

Short Review

The Invisible Biofilm: Understanding Dental Plaque and Its Impact on Oral Health

Flegal G, Rodrigues F, Molinari E, Bennett W, Cassetti D, Ennett K

Division of Restorative Dentistry & Periodontology, Egypt

*Corresponding Author: Molinari E, Division of Restorative Dentistry & Periodontology, Egypt

Citation: Molinari E (2025) The Invisible Biofilm: Understanding Dental Plaque and Its Impact on Oral Health V1(2)

Copyright: © 2025 Molinari E, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received date: December 13, 2025; Accepted date: December 23, 2025; Published date: December 30, 2025

Keywords; oral hygiene, preventive dentistry, periodontal destruction, interdental cleaners

Abstract

Dental plaque is a complex microbial biofilm that continuously forms on tooth surfaces and oral tissues. Although often invisible to the naked eye, plaque plays a central role in the development of common oral diseases such as dental caries, gingivitis, and periodontitis. The accumulation of plaque results from interactions between oral microorganisms, dietary factors, saliva, and host immune responses. If not effectively removed through proper oral hygiene practices, plaque can mature into a highly organized bacterial community capable of causing significant damage to both hard and soft oral tissues. This article explores the composition, formation, pathogenicity, clinical significance, prevention, and management of dental plaque, highlighting its importance in maintaining overall oral health.

Introduction

Dental plaque is a sticky, colorless film composed primarily of bacteria, their metabolic products, and extracellular substances. It develops naturally on teeth shortly after cleaning and serves as a reservoir for numerous microorganisms. While plaque formation is a normal biological process, excessive accumulation can lead to oral diseases that affect millions of people worldwide. Understanding dental plaque is essential for both dental professionals and patients because effective plaque control remains the cornerstone of preventive dentistry.

Formation of Dental Plaque

The formation of dental plaque occurs in several stages:

1. Formation of the Acquired Pellicle

Within minutes after tooth cleaning, salivary proteins and glycoproteins adsorb onto the tooth surface, forming a thin protective layer known as the acquired pellicle.

2. Initial Bacterial Colonization

Early colonizing bacteria, predominantly Streptococcus species, attach to the pellicle through specific adhesion mechanisms.

3. Bacterial Growth and Multiplication

The attached microorganisms multiply and produce extracellular polymeric substances that help them adhere firmly to the tooth surface.

4. Plaque Maturation

As the biofilm matures, secondary colonizers join the microbial community, creating a highly organized and diverse ecosystem. Mature plaque may contain hundreds of bacterial species interacting within a protective matrix.

Composition of Dental Plaque

Dental plaque consists of:

- Bacteria (approximately 70–80% of plaque dry weight)
- Salivary proteins and glycoproteins
- Extracellular polysaccharides
- Water
- Food debris
- Desquamated epithelial cells
- Leukocytes and other host-derived components

The microbial composition varies depending on the location within the oral cavity, oral hygiene status, diet, and overall health of the individual.

Role of Dental Plaque in Oral Diseases

Journal of Oral Health, Dental Care and Maxillofacial Research (JOHDCMR)

Dental Caries

Plaque bacteria metabolize dietary carbohydrates and produce organic acids. These acids lower the pH at the tooth surface, leading to demineralization of enamel and the development of dental caries.

Gingivitis

Accumulated plaque along the gingival margin triggers an inflammatory response in the gingival tissues. Clinical signs include redness, swelling, and bleeding during brushing or flossing.

Periodontitis

If gingivitis remains untreated, the inflammation may extend deeper into the supporting tissues of the teeth, resulting in periodontal destruction, bone loss, and eventual tooth loss.

Halitosis

Certain plaque-associated bacteria produce volatile sulfur compounds that contribute to oral malodor or bad breath.

Factors Influencing Plaque Accumulation

Several factors affect plaque formation and retention:

- Poor oral hygiene practices
- Frequent consumption of sugary foods and beverages
- Reduced salivary flow
- Orthodontic appliances
- Dental restorations with rough surfaces
- Smoking and tobacco use
- Systemic conditions affecting oral health

Prevention and Control of Dental Plaque

Effective plaque control requires a combination of mechanical and chemical approaches.

Mechanical Plaque Control

- Brushing teeth twice daily with fluoride toothpaste
- Daily flossing or use of interdental cleaners
- Professional dental cleaning at regular intervals
- Use of powered toothbrushes when appropriate

Chemical Plaque Control

- Antimicrobial mouth rinses
- Chlorhexidine-based formulations

for short-term use

- Fluoride-containing products
- Therapeutic toothpastes designed to reduce plaque accumulation

Clinical Significance

The management of dental plaque is one of the primary objectives in preventive and restorative dentistry. Early detection and regular removal of plaque can significantly reduce the risk of oral diseases and improve long-term oral health outcomes. Dental professionals play a critical role in educating patients regarding effective plaque control strategies and lifestyle modifications.

Conclusion

Dental plaque is a dynamic and highly organized microbial biofilm that significantly influences oral health. Although plaque formation is inevitable, its harmful effects can be minimized through proper oral hygiene practices, dietary control, and regular dental visits. Continuous patient education and preventive measures remain essential for reducing plaque-related diseases and promoting lifelong oral health.

References

1. Sissons, C.H.; Cutress, T.W.; Hoffman, M.P.; Wakefield, J.S. A multi-station dental plaque microcosm (artificial mouth) for the study of plaque growth, metabolism, pH, and mineralization. *J. Dent. Res.* 1991, 70, 1409–1416.
2. Pearce, E.I.; Sissons, C.H.; Coleman, M.; Wang, X.; Anderson, S.A.; Wong, L. The effect of sucrose application frequency and basal nutrient conditions on the calcium and phosphate content of experimental dental plaque. *Caries Res.* 2002, 36, 87–92.
3. Herles, S.; Olsen, S.; Afflitto, J.; Gaffar, A. Chemostat flow cell system: An in vitro model for the evaluation of antiplaque agents. *J. Dent. Res.* 1994, 73, 1748–1755.
4. Costerton, J.W.; Cheng, K.J.; Geesey, G.G.; Ladd, T.I.; Nickel, J.C.; Dasgupta, M.; Marrie, T.J. Bacterial biofilms in nature and disease. *Annu. Rev. Microbiol.* 1987, 41, 435–464.

Journal of Oral Health, Dental Care and Maxillofacial Research (JOHDCMR)



This work is licensed under Creative Commons Attribution 4.0 License DOI:10/JOHDCMR/2025/010

Your next submission with**Olites Publishers will reach you the below assets**

- We follow principles of publication led by the Committee on Publication Ethics (COPE).
- Double-blind peer review process which is just as well as constructive.
- Permanent archiving of your article on our website
- Quality Editorial service
- Manuscript accessibility in different formats (PDF, Full Text)
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

Learn more: [Journal of Oral Health, Dental Care and Maxillofacial Research – Olites Publishers \(olitespublishing.org\)](https://olitespublishing.org/)

Journal of Oral Health, Dental Care and Maxillofacial Research (JOHDCMR)