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The Examiner

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- Practice Limited to Dental Implants and Periodontics
- Comprehensive Treatment Planning with Team Approach to Dental and Implant Therapy
- Achieving Excellence in Dentistry

Inside this issue:

Gingival Recession

diagnosis & treatment

Soft issue grafting for the treatment of gingival recession is an old art that has been around for over forty years. Since then, several methods and approaches for the treatment of gingival recession were reported.

Review of Histology:

The soft tissues covering the tooth and the alveolar ridge can be divided into the gingiva and the oral mucosa. The gingiva can be further divided into free and attached gingiva. The gingiva is covered with keratinized epithelium and its junction with the oral mucosa is referred to as the muco-gingival junction.

Gingival Recession:

Gingival recession is the loss of the gingival tissues causing exposure of the root surface. The recession is mainly found on the facial surface and can be associated with the loss of the interdental alveolar bone. Recession can also be noted on the lingual surfaces, however less common. The width of the keratinized tissues present on receded sites ranges from complete absence of the keratinized tissues to normal width of more than 2 mm.

Clinical Implications:

Gingival recession is a progressive situation in most cases. Patients with gingival recession often complain of sensitivity to cold and brushing. The absence of keratinized tissues will make the oral mucosa more susceptible to inflammation and further recession. The root surfaces are easy targets for tooth brush abrasion even with the use of soft tooth brushes. The abrasive filler in all tooth pastes is capable by itself of causing the loss of tooth structure. The underlying alveolar bone can't exist without the covering gingival tissues.

Risk Factors:

The following are risk factors for recession or increased recession:

1. Orthodontic tooth movement in the presence of limited width and thickness of keratinized tissues (<1 mm).
2. The width of keratinized tissues is less than 1/2 mm.
3. The width of the keratinized tissues is less than 1 mm adjacent to crown margins, veneers and metal clasps supporting RPD's.
4. High frenum attachment in the presence of less than 1 mm of keratinized tissues.

Treatment Options:

The treatment of gingival recession will vary based on the nature of the lesion and the goal of therapy. At the present time, two major modalities for the treatment of mucco-gingival defects are in use:

- ***The Free Gingival Graft:***

In this procedure, a full thickness graft is obtained from the palate. The free graft consists of the epithelium and the underlying connective tissues. The advantage of the free gingival graft is the pronounced in-

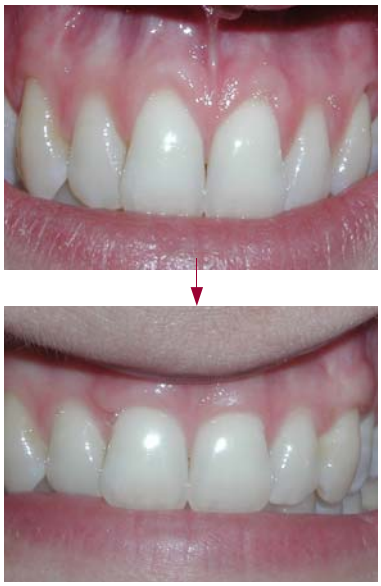


Figure 1: Connective Tissue Grafts on # 8 and 9 are used to cover the root surfaces and increase the width of the keratinized tissues.

Figure 2: Connective Tissue Grafts were placed on # 8 and 9 prior to the replacement of the crowns.

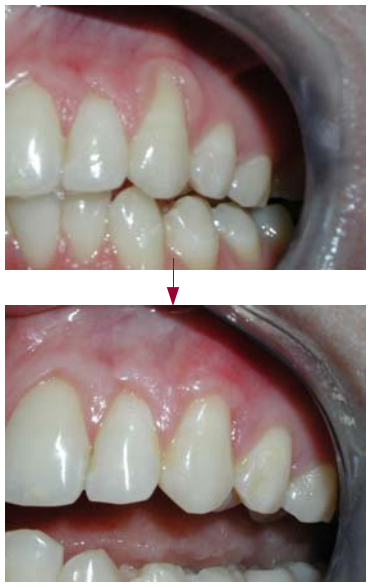
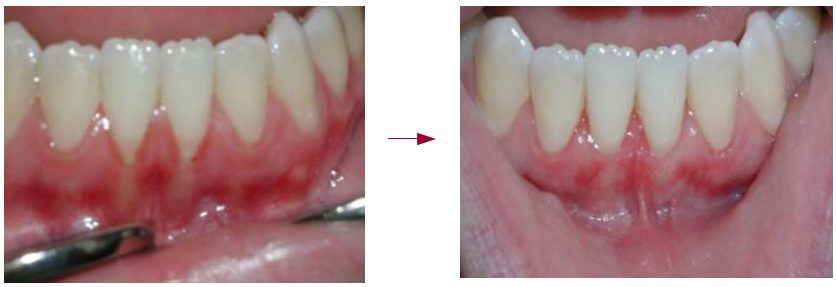


Figure 3: Connective Tissue Graft on # 11 to cover the root surface and increase the width of the keratinized tissues.

Figure 4: Connective Tissue Graft on # 24 and 25. Complete coverage of exposed root surfaces was achieved in addition to significant increase in the width of the keratinized tissues.



"The Connective Tissue Graft procedure is far superior in achieving root coverage with highly esthetic results"

crease in the thickness and the width of the keratinized tissues. The free gingival graft however is unpredictable in achieving root coverage. This treatment is not recommended in the esthetic zone due to color and texture discrepancy between the graft and the recipient site.

- ***The Connective Tissue Graft:***

The connective tissue graft (CTG) was popularized in the early nineties. In this procedure, a connective tissue layer is removed from the palatal donor site, while the covering epithelial flap is left in place to achieve primary coverage and fast healing. Typically, a "pita bread" pocket is created in the palate and the connective tissue is removed. This approach is minimally invasive and leaves one single incision for healing. The recipient site is prepared by reflecting a partial thickness flap that is used to cover the CTG. This procedure is far superior in achieving root coverage with highly esthetic results. However, the increase in the width of the keratinized tissues is not as pronounced as in the FGG procedure.

- ***Emdogain®:***

Emdogain® is an enamel matrix derivative protein that is used in the regeneration of lost bone and PDL in the osseous vertical defects and furcations. Recent studies have suggested that the use of *Emdogain®:* in conjunction with a coronally positioned flap can predictably achieve root coverage and increase the width of the keratinized tissues. However, some limitations exist as to the type and extent of gingival recession that can be treated in this manner.

Meet our Team

Dr. Wade Diab is the team leader since 1997.

Mrs. Shane Baudo: is our front desk manager. Shane has been a member of our team for two years.

Mrs. Nancy Fowler is our treatment and financial coordinator. Nancy has been a member of our team for five years.

Mrs. Karen Musselwhite is our surgical assistant. She has been a member of our team for five years.

Mrs. Michelle Ross is our hygienist. She has been a member of our team for two years.

Miss. Amanda Wolfenbarger is our sterilization technician. She has been a member of our team for three months.

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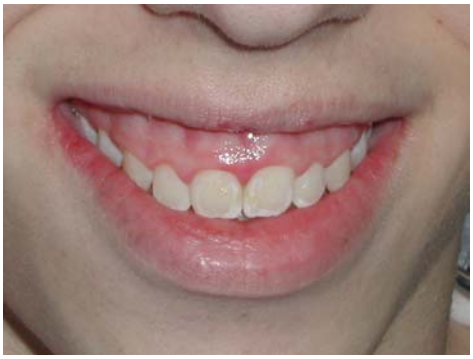
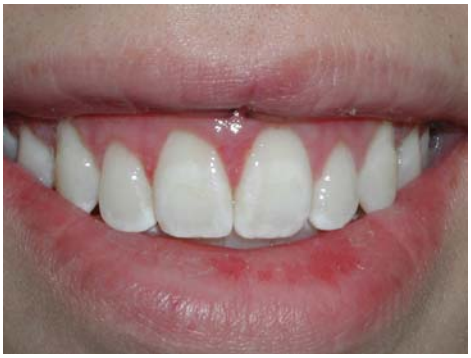
All photographs are of actual patients in our practice.

Excellence in Dentistry



Before



After

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Cosmetic Crown Lengthening

A simple solution with immediate gratifying results.

Wade A. Diab, D.D.S., M.S.

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&
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Please Contact Dr. Wade Diab with your questions.

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