

## Summary

Gingival recession are a very common clinical finding that is found in the oral cavity. It is a non-inflammatory retreat of the gingiva/mucous membrane (in the case of the upper jaw from the palatine side) towards the apical direction. In particular, the aim of the work was to investigate the etiological factors of origin and problems associated with gingival recessions. The number of respondents was 72. The representation of men was 51 % (37) and 48 % (35) of women. The age of respondents ranged from 24 to 76 years. The most common teeth in which gingival recesses were recognized were 34 and 44 (65 respondents had gingival recessions on these particular teeth). The highest average widths were teeth 44 Ø 3.3 mm and 34 Ø 3.2 mm (the largest width was 7 mm). The results of my work suggest that the factors influencing the onset of recessions are linked to periodontological patients who have poor oral hygiene, as evidenced by high PBI, or past/ongoing periodontological treatment, and the presence of bone resorption of the alveolar outcrop. According to the statistical results, I am able to distinguish a relatively high frequency of frenal high tendril, shallow vestibule, signs of congestion and bruxism. Bruxism had a relatively high representation according to the frequency tables, but did not prove to be statistically significant. The most significant etiological factor was orthodontic defects, especially compression of frontal sections, where statistical significance has been recognized.