steroid hormones for their own metabolism.

The enlargement is usually generalized and tends to be more prominent interproximally than on the facial and lingual surfaces. The enlarged gingiva is bright red or magenta, soft, and friable and has a smooth, shiny surface. Bleeding occurs spontaneously or on slight provocation. **Note:** Usually appears in second or third month.

The so-called **pregnancy tumor** is not a neoplasm; it is an inflammatory response to bacterial plaque and is modified by the **patient's** condition. It usually appears after the third month of pregnancy but may occur earlier. The lesion appears as a discrete, mushroomlike, flattened spherical mass that protrudes from the gingival margin or more often from the interproximal space and is attached by a sessile or pedunculated base.

Important: Most gingival disease during pregnancy can be prevented by the **removal of plaque and calculus**, as well as the institution of fastidious oral hygiene at the outset.

Gingival diseases modified by **systemic factors:** endocrine changes during pregnancy, puberty, and diabetes. Blood dyscrasias (*i.e.*, *leukemia*) may impact the immune response as well.

Gingival diseases modified by **medications:** anticonvulsants, antihypertensive calcium channel blockers, and immunosuppressant drugs are known to cause gingival enlargement.

Non-Plaque-Induced Gingival Lesions:

- Gingival diseases of specific bacterial origin: *Neisseria gonorrhoeae*, *treponema pallidum*, streptococcus species.
- Gingival diseases of viral origin: Herpesvirus infections (*Primary herpetic gingivostomatitis*, *Recurrent oral herpes*, *Varicella zoster*)
- Gingival diseases of fungal origin: Candidiasis (*caused by Candida albicans*)
- Gingival diseases of genetic origin: Hereditary gingival fibromatosis
- Gingival manifestations of systemic conditions: may appear as desquamative lesions, ulcerations of the gingiva or both
- Traumatic lesions: may be factitious (*unintentionally produced*) as in the case of toothbrush trauma, iatrogenic (*induced by the dentist*) as in the case of restorative care that may lead to traumatic injury of the gingiva, or accidental, as in the case of damage to the gingiva through minor burns from hot foods or drinks.