Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Gingivitis

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 August 2025;
- An incident report and deployed health record by the medical officer, Afghanistan, dated 12 June 2007;
- A specialist letter by the infectious diseases physician, dated 14 September 2007;
- A transplant discharge summary by the renal transplant physician, dated 10 March 2010;
- A stem cell transplant discharge summary by the haematologist, dated 15 July 2011;
- CT facial bones and operation report by the radiologist and maxillofacial surgeon, dated 12 October 2011;
- A dental record (pathology and panoramic radiograph) by the dental officer, dated 28 October 2011;
- A periodontal consultation by the periodontist, dated 3 November 2011;
- An intensive care discharge summary by the intensive care physician, dated 6 May 2013;
- A periodontal consultation and radiographs by the periodontist, dated 20 May 2013.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

7 February 2003 and 26 June 2016

Gingivitis

You have stated that your condition was caused by:

- *being prevented from cleaning the teeth, including toothbrushing and interdental cleansing, for a continuous period of at least 14 days, within the 30 days before the clinical onset of gingivitis*
- *having a foreign body embedded in the affected region of the gums at the time of the clinical onset of gingivitis*
- *having trauma to the affected region of the gums within the 2 weeks before the clinical onset of gingivitis*
- *having direct exposure of the affected area to an irritant substance within the 3 days before the clinical onset of gingivitis*
- *having direct exposure of the affected area to an allergen within the 3 days before the clinical onset of gingivitis*
- *having infection with human immunodeficiency virus at the time of the clinical onset of gingivitis*
- *having chronic renal failure at the time of the clinical onset of gingivitis*
- *having leukaemia or lymphoma at the time of the clinical onset of gingivitis*
- *taking a drug that causes neutropenia or agranulocytosis, at the time of the clinical onset of gingivitis*
- *having severe vitamin C deficiency at the time the of clinical onset of gingivitis*
- *having stem cell transplant or bone marrow transplant before the clinical onset of gingivitis*
- *being pregnant at the time of the clinical onset of gingivitis*
- *using the combined oral contraceptive pill as specified for a continuous period of at least the 4 weeks before the clinical onset of gingivitis*
- *having an autoimmune or mucocutaneous disease from the specified list of autoimmune or mucocutaneous diseases at the time of the clinical onset of gingivitis*
- *having diabetes mellitus at the time of the clinical onset of gingivitis*
- *having infection involving the affected region of the gums at the time of the clinical onset of gingivitis*
- *for acute necrotising ulcerative gingivitis only: (a) having severe malnutrition at the time of the clinical onset of acute necrotising ulcerative gingivitis; or (b) having smoked tobacco products: (i) in an amount of at least 5 pack-years before the clinical onset of acute necrotising ulcerative gingivitis; and (ii) if smoking has ceased before the clinical onset of acute necrotising ulcerative gingivitis, then that onset occurred within 1 month of cessation*

Diagnosis: Gingivitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 August 2025, and is supported by a dental record (pathology and panoramic radiograph) by the dental officer, dated 28 October 2011.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Gingivitis (Balance of Probabilities) (No. 18 of 2022)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *being prevented from cleaning the teeth, including toothbrushing and interdental cleansing, for a continuous period of at least 14 days, within the 30 days before the clinical onset of gingivitis*
- *having a foreign body embedded in the affected region of the gums at the time of the clinical onset of gingivitis*
- *having trauma to the affected region of the gums within the 2 weeks before the clinical onset of gingivitis*
- *having direct exposure of the affected area to an irritant substance within the 3 days before the clinical onset of gingivitis*
- *having direct exposure of the affected area to an allergen within the 3 days before the clinical onset of gingivitis*
- *having infection with human immunodeficiency virus at the time of the clinical onset of gingivitis*
- *having chronic renal failure at the time of the clinical onset of gingivitis*
- *having leukaemia or lymphoma at the time of the clinical onset of gingivitis*
- *taking a drug that causes neutropenia or agranulocytosis, at the time of the clinical onset of gingivitis*
- *having severe vitamin C deficiency at the time the of clinical onset of gingivitis*
- *having stem cell transplant or bone marrow transplant before the clinical onset of gingivitis*
- *being pregnant at the time of the clinical onset of gingivitis*
- *using the combined oral contraceptive pill as specified for a continuous period of at least the 4 weeks before the clinical onset of gingivitis*
- *having an autoimmune or mucocutaneous disease from the specified list of autoimmune or mucocutaneous diseases at the time of the clinical onset of gingivitis*
- *having diabetes mellitus at the time of the clinical onset of gingivitis*
- *having infection involving the affected region of the gums at the time of the clinical onset of gingivitis*
- *for acute necrotising ulcerative gingivitis only: (a) having severe malnutrition at the time of the clinical onset of acute necrotising ulcerative gingivitis; or (b) having smoked tobacco products: (i) in an amount of at least 5 pack-years before the clinical onset of acute necrotising ulcerative gingivitis; and (ii) if smoking has ceased before the clinical onset of acute necrotising ulcerative gingivitis, then that onset occurred within 1 month of cessation*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with painful, spontaneously bleeding gums, foul breath, a metallic taste, ulceration between the teeth and difficulty eating, with low-grade fever and tender lymph nodes in the neck on 28 October 2011.

The diagnosis was confirmed by the base dental officer on 28 October 2011 and by a periodontist on 3 November 2011: painful, spontaneously bleeding gums with punched-out necrotic interdental papillae covered by grey pseudomembrane, ulceration, halitosis and lymphadenopathy, the defining features of acute necrotising ulcerative gingivitis, without alveolar bone loss on the panoramic radiograph. Gingival overgrowth, lichenoid change and candidiasis were also present, HSV-1 PCR was positive and serum ascorbic acid was 1.9 mg/L.

This has then led to further investigations and the diagnosis of your condition of *Gingivitis*. I have accepted your condition of *Gingivitis*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 26 October 2011.

Gingivitis (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 August 2025;
- An incident report and deployed health record by the medical officer, Afghanistan, dated 12 June 2007;
- A specialist letter by the infectious diseases physician, dated 14 September 2007;
- A transplant discharge summary by the renal transplant physician, dated 10 March 2010;
- A stem cell transplant discharge summary by the haematologist, dated 15 July 2011;
- CT facial bones and operation report by the radiologist and maxillofacial surgeon, dated 12 October 2011;
- A dental record (pathology and panoramic radiograph) by the dental officer, dated 28 October 2011;
- A periodontal consultation by the periodontist, dated 3 November 2011;
- An intensive care discharge summary by the intensive care physician, dated 6 May 2013;
- A periodontal consultation and radiographs by the periodontist, dated 20 May 2013.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

7 February 2003 and 26 June 2016

Gingivitis (Worsening)

You have stated that the worsening of your condition was caused by:

- *being prevented from cleaning the teeth, including toothbrushing and interdental cleansing, for a continuous period of at least 14 days, within the 30 days before the clinical worsening of gingivitis*
- *having a foreign body embedded in the affected region of the gums at the time of the clinical worsening of gingivitis*

- *having trauma to the affected region of the gums within the 2 weeks before the clinical worsening of gingivitis*
- *having direct exposure of the affected area to an irritant substance within the 3 days before the clinical worsening of gingivitis*
- *having direct exposure of the affected area to an allergen within the 3 days before the clinical worsening of gingivitis*
- *having infection with human immunodeficiency virus at the time of the clinical worsening of gingivitis*
- *having chronic renal failure at the time of the clinical worsening of gingivitis*
- *having leukaemia or lymphoma at the time of the clinical worsening of gingivitis*
- *taking a drug that causes neutropenia or agranulocytosis, at the time of the clinical worsening of gingivitis*
- *having severe vitamin C deficiency at the time of the clinical worsening of gingivitis*
- *having stem cell transplant or bone marrow transplant before the clinical worsening of gingivitis*
- *being pregnant at the time of the clinical worsening of gingivitis*
- *using the combined oral contraceptive pill as specified for a continuous period of at least the 4 weeks before the clinical worsening of gingivitis*
- *having an autoimmune or mucocutaneous disease from the specified list of autoimmune or mucocutaneous diseases at the time of the clinical worsening of gingivitis*
- *having diabetes mellitus at the time of the clinical worsening of gingivitis*
- *having infection involving the affected region of the gums at the time of the clinical worsening of gingivitis*
- *for acute necrotising ulcerative gingivitis only: (a) having severe malnutrition at the time of the clinical worsening of acute necrotising ulcerative gingivitis; or (b) having smoked tobacco products: (i) in an amount of at least 5 pack-years before the clinical worsening of acute necrotising ulcerative gingivitis; and (ii) if smoking has ceased before the clinical worsening of acute necrotising ulcerative gingivitis, then that worsening occurred within 1 month of cessation*
- *inability to obtain appropriate clinical management for gingivitis*

Diagnosis: Gingivitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 August 2025, and is supported by a dental record (pathology and panoramic radiograph) by the dental officer, dated 28 October 2011.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Gingivitis (Balance of Probabilities) (No. 18 of 2022)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *being prevented from cleaning the teeth, including toothbrushing and interdental cleansing, for a continuous period of at least 14 days, within the 30 days before the clinical worsening of gingivitis*
- *having a foreign body embedded in the affected region of the gums at the time of the clinical worsening of gingivitis*
- *having trauma to the affected region of the gums within the 2 weeks before the clinical worsening of gingivitis*
- *having direct exposure of the affected area to an irritant substance within the 3 days before the clinical worsening of gingivitis*
- *having direct exposure of the affected area to an allergen within the 3 days before the clinical worsening of gingivitis*
- *having infection with human immunodeficiency virus at the time of the clinical worsening of gingivitis*
- *having chronic renal failure at the time of the clinical worsening of gingivitis*
- *having leukaemia or lymphoma at the time of the clinical worsening of gingivitis*
- *taking a drug that causes neutropenia or agranulocytosis, at the time of the clinical worsening of gingivitis*
- *having severe vitamin C deficiency at the time of the clinical worsening of gingivitis*
- *having stem cell transplant or bone marrow transplant before the clinical worsening of gingivitis*
- *being pregnant at the time of the clinical worsening of gingivitis*
- *using the combined oral contraceptive pill as specified for a continuous period of at least the 4 weeks before the clinical worsening of gingivitis*
- *having an autoimmune or mucocutaneous disease from the specified list of autoimmune or mucocutaneous diseases at the time of the clinical worsening of gingivitis*
- *having diabetes mellitus at the time of the clinical worsening of gingivitis*
- *having infection involving the affected region of the gums at the time of the clinical worsening of gingivitis*
- *for acute necrotising ulcerative gingivitis only: (a) having severe malnutrition at the time of the clinical worsening of acute necrotising ulcerative gingivitis; or (b) having smoked tobacco products: (i) in an amount of at least 5 pack-years before the clinical worsening of acute necrotising ulcerative gingivitis; and (ii) if smoking has ceased before the clinical worsening of acute necrotising ulcerative gingivitis, then that worsening occurred within 1 month of cessation*
- *inability to obtain appropriate clinical management for gingivitis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with painful, spontaneously bleeding gums, foul breath, a metallic taste, ulceration between the teeth and difficulty eating, with low-grade fever and tender lymph nodes in the neck on 28 October 2011.

The diagnosis was confirmed by the base dental officer on 28 October 2011 and by a periodontist on 3 November 2011: painful, spontaneously bleeding gums with punched-out necrotic interdental papillae covered by grey pseudomembrane, ulceration, halitosis and lymphadenopathy, the defining features of acute necrotising ulcerative gingivitis, without alveolar bone loss on the panoramic radiograph. Gingival overgrowth, lichenoid change and candidiasis were also present, HSV-1 PCR was positive and serum ascorbic acid was 1.9 mg/L.

After the condition arose, it was worsened during your service. From 20 April to 6 May 2013 you were intubated in intensive care and received no tooth cleaning, 16 continuous days within the 30 days before the worsening on 20 May 2013. At the worsening the retained gum fragments remained and a dental implant, placed in January 2013 to replace an incisor lost in the rollover, was embedded in the affected gum with peri-implant inflammation. On 10 May 2013 you were struck in the mouth during an assault at the base health centre, within the 2 weeks before the worsening. You resumed chlorhexidine 0.2 per cent mouthwash on 18 May 2013, within the 3 days before the worsening. On 18 May 2013 you chewed cinnamon-flavoured gum, exposing your gums to cinnamaldehyde, a confirmed allergen, within the 3 days before the worsening. HIV infection was present at the worsening on 20 May 2013. Your need for renal replacement therapy by transplantation continued at the worsening, with a functioning but impaired graft. The lymphoma relapsed in March 2013 and was active at the worsening on 20 May 2013. Valganciclovir and mycophenolate were being taken at the worsening, with a neutrophil count of 0.7 x 10^9/L on 20 May 2013. Serum ascorbic acid on 20 May 2013 was 2.1 mg/L, severe vitamin C deficiency at the worsening. The autologous stem cell transplant of 15 July 2011 preceded the worsening. Pregnancy was confirmed on 22 May 2013 at six weeks, so you were pregnant at the worsening on 20 May 2013. You took your high-dose combined pill continuously throughout the 4 weeks before the worsening, from 22 April to 20 May 2013. Oral lichenoid lesions remained present at the worsening. Insulin-treated diabetes mellitus was present at the worsening, with an HbA1c of 8.9 per cent. Oral candidiasis involving the gums was confirmed on swab at the worsening on 20 May 2013. The worsening was of the acute necrotising ulcerative type. (a) You were severely malnourished after salvage chemotherapy and intensive care, with an albumin of 25 g/L. (b) You had smoked more than 5 pack-years in total and had resumed smoking 10 a day in 2012, continuing to the worsening. No dental or periodontal review was arranged during your chemotherapy and intensive care admission in April and May 2013, oral care in intensive care was limited to swabs, and the base dental officer position was vacant, so you waited until 20 May 2013 for assessment.

This has then led to further investigations and the diagnosis of your condition of *Gingivitis (Worsening)*. I have accepted your condition of *Gingivitis (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 20 May 2013.

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.