

Gender and Aesthetic Expectations in Gum Disease Treatment

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Introduction

Gum disease treatment has traditionally focused on halting disease progression and restoring periodontal health. However, with increasing emphasis on aesthetics in modern dentistry, patient expectations have evolved often shaped by gender-specific perceptions of beauty and oral appearance. Men and women may approach periodontal therapy with differing priorities, particularly when treatment affects the visibility of the smile. While both genders value healthy gums, women are often more concerned with the color, contour, and symmetry of gingival tissues, especially in the anterior region. Conversely, men may prioritize functionality and long-term health outcomes. These differences influence not only treatment choices but also patient satisfaction and compliance. Understanding the role of gender in aesthetic expectations is essential for tailoring periodontal treatment plans that address both clinical needs and the personal goals of diverse patients [1].

Aesthetic outcomes in gum disease treatment are increasingly important in patient-centered care, especially as cosmetic dentistry intersects with periodontology. Gender plays a significant role in shaping what patients consider a desirable result. Cultural norms and societal expectations often place greater aesthetic pressure on women, making them more likely to express dissatisfaction with post-treatment gingival irregularities or recession. This difference affects how clinicians approach surgical techniques, flap design, and regenerative procedures. Men may be more tolerant of minor cosmetic changes but equally value treatment success and durability. As such, periodontal therapy must evolve beyond a standardized approach to one that considers gender-based expectations, lifestyle factors, and emotional responses to treatment. Customizing periodontal care to meet these nuanced demands enhances communication, optimizes results, and ensures ethical, empathetic clinical practice in an increasingly diverse patient population [2].

Description

Gender differences in aesthetic perception influence both the expectations and outcomes of gum disease treatment. Women are generally more attuned to subtle gingival details, including tissue color, margin scalloping, and interdental papilla preservation. Studies have shown that female patients are more likely to report dissatisfaction with black triangles, gingival recession, or asymmetry following periodontal therapy, even when clinical success is achieved. This sensitivity often prompts a preference for minimally invasive procedures that prioritize soft tissue preservation and natural contours. For men, although aesthetics remain important, function, longevity, and convenience may hold greater weight in decision-making. These tendencies influence patient preferences regarding surgical versus non-surgical interventions, recovery time,

and acceptance of minor imperfections. Clinicians must be adept at recognizing and managing these expectations during consultation and treatment planning. Thorough pre-treatment discussions that include visual simulations and case examples can help align expectations with achievable outcomes. Additionally, gender-specific communication styles may impact how patients interpret information and consent to procedures, necessitating a tailored approach to dialogue and education. While individual variation always exists, acknowledging common gender trends in aesthetic sensitivity allows for more empathetic and successful periodontal care. Incorporating these insights into clinical protocols ensures that both male and female patients feel seen, heard, and satisfied with their periodontal treatment journey [3].

Aesthetic considerations in periodontal treatment vary by gender and can influence the selection of clinical techniques. For example, in female patients with high smile lines, even slight gingival recession or scarring may be immediately noticeable and impact overall appearance. As a result, clinicians often adopt microsurgical methods, utilize connective tissue grafts, or employ collagen matrices to enhance soft tissue outcomes in aesthetically sensitive zones. Women may also be more receptive to regenerative treatments, such as enamel matrix derivatives or growth factors, which promise not just disease control but also aesthetic improvement. In contrast, male patients, who may have lower smile lines or less concern for minor contour discrepancies, often prefer efficient, low-maintenance treatments. These differing preferences require periodontal therapies that are both clinically effective and adaptable to individual cosmetic goals. Understanding such distinctions enables clinicians to present treatment options in a way that resonates with the patient's values and priorities. It also helps in setting realistic expectations, particularly in cases where disease severity limits aesthetic enhancement. By integrating gender-aware strategies into periodontal planning such as modifying flap design or emphasizing tissue blending clinicians improve both the visual and emotional outcomes of therapy. Ultimately, aesthetic success is not solely a technical result but a subjective experience shaped by personal, often gendered, perceptions of beauty [4].

Communication is a critical aspect of managing aesthetic expectations in periodontal therapy and is often shaped by gendered preferences and behavior. Female patients tend to engage more actively in treatment planning, ask detailed questions, and seek visual proof of outcomes through images or mock-ups. They may express heightened concern about the visibility of surgical sites, post-treatment smile changes, or potential cosmetic trade-offs. Addressing these concerns requires a proactive approach, with clinicians offering clear, empathetic explanations and visual aids that illustrate both procedural steps and likely results. Male patients, on the other hand, may prefer concise, outcome-driven discussions that focus on efficiency, durability, and function. They may be less inclined to voice aesthetic concerns but can still feel dissatisfied if cosmetic outcomes are not addressed preemptively. For both groups, the failure to acknowledge and manage aesthetic expectations can lead to miscommunication, treatment regret, or lack of compliance. Ethical care involves not only treating disease but also validating the patient's vision of success. This is particularly important in chronic periodontal conditions, where long-term changes to the smile and gumline are possible. By tailoring communication strategies and incorporating gender-informed dialogue, clinicians can build stronger rapport, foster trust, and ensure that both the functional and aesthetic dimensions of periodontal health are respected and achieved [5].

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Conclusion

Gender plays a pivotal role in shaping how patients perceive, prioritize, and respond to aesthetic outcomes in gum disease treatment. While both men and women value oral health, their expectations regarding cosmetic results often differ, influenced by cultural norms, social pressures, and personal identity. Women tend to exhibit greater sensitivity to gingival symmetry, visibility, and contour, making them more likely to seek treatments that enhance appearance in addition to health. Men, while equally invested in successful outcomes, may focus more on functionality and long-term maintenance. Recognizing and respecting these patterns enables clinicians to offer truly patient-centered care balancing periodontal therapy with cosmetic goals unique to each individual. Clear communication, customized treatment planning, and visual education tools are essential for aligning expectations with clinical possibilities. Ethical periodontal care must move beyond a one-size-fits-all model, especially in aesthetic zones where subjective satisfaction is closely tied to gendered perception. By incorporating gender-aware insights into diagnosis, technique, and dialogue, clinicians not only improve aesthetic outcomes but also reinforce patient trust and emotional well-being. In an increasingly diverse and appearance-conscious society, sensitivity to gender-based aesthetic expectations is not just good practice it is fundamental to delivering holistic, equitable, and ethically sound periodontal care.

Acknowledgement

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Conflict of Interest

None.

References

1. Gaál Kovalčíková, Alexandra, Alexandra Pančíková, Barbora Konečná and Tatiana Klamárová, et al. "Urea and creatinine levels in saliva of patients with and without periodontitis." *Eur J Oral Sci* 127 (2019): 417-424.
2. Baker, David W, Michael S Wolf, Joseph Feinglass and Jason A Thompson, et al. "Health literacy and mortality among elderly persons." *Arch Intern Med* 167 (2007): 1503-1509.
3. Holtzman, Jennifer S, Kathryn A Atchison, Mark D Macek and Daniela Markovic. "Oral health literacy and measures of periodontal disease." *J Periodontol* 88 (2017): 78-88.
4. Berkman, Nancy D, Stacey L Sheridan, Katrina E Donahue and David J Halpern, et al. "Low health literacy and health outcomes: An updated systematic review." *Ann Intern Med* 155 (2011): 97-107.
5. Michaud, Dominique S., Zhuxuan Fu, Jian Shi and Mei Chung. "Periodontal disease, tooth loss and cancer risk." *Epidemiol Rev* 39 (2017): 49-58.

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