Part 1

The Periodontium in Health

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CHAPTER

1 Periodontium: The Tooth-Supporting Structures

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Clinical Application.

Dental health care providers continuously interact with patients when making clinical decisions, performing clinical procedures, evaluating new techniques, and adapting to emerging treatment approaches. Nearly every action taken by a clinician requires a detailed knowledge of the anatomy of the tooth-supporting structures—the periodontium. Chapters 1 and 2 outline current knowledge about the anatomy of the periodontium. Chapter 1 deals with what is known about the fundamental structure of the complex system of tissues that support the teeth and can serve as a basis for organizing thoughts about additional anatomical information as it becomes available through additional research. Chapter 2 deals with the microscopic anatomy of these same structures.

Learning Objectives

- Identify the tissues of the periodontium on an unlabeled diagram depicting the periodontium in cross section.
- Describe the function that each tissue serves in the periodontium, including the gingiva, periodontal ligament, cementum, and alveolar bone.
- In a clinical setting or on a color photograph, identify the following anatomical areas of the gingiva: free gingiva, gingival sulcus, interdental gingiva, and attached gingiva.
- In a clinical setting or on a color photograph, identify the following boundaries of the gingiva: gingival margin, free gingival groove, and mucogingival junction.
- In a clinical setting, identify the free gingiva on an anterior tooth by inserting a periodontal probe to the base of the sulcus.
- In a clinical setting, compare and contrast the coral pink tissue of the attached gingiva with the darker, shiny tissue of the alveolar mucosa.
- In the clinical setting, use compressed air to detect the presence or absence of stippling of the attached gingiva.
- Identify the alveolar process (alveolar bone) on a human skull.
- Describe the position and contours of the alveolar crest of the bone in health.
- Describe the nerve and blood supply to the periodontium.
- Explain the role of the lymphatic system in the health of the periodontium.

Key Terms

Periodontium
Gingiva
Periodontal ligament
Cementum
Alveolar bone
Gingival margin
Alveolar mucosa
Free gingival groove
Mucogingival junction
Free gingiva
Attached gingiva
Stippling
Interdental gingiva
Papillae
Gingival col
Gingival sulcus
Gingival crevicular fluid
Sharpey fibers
Alveolar process
Alveolar bone proper
Alveolus
Cortical bone
Alveolar crest
Cancellous bone
Periosteum
Innervation
Trigeminal nerve
Anastomose
Lymphatic system
Lymph nodes

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Section 1
Tissues of the Periodontium

The **periodontium** (peri = around and odontos = tooth) is the functional system of tissues that surrounds the teeth and attaches them to the jawbone (Figs. 1-1 and 1-2). The periodontium is also called the "**supporting tissues of the teeth**" and "the **attachment apparatus.**" The tissues of the periodontium include the following:

1. **Gingiva**—the tissue that covers the cervical portions of the teeth and the alveolar processes of the jaws.
2. **Periodontal ligament (PDL)**—the fibers that surround the root of the tooth. These fibers attach to the bone of the socket on one side and to the cementum of the root on the other side.
3. **Cementum**—the thin layer of mineralized tissue that covers the root of the tooth.
4. **Alveolar bone**—the bone that surrounds the roots of the teeth. It forms the bony sockets that support and protect the roots of the teeth.

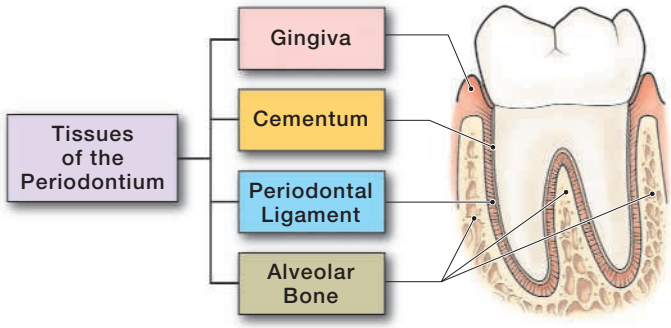


Figure 1-1. Tissues Comprising the Periodontium. A graphic representation of the periodontium in cross section.

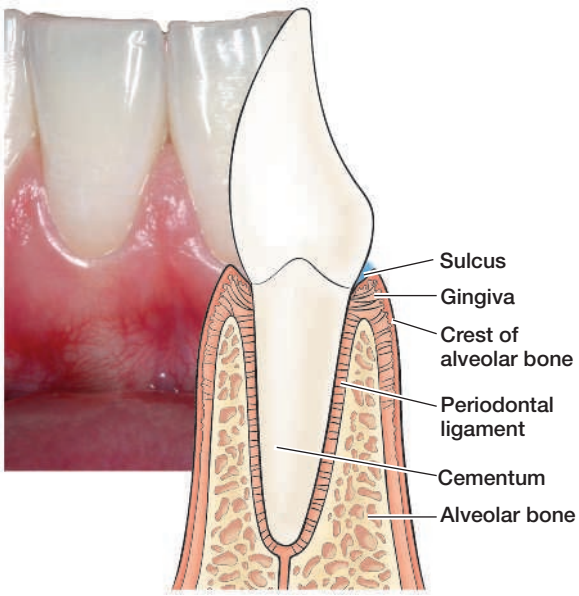


Figure 1-2. Healthy Periodontium. Clinical photograph and drawing depicting the structures of the periodontium.

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TABLE 1-1 THE PERIODONTIUM

Structure	Brief Description of Its Function
Gingiva	• Provides a tissue seal around the cervical portion (neck) of the tooth • Covers the alveolar processes of the jaws • Holds the tissue against the tooth during mastication
Periodontal Ligament	• Suspends and maintains the tooth in its socket
Cementum	• Anchors the ends of the periodontal ligament fibers to the tooth so that the tooth stays in its socket • Protects the dentin of the root
Alveolar Bone	• Surrounds and supports the roots of the tooth

Each of the tissues of the periodontium plays a vital role in maintaining the health and function of the periodontium (Table 1-1). Knowledge of the periodontal tissues in health is a necessary foundation for understanding the concepts of (1) normal function of the periodontium, (2) disease prevention, and (3) the periodontal disease process.

Dental hygiene students usually are introduced to the tissues of the periodontium during the first semester or quarter of the dental hygiene curriculum. In the preclinical stages of the curriculum, mastering dental terminology and anatomy can sometimes be overwhelming and confusing. This chapter provides an opportunity to review this complex system of tissues known as the periodontium.

THE GINIVA

1. Overview of the Gingiva
   - A. **Description.** The **gingiva** is the part of the mucosa that surrounds the cervical portions of the teeth and covers the alveolar processes of the jaws (Fig. 1-3).
     1. The gingival margin is located coronal to the cementoenamel junction (CEJ) of each tooth and attaches to the tooth by means of a specialized type of epithelial tissue (junctional epithelium).
     2. It is composed of a thin outer layer of epithelium and an underlying layer of connective tissue.
     3. The gingiva is divided into four anatomical areas (Fig. 1-4):
        - a. Free gingiva
        - b. Gingival sulcus
        - c. Interdental gingiva
        - d. Attached gingiva
   - B. **Function.** The gingiva protects the underlying tooth-supporting structures of the periodontium from the oral environment. The oral environment is exposed to a wide range of temperatures in food and drink, mechanical forces, and many oral bacteria. To accomplish these functions, the gingiva has several defense mechanisms, including the saliva and immune system.

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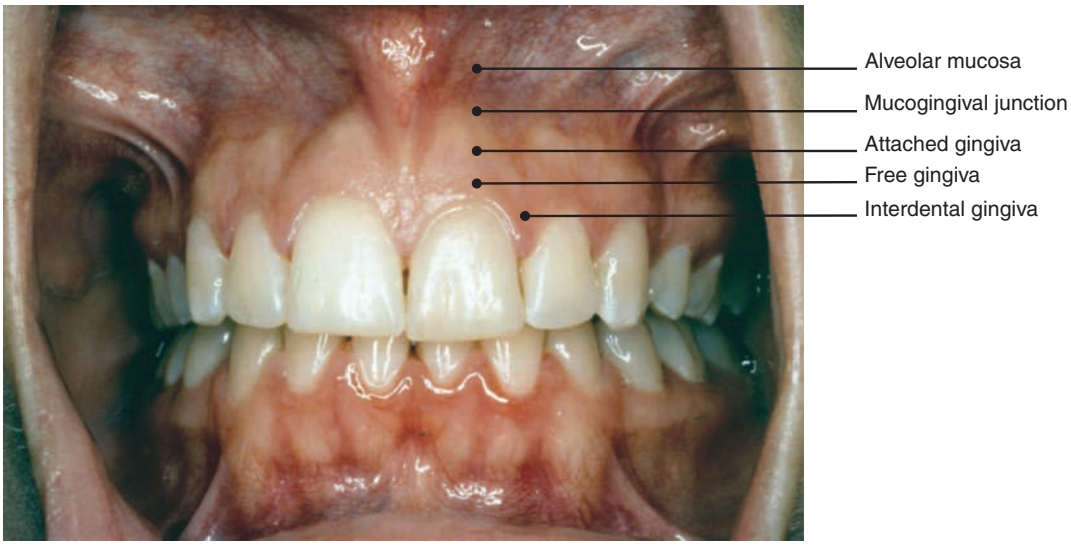


Figure 1-3. The Gingival Tissues. Photograph of healthy gingival tissues showing the free, attached, and interdental gingiva.



Figure 1-4. Gingival Tissue of the Palate. On the palate, the lingual gingiva is directly continuous with the keratinized masticatory mucosa.

C. Boundaries of the Gingiva

1. The coronal boundary, or upper edge, of the gingiva is the **gingival margin** (Fig. 1-5).
2. The apical boundary, or lower edge, of the gingiva is the alveolar mucosa. The **alveolar mucosa** can be distinguished easily from the gingiva by its dark red color and smooth, shiny surface.

D. Demarcations of the Gingiva

1. The **free gingival groove** is a shallow linear depression that separates the free and attached gingiva (this line is rarely visible to the naked eye).
2. The **mucogingival junction** is the clinically visible boundary where the pink attached gingiva meets the red, shiny alveolar mucosa. (Clinically visible means that this landmark is readily seen by the naked eye.)

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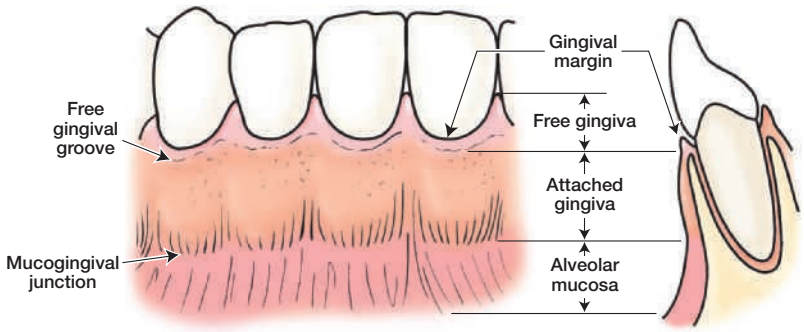


Figure 1-5. Boundaries of the Gingiva. Illustration showing the boundaries and anatomical areas of the gingiva.

2. **Free Gingiva.** The **free gingiva** is the unattached portion of the gingiva that surrounds the tooth in the region of the CEJ. The free gingiva is also known as the unattached gingiva or the marginal gingiva.
   - A. **Location of the Free Gingiva**
     1. The free gingiva is located coronal to (above) the CEJ.
     2. It surrounds the tooth in a turtleneck or cuff-like manner.
     3. The free gingiva attaches to the tooth by means of a specialized epithelium—the junctional epithelium.
   - B. **Characteristics of the Free Gingiva**
     1. The tissue of the free gingiva fits closely around the tooth but is not directly attached to it.
     2. This tissue, because it is unattached, may be gently retracted away from the tooth surface with a periodontal probe.
     3. The free gingiva also forms the soft tissue lateral wall of the gingival sulcus.
   - C. **Contour of the Free Gingival Margin**
     1. The tissue of the free gingiva meets the tooth in a thin rounded edge called the **gingival margin**.
     2. The gingival margin follows the contours of the teeth, creating a scalloped (wavy) outline around them.
3. **Attached Gingiva.** The **attached gingiva** is continuous with the free gingiva and is the part of the gingiva that is tightly bound to the underlying cementum on the cervical-third of the root and to the periosteum (connective tissue cover) of the alveolar bone.
   - A. **Location of the Attached Gingiva.** The attached gingiva lies between the free gingiva and the alveolar mucosa (Fig. 1-6).
   - B. **Width of the Attached Gingiva**
     1. The attached gingiva is widest in the incisor and molar regions, ranging from 3.3 to 3.9 mm on the mandible and 3.5 to 4.5 mm on the maxilla (Fig. 1-7).
     2. The attached gingiva is narrowest in premolar regions (1.8 mm on mandible and 1.9 mm on maxilla).
     3. The width of the attached gingiva is not measured on the palate since clinically it is not possible to determine where the attached gingiva ends and the palatal mucosa begins (Fig. 1-4).
     4. It was once believed that a minimum 2-mm width of attached gingiva is necessary to maintain the health of the periodontium.[1] Currently, this concept is being reassessed and revisited.

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C. Color of the Attached Gingiva

1. In health, the attached gingiva is pale or light coral pink.
2. The attached gingiva may be pigmented (Fig. 1-8). This pigmented tissue is known as physiologic pigmentation.
   a. Pigmentation occurs more frequently in dark-skinned individuals.[2]
   b. The pigmented areas of the attached gingiva may range from light brown to black.
   c. Pigmentation is due to an increased production of melanin (pigment) from melanocytes (melanin-producing cells found in the epidermal layer).

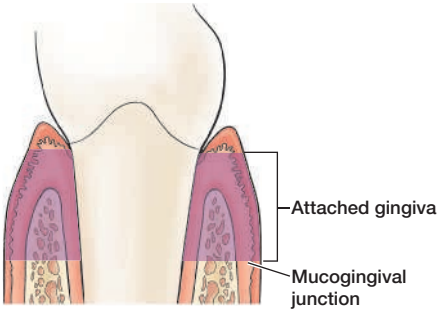


Figure 1-6. Location of the Attached Gingiva. The attached gingiva extends from the free gingival groove to the mucogingival junction.

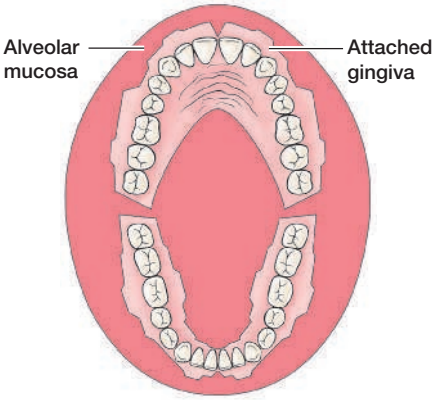
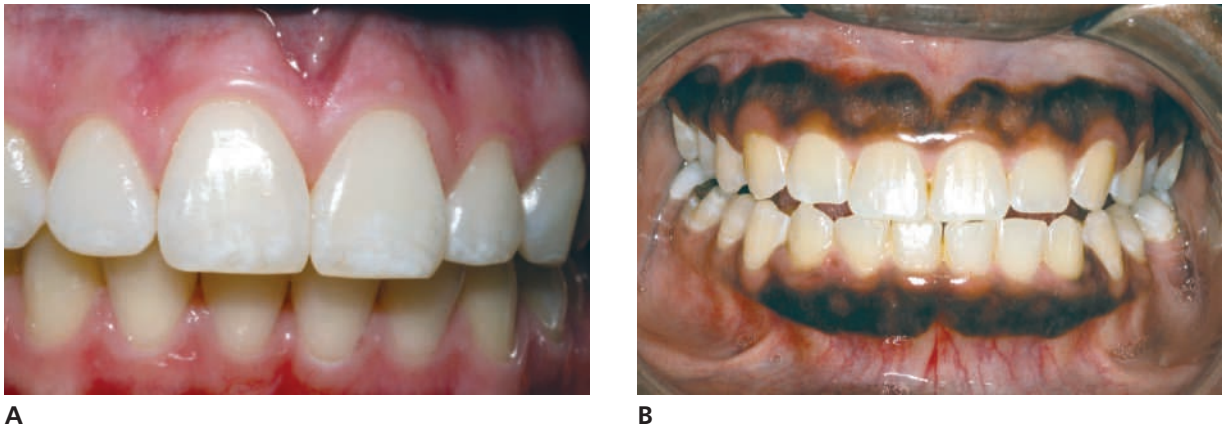


Figure 1-7. Mean Width of the Attached Gingiva. The attached gingiva is widest in the incisor and molar regions and narrowest in premolar regions.



A B

Figure 1-8. Color Variations of Normal Gingiva. The color of the normal gingiva varies among different persons. **A.** The color is a lighter, coral pink in individuals with fair complexions. **B.** In individuals with dark skin and hair, the gingiva may be pigmented. (Courtesy of Elizabeth Carr, University of Mississippi Medical Center, Jackson, MS.)

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D. Texture of the Attached Gingiva. In health, the surface of the attached gingiva may have a dimpled appearance similar to the skin of an orange peel. This dimpled appearance is known as **stippling** (Fig. 1-9). Stippling acts to provide mechanical reinforcement to the gingiva. Stippling is seen only on the attached and interdental gingiva, not the marginal gingival. Healthy tissue, however, may or may not exhibit a stippled appearance as the presence of stippling varies greatly from individual to individual. Stippling is present in 40% of adults.

E. Function of the Attached Gingiva

1. The attached gingiva allows the gingival tissue to withstand the mechanical forces created during activities such as mastication, speaking, and toothbrushing.
2. The attached gingiva prevents the free gingiva from being pulled away (apically) from the tooth when tension is applied to the alveolar mucosa.

4. Interdental Gingiva. The **interdental gingiva** is the portion of the gingiva that fills the interdental embrasure between two adjacent teeth apical to the contact area (Fig. 1-10).

A. Parts of Interdental Gingiva

1. The interdental gingiva consists of two interdental **papillae**—one facial papilla and one lingual papilla (papilla = singular noun; papillae = plural noun).
   a. The lateral borders and tip of an interdental papilla are formed by the free gingiva from the adjacent teeth.
   b. The center portion of the interdental papilla is formed by the attached gingiva.
2. The **gingival col** is a valley-like depression in the portion of the interdental gingiva that lies directly apical to the contact area of two adjacent (touching) teeth and connects the facial and lingual papillae. ***The col is not present if the adjacent teeth are not in contact*** (i.e., there is a space between two adjacent teeth), there is no adjacent tooth (i.e., the lingual surface of the posterior-most tooth in the arch), or if the interdental gingiva has receded (Fig. 1-11).

B. Function of Interdental Gingiva. The interdental gingiva prevents food from becoming packed between the teeth during mastication.



Figure 1-9. Gingival Stippling. In health, the surface of the attached gingiva may have a dimpled appearance known as gingival stippling.



Figure 1-10. The Interdental Gingiva. The interdental tissue fills the area between two adjacent teeth.

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5. **Gingival Sulcus.** The **gingival sulcus** is the *space* between the free gingiva and the tooth surface (Fig. 1-12).
   - A. **Description.** The sulcus is a V-shaped, shallow space around the neck of a tooth.[3]
     1. The depth of a clinically healthy gingival sulcus is from 1 to 3 mm, as measured using a periodontal probe.
     2. Base of Sulcus. The base of the sulcus is formed by the junctional epithelium (a specialized type of epithelium that attaches to the tooth surface).
   - B. **Gingival Crevicular Fluid.** The **gingival crevicular fluid**, also called the gingival sulcular fluid, is a fluid that seeps from the underlying connective tissue into the sulcular space.[4]
     1. Little or no fluid is found in the healthy gingival sulcus but the fluid flow increases in the presence of dental plaque biofilm and the resulting gingival inflammation.[5]
     2. Fluid flow increases in response to toothbrushing, mastication, or other stimulation of the gingiva. The flow is greatly increased when the gingiva is inflamed.
     3. If a filter strip is inserted into the sulcus, it absorbs the fluid in the sulcus. Using the filter strip, the amount of gingival crevicular fluid can be measured and used as an index of gingival inflammation.

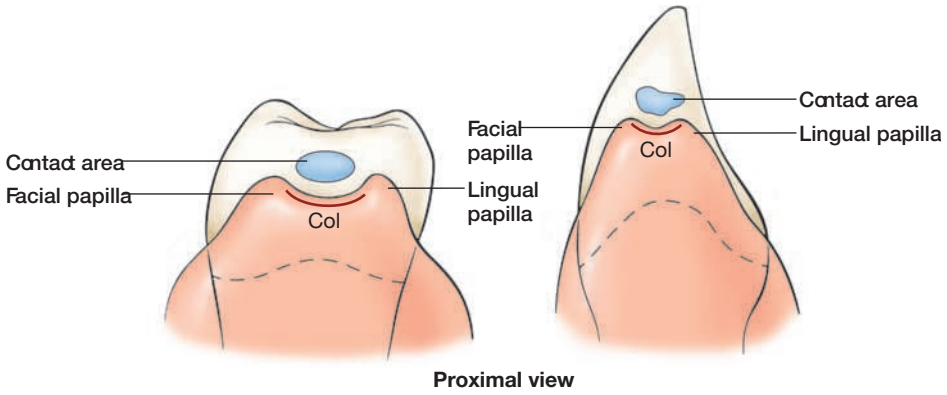


Figure 1-11. Interdental Col. Apical to the contact area between two teeth, the interdental gingiva has a concave (depressed) form. The concavity, the "col" is located between the facial and lingual papillae and extends beneath the contact area of two adjacent teeth.



Figure 1-12. Gingival Sulcus. This photograph shows a periodontal probe inserted into the gingival sulcus, the space between the free gingiva and the tooth.

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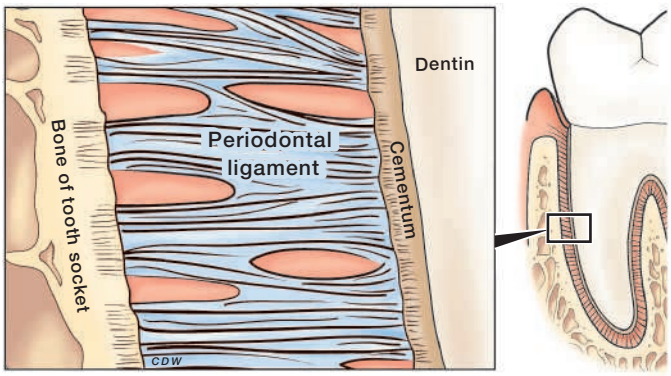


Figure 1-13. Periodontal Ligament.

- **On tooth side**, the ends of the periodontal ligament fibers are anchored in the cementum of the root.
- **On the bone side**, the ends of the periodontal ligament fibers are anchored in the alveolar bone of the tooth socket.

PERIODONTAL LIGAMENT

1. **Description**
   - A. The periodontal ligament (PDL) is a layer of soft connective tissue that covers the root of the tooth and attaches it to the bone of the tooth socket (Fig. 1-13).
     1. The PDL is composed mainly of dense fibrous connective tissue.[3]
     2. The fibers of the PDL attach on one side to the root cementum and on the other side to the alveolar bone of the tooth socket.[6]
   - B. The PDL not only connects the tooth to the alveolar process, but also supports the tooth in the socket and absorbs mechanical loads placed on the tooth, thus protecting the tooth in its socket.[7]
2. **Functions.** The PDL has five functions in the periodontium:
   - A. Supportive function—suspends and maintains the tooth in its socket.
   - B. Sensory function—provides sensory feeling to the tooth, such as pressure and pain sensations.
   - C. Nutritive function—provides nutrients to the cementum and bone.
   - D. Formative function—builds and maintains cementum and the alveolar bone of the tooth socket. The tissues of the PDL contain specialized cells such as fibroblasts, cementoblasts, and osteoblasts.
   - E. Remodeling function—can remodel the alveolar bone in response to pressure, such as that applied during orthodontic treatment (braces).

ROOT CEMENTUM

1. **Description.** Cementum is a thin layer of hard, mineralized connective tissue that covers the surface of the tooth root (Fig. 1-14).
2. **Characteristics of Cementum**
   - A. Cementum overlies and is attached to the dentin of the root. It is light yellow in color and softer than dentin or enamel. In terms of weight, it is composed of 50% to 55% organic substance—primarily, Type I collagen and noncollagenous matrix proteins—and 45% inorganic content (calcium and phosphate forms of hydroxyapatite and trace elements).
   - B. Cementum is a bone-like tissue that is more resistant to resorption than bone.[8]
     1. Resistance to resorption (loss of substance) is an important characteristic of cementum that makes it possible for the teeth to be moved during orthodontic treatment.[9]

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Figure 1-14. Cementum. Cementum is mineralized connective tissue that covers the root of the tooth; it is light yellow in color.

2. The high resistance of cementum to resorption allows the pressure applied during orthodontics to cause resorption of the alveolar bone, for tooth movement, without resulting in root resorption.

C. Cementum undergoes a continuous and slow physiologic process of resorption and repair throughout the lifetime of a tooth. This process allows for repair of existing cementum and deposition of new cementum. As a result, as an individual ages, the average thickness of cementum increases.

D. There are two main types of cementum: cellular and acellular (Table 1-2).

E. Cementum does not have its own blood or nutrient supply; it receives its nutrients from the PDL.

F. Cementum is relatively permeable to extrinsic dyes, organic substances, inorganic ions, and bacteria. In periodontal disease, bacteria have been shown to invade the cementum.

3. **Functions of Cementum in the Periodontium.** Cementum performs several important roles in the periodontium, and, therefore, conservation of healthy cementum should be a goal of periodontal instrumentation.

A. The primary function of cementum is to give attachment to the collagen fibers of the PDL. Cementum anchors the ends of the PDL fibers (via terminal endings known as **Sharpey fibers**) to the tooth. Without cementum, the tooth would fall out of its socket.

B. The outer layer of cementum protects the underlying dentin and seals the ends of the open dentinal tubules.

C. Cementum formation compensates for tooth wear at the occlusal or incisal surface due to attrition.

1. Cementum is formed at the apical area of the root to compensate for occlusal attrition. This allows for the tooth to maintain its length. Consequently, the apical third of the root tends to be thicker (150 to 250 μ) than the coronal half of the root (16 to 60 μ).

2. However, excessive deposition of cementum in the apical third of the root may result in an abnormality known as hypercementosis which can potentially obstruct the apical foramen. Radiographically, the characteristic hallmark of hypercementosis is a radiopaque thickening of the cementum that is enveloped by the radiolucent shadow of the PDL space and an intact lamina dura. In the absence of any pathology, hypercementosis does not pose a problem and does not require treatment.

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TABLE 1-2 CHARACTERISTICS OF CEMENTUM

	Acellular Cementum	Cellular Cementum
Time of Development	Forms before teeth are in occlusion	Forms after teeth have reached occlusion
Histologic Features	Is devoid of cells	Contains cementocytes
Location on Root	Covers cervical two thirds of root	Covers apical one third of root
Function	Plays important role in tooth support	Compensates for active eruption and normal tooth wear by continuous deposition of cementum

ALVEOLAR BONE

1. **Description.**
   - A. The **alveolar process** or **alveolar bone** is the bone of the upper or lower jaw that surrounds and supports the roots of the teeth (Fig. 1-15).
   - B. Bone is mineralized connective tissue and consists by weight of about 60% inorganic material, 25% organic material, and about 15% water.
   - C. The existence of the alveolar bone is dependent on the presence of teeth; when teeth are extracted, in time, the alveolar bone resorbs. If teeth do not erupt, the alveolar bone does not develop.
2. **Function of the Alveolar Bone in the Periodontium.** The alveolar bone forms the bony sockets that provide support and protection for the roots of the teeth.
3. **Layers That Compose the Alveolar Process.** When viewed in cross section, the alveolar process is composed of three layers of hard tissue and covered by a thin layer of connective tissue (Figs. 1-16 and 1-17).
   - A. The **alveolar bone proper** (or **cribriform plate**) is the thin layer of bone that lines the socket that surrounds the root of the tooth.
     1. The **alveolus** is the bony socket, a cavity in the alveolar bone that houses the root of a tooth (alveolus = singular; alveoli = plural) (Fig. 1-18).
     2. The alveolar bone proper has numerous holes (foramina) that allow blood vessels from the cancellous bone to connect with the vessels of the PDL space.
     3. The ends of the PDL fibers (Sharpey fibers) are embedded in the alveolar bone proper.

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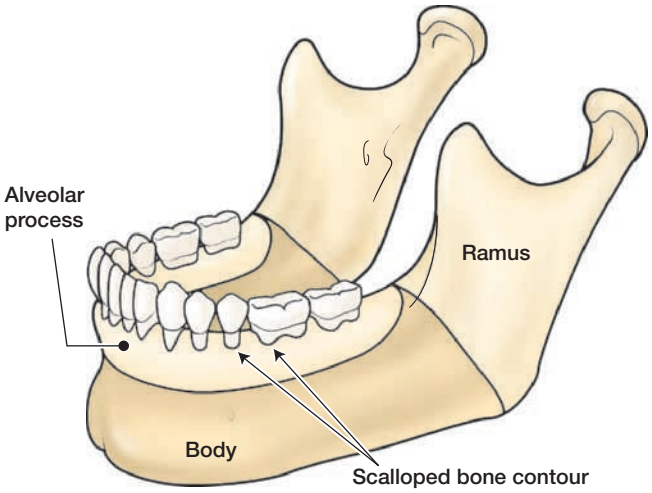


Figure 1-15. Alveolar Process. The alveolar process is the bone that surrounds and supports the roots of the teeth.

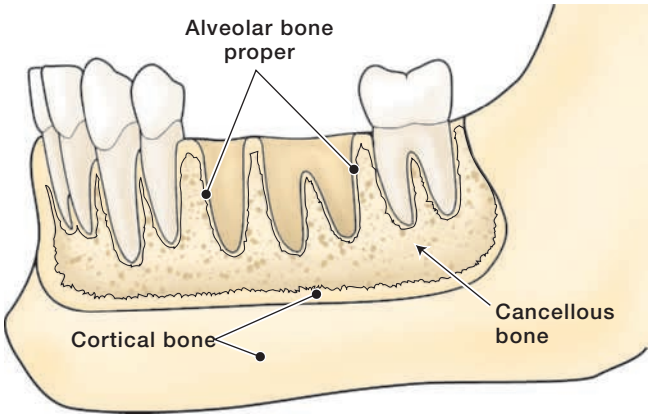


Figure 1-16. Layers of the Alveolar Process. A lateral section of the mandible reveals three bony layers: the alveolar bone proper, cancellous bone, and cortical bone.

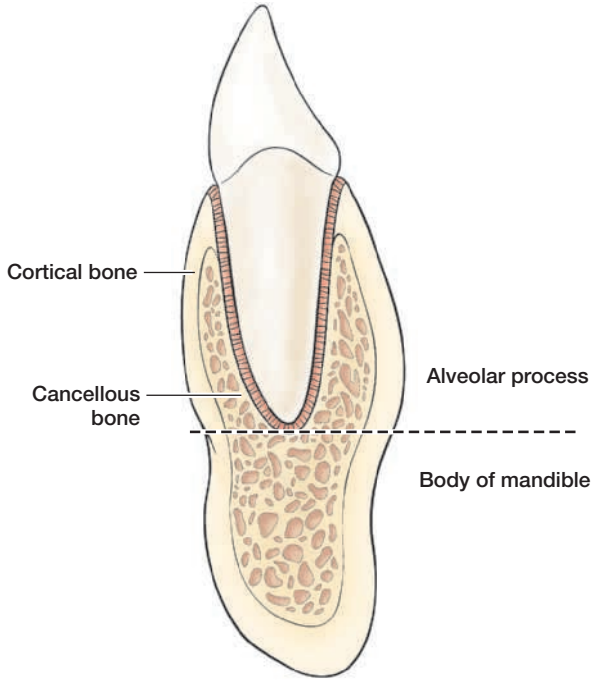


Figure 1-17. Cross Section of the Mandible. The *dotted line* indicates the boundary of the alveolar process with the body of the mandible.

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Figure 1-18. Alveoli of the Mandible. The alveoli are the sockets in the alveolar bone that house the roots of the teeth. (Courtesy of Dr. Don Rolfs, Wenatchee, WA.)



Figure 1-19. Bony Contours. The alveolar crest conforms to a scalloped line that follows the contours of the cementoenamel junctions. (Courtesy of Dr. Don Rolfs, Wenatchee, WA.)

B. The **cortical bone** (or cortical plate) is a layer of compact bone that forms the hard, outer wall of the mandible and maxilla on the facial and lingual aspects. This cortical bone surrounds the alveolar bone proper and gives support to the socket.
   1. The buccal cortical bone is thinner in the incisor, canine, and premolar regions; cortical bone is thicker in molar regions.
   2. Since the cortical plate is only on the facial and lingual sides of the jaw, it will not show up in a radiograph; only the cancellous bone and the alveolar bone proper can be seen on a radiograph.
   3. The **alveolar crest** is the coronal-most portion of the alveolar process.
      a. In health, the alveolar crest is located 1 to 2 mm apical to (below) the CEJs of the teeth (Fig. 1-19).
      b. When viewed from the facial or lingual aspect, the alveolar crest meets the teeth in a scalloped (wavy) line that follows the contours of the CEJs.

C. The **cancellous bone** (or **spongy bone**) is the lattice-like bone that fills the interior portion of the alveolar process (between the cortical bone and the alveolar bone proper). Cancellous bone is found mostly in the interproximal areas. Furthermore, a higher proportion of cancellous bone tends to exist in the maxilla than in the mandible while a higher proportion of cortical bone is found in the mandible. The cancellous bone is oriented around the tooth to form support for the alveolar bone proper.

D. The **periosteum** is a layer of connective soft tissue covering the outer surface of bone; it consists of an outer layer of collagenous tissue and an inner layer of fine elastic fibers.

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Section 2
Nerve Supply, Blood Supply, and Lymphatic System

NERVE SUPPLY TO THE PERIODONTIUM

1. **Description.** The **innervation** of the periodontium—nerve supply to the periodontium—occurs via the branches of the **trigeminal nerve**—Cranial Nerve V (Fig. 1-20). Innervation to the maxilla (Fig. 1-21) is by the second branch of the trigeminal nerve (the maxillary nerve—Cranial Nerve V2) and the mandible by the third branch (the mandibular nerve—Cranial Nerve V3). The first branch (the ophthalmic nerve—Cranial Nerve V1) does not innervate regions of the oral cavity, so it will not be covered in this section.
   - A. The second branch of the trigeminal nerve exists from the skull through the foramen rotundum and courses to the skin of the middle of the face to provide only sensory innervation to the maxilla. The third branch of the trigeminal nerve exits from the skull through the foramen ovale and courses to the lower face to provide both sensory and motor innervation.
   - B. The trigeminal nerve is responsible for the sensory innervation of most of the skin of the front part of the face and head, the teeth, oral cavity, maxillary sinus, and nasal cavity.
   - C. The motor function of the trigeminal nerve regulates movements of the mandible, such as jaw opening, jaw closing and excursive movements of the mandible—all key movements performed in the act of chewing and talking.
2. **Functions of the Nerve Supply to the Periodontium**
   - A. Nerve receptors in the gingiva, alveolar bone, and PDL register pain, touch, and pressure.
   - B. Nerves in the PDL provide information about movement and tooth position. These nerves provide the sensations of light touch or pressure against the teeth and play an important role in the regulation of chewing forces and movements. When biting down on something hard, it is the nerves of the PDL that are stimulated, allowing the individual to experience a sense of pressure with the teeth against the hard object.
3. **Innervation of the Periodontium**
   - A. **Innervation of the Gingiva**
     1. Innervation of the gingiva of the maxillary arch is from the superior alveolar nerves (anterior, middle, and posterior branches), infraorbital nerve, and the greater palatine and nasopalatine nerves.
     2. Innervation of the gingiva of the mandibular arch is from the mental nerve, buccal nerve, and the sublingual branch of the lingual nerve (Fig. 1-22).
   - B. **Innervation of the Teeth and Periodontal Ligament**
     1. Innervation of the teeth and PDL of the maxillary arch is from the superior alveolar nerves (anterior, middle, and posterior branches).
     2. Innervation of the teeth and PDL of the mandibular arch is from the inferior alveolar nerve.

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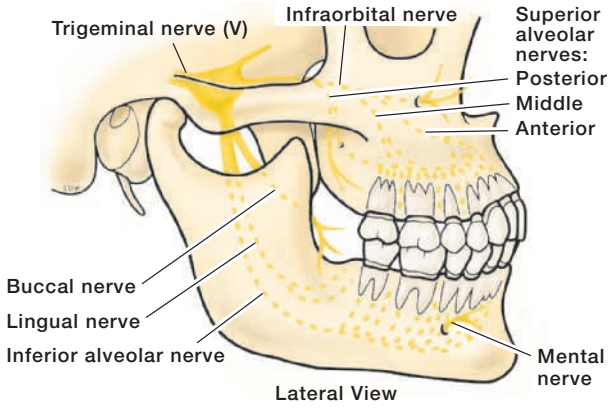


Figure 1-20. Nerve Supply to the Periodontium (Lateral View). The nerve supply to the periodontium is derived from the branches of the trigeminal nerve.

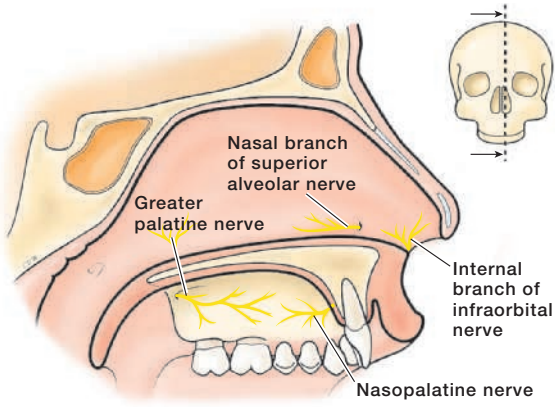


Figure 1-21. Nerve Innervation to the Palate (Midsagittal Section). The sensory nerves of the palate are branches of the maxillary nerve.

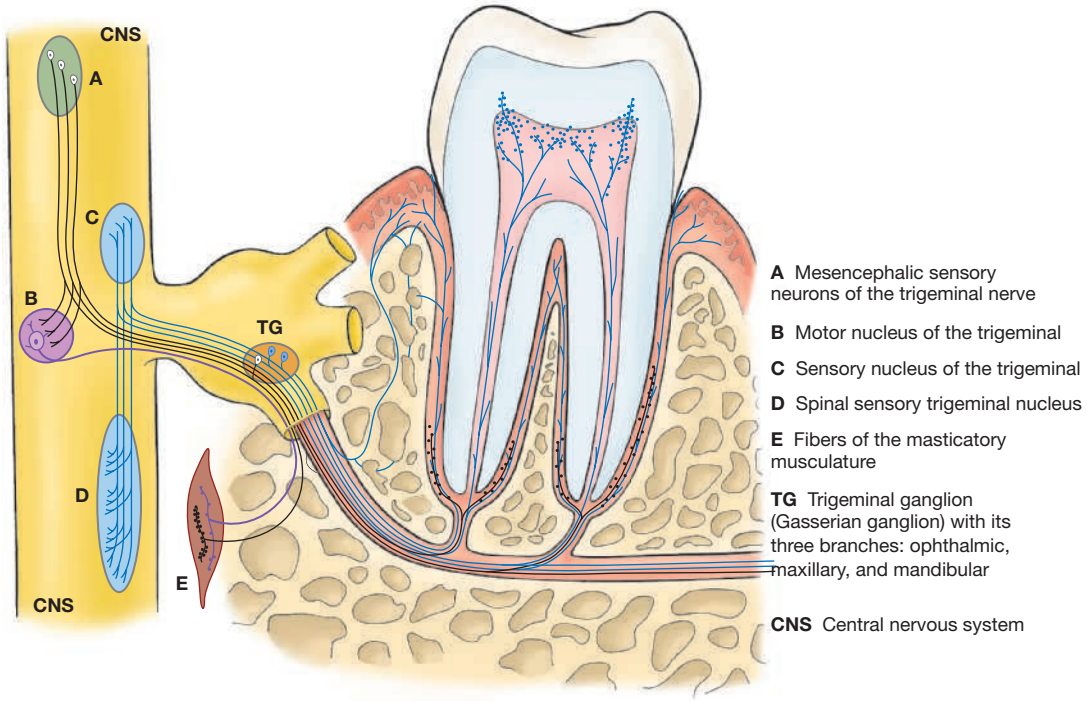


Figure 1-22. Innervation of Mandibular Teeth. Innervation of the gingiva and periodontium is via the mandibular nerve.

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BLOOD SUPPLY TO THE PERIODONTIUM

1. **Description.** The vessels of the periodontium **anastomose** (join together) to create a complex *system of blood vessels* that supply blood to the periodontal tissues.
   - **A.** This network of blood vessels acts as a unit, supplying blood to the soft and hard tissues of the maxilla and mandible.
   - **B.** It is the proliferation of this rich blood supply to the gingiva that accounts for the dramatic color changes that are seen in gingivitis.
2. **Function.** The major function of the complex network of blood vessels of the periodontium is to transport oxygen and nutrients to the tissue cells of the periodontium and to remove carbon dioxide and other waste products from the cells for elimination.
3. **Vascular Supply to the Periodontium** (Fig. 1-23)
   - **A.** Maxillary gingiva, PDL, and alveolar bone
     1. Anterior and posterior superior alveolar arteries
     2. Infraorbital artery
     3. Greater palatine artery
   - **B.** Mandibular gingiva, PDL, and alveolar bone
     1. Inferior alveolar artery
     2. Branches of the inferior alveolar artery: the buccal, facial, mental, and sublingual arteries
4. **Vascular Supply to the Teeth and Periodontal Tissues**
   - **A. The Major Arteries**
     1. Superior alveolar arteries—maxillary periodontal tissues
     2. Inferior alveolar artery—mandibular periodontal tissues
   - **B. Branch Arteries** (Figs. 1-24 and 1-25)
     1. The dental artery: a branch of the superior or inferior alveolar artery
     2. Intraseptal artery: courses through the interdental bone and enters the tooth socket through rami perforantes.
     3. Rami perforantes: terminal branches of the intraseptal artery; they penetrate the tooth socket and enter the PDL space where they anastomose (join) with the blood vessels from the alveolar bone and PDL.
     4. Supraperiosteal blood vessels: located along the outer surfaces of the facial and lingual cortical plates. These vessels provide the main blood supply to the free and attached gingiva; these vessels anastomose with capillaries from the alveolar bone (intraseptal artery) and the PDL (PDL vessels).
     5. Subepithelial plexus: branches of the supraperiosteal blood vessels located in the connective tissue beneath the free and attached gingiva.
     6. PDL vessels: supply the PDL and form a complex network of vessels that surrounds the root. These vessels also anastomose with the blood vessels from the intraseptal artery and the supraperiosteal arterioles.
     7. Dentogingival plexus: a fine-meshed network of blood vessels located in the connective tissue beneath the gingival sulcus.

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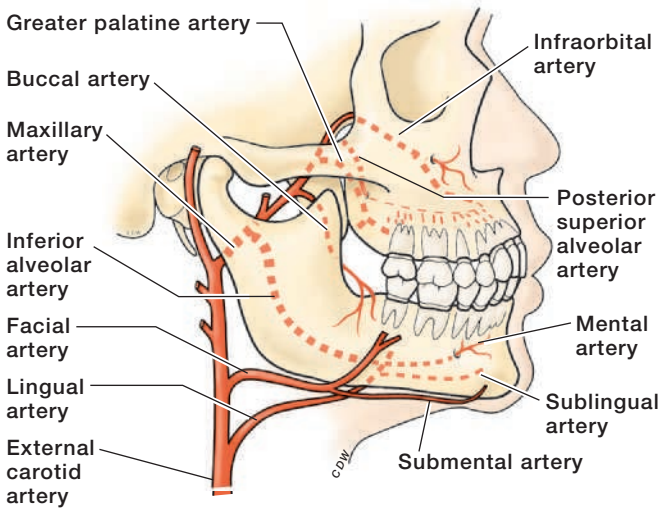


Figure 1-23. Vascular Supply to the Periodontium. A complex network of blood vessels supplies blood to the periodontium.

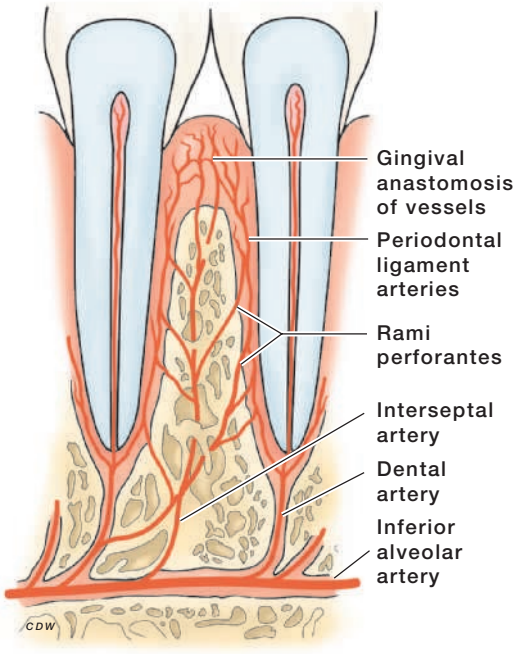


Figure 1-24. Branch Arteries. The branch arteries supply blood to the teeth and periodontium.

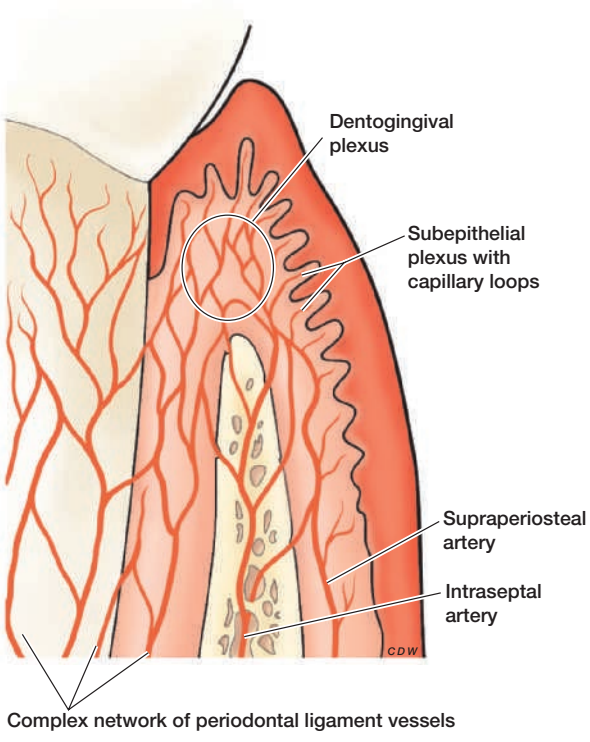


Figure 1-25. Network of Vessels. A fine network of vessels supplies blood to gingiva, gingival connective tissue, and periodontal ligament.

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LYMPHATIC SYSTEM AND THE PERIODONTIUM

1. **Description.** The **lymphatic system** is a network of lymph nodes connected by lymphatic vessels that plays an important role in the body's defense against infection.
2. **Function. Lymph nodes** (pronounced: limf nodes) are small bean-shaped structures located on either side of the head, neck, armpits, and groin. These nodes filter out and trap bacteria, fungi, viruses, and other unwanted substances to safely eliminate them from the body.
3. **Lymph Drainage of the Periodontium.** The lymph from the periodontal tissues is drained to the lymph nodes of the head and neck (Fig. 1-26).
   - **A.** Submandibular lymph nodes—drain most of the periodontal tissues
   - **B.** Deep cervical lymph nodes—drain the palatal gingiva of the maxilla
   - **C.** Submental lymph nodes—drain the gingiva in the region of the mandibular incisors
   - **D.** Jugulodigastric lymph nodes—drain the gingiva in the third molar region

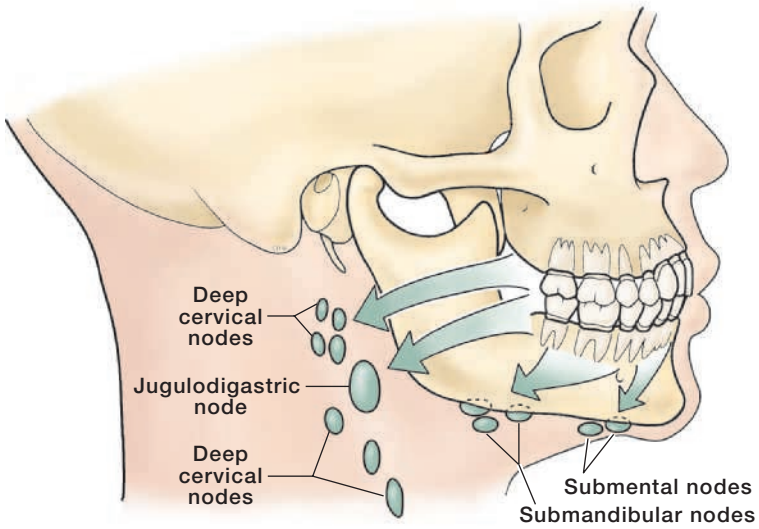


Figure 1-26. Lymphatic System of the Periodontium. The lymph from the periodontium is drained to the lymph nodes of the head and neck.

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Chapter Summary Statement

The gingiva, periodontal ligament, cementum, and alveolar bone make up a system of tissues that surround the teeth and attach them to the alveolar bone. Each tissue of the periodontium plays a vital role in the functioning and retention of the teeth.

- The gingiva provides a tissue seal around the cervical portion of the teeth and covers the alveolar process.
- The periodontal ligament supports the tooth in its socket, provides nutrients and sensory feeling to the tooth, and maintains cementum and the alveolar bone of the tooth socket.
- The cementum anchors the periodontal ligament to the tooth and seals the ends of the open dentinal tubules. Cementum formation compensates for tooth wear due to occlusal attrition.
- The alveolar bone forms the bony sockets that provide support and protection for the roots of the teeth.

Section 3
Focus on Patients

Clinical Patient Care

CASE 1

A patient involved in an automobile accident receives a penetrating wound involving the oral cavity. The wound enters the alveolar mucosa near the apex of a lower premolar tooth and extends from the surface mucosa all the way through the tissues to the premolar tooth root. List the periodontal tissues most likely injured by this penetrating wound.

CASE 2

A patient who has lost a maxillary lateral incisor tooth is scheduled to have a dental implant placed. The dental implant placement will require the clinician to prepare a hole with a drill in the bone formerly occupied by the lateral incisor tooth. Name the types of bone that will most probably be penetrated by the drill.

CASE 3

A dentist injects a local anesthetic before working on a maxillary molar tooth. The injection results in complete loss of sensation in the molar tooth and in most of the gingiva surrounding the molar tooth. Name the nerves that most likely have been affected by the injection of the local anesthetic.

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STUDENT ANCILLARY RESOURCES

A wide variety of resources to enhance your learning is available online:

- Audio Glossary
- Book Pages
- Animation: Anatomy of the Periodontium in Disease
- Chapter Review Questions and Answers

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