

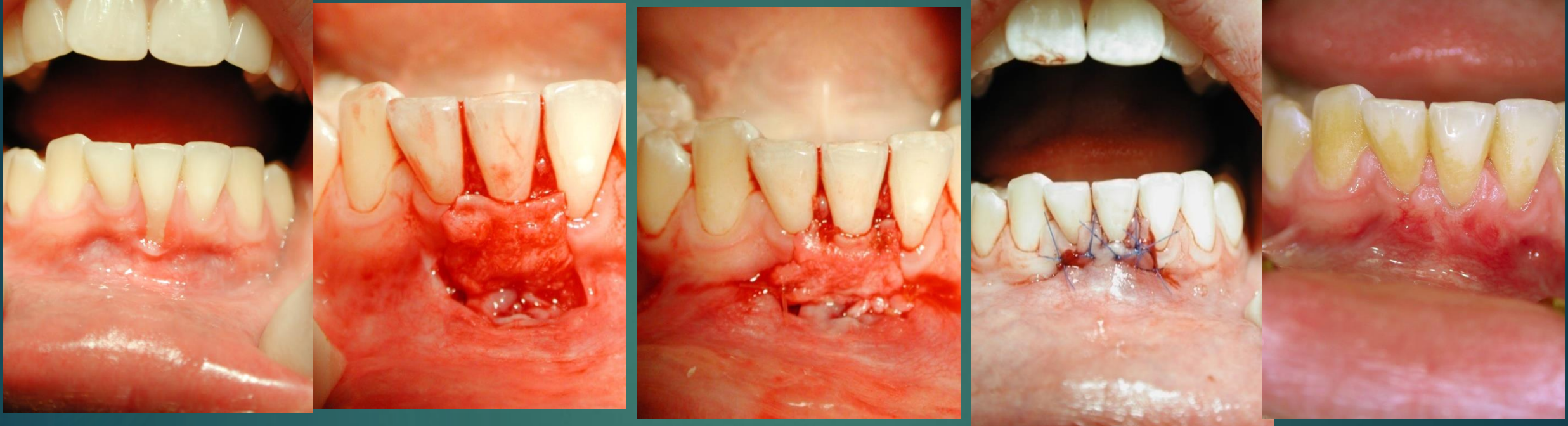
Mucogingival Surgery and Periodontal Aesthetics Part 3

DR. BETUL RAHMAN

Mucogingival Surgery: Connective tissue Grafts

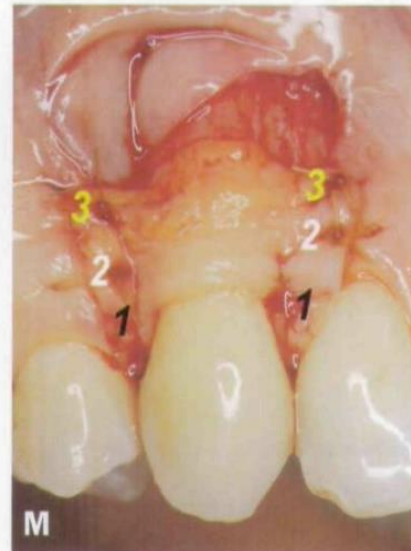
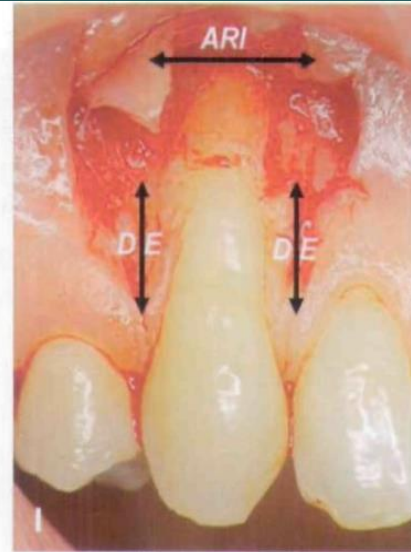
Watch the video:
Periodontal Surgery
– Connective Tissue graft
Length 8.30 minutes
Dr Soukoulis and Dr Kardachi

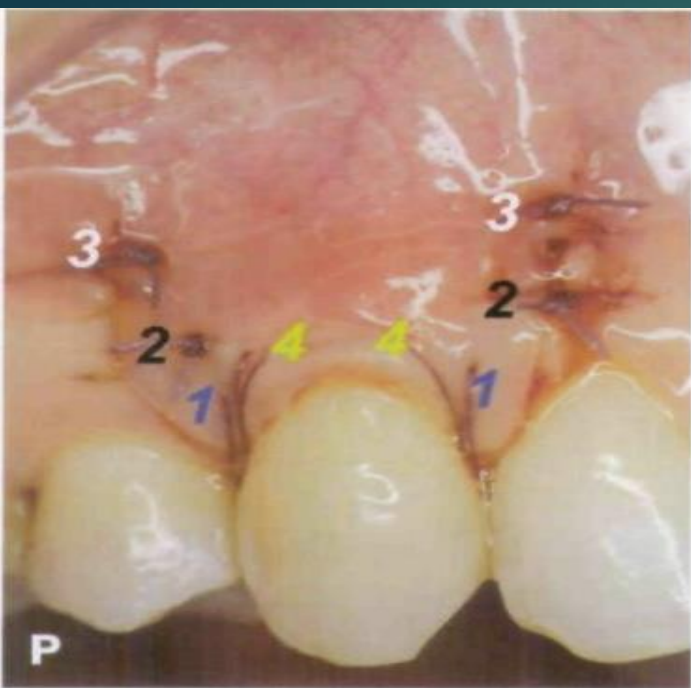
Sub-epithelial Connective Tissue Graft

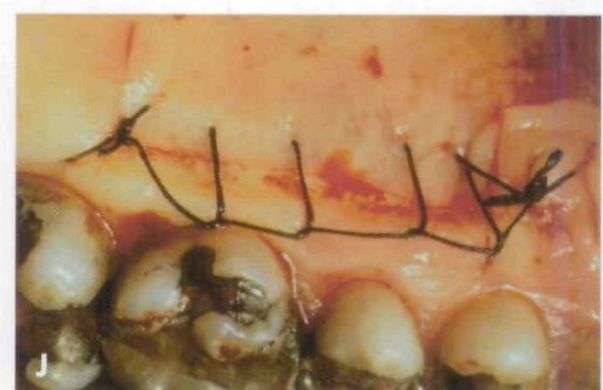
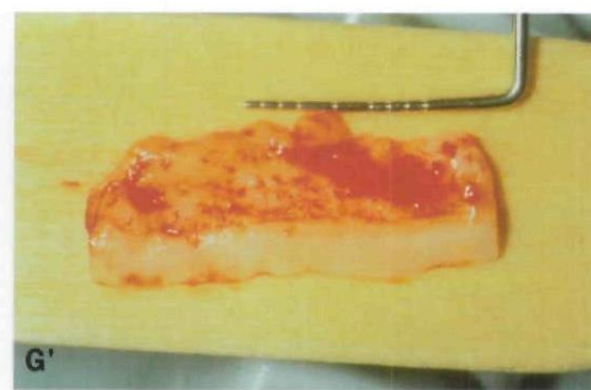
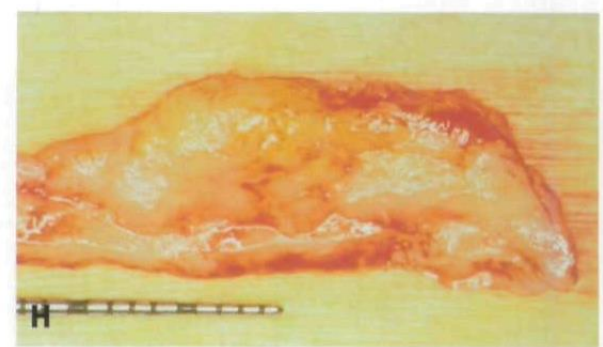
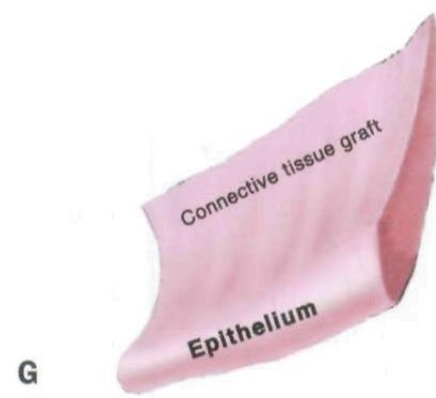
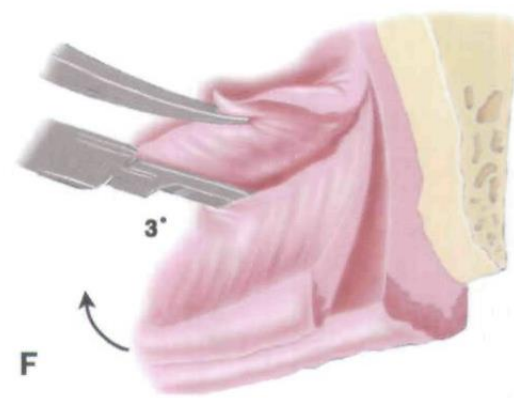




Localized gingival recession on tooth 13. (A,B,C) Arrows indicate required coronal movement of tissue coverage and the beginning of papillary incision (D). Outline and the completed incision (F,G)







Pouch and tunnel
technique for root
coverage
Courtesy Dr.Robert
R.Azzi, Paris,France



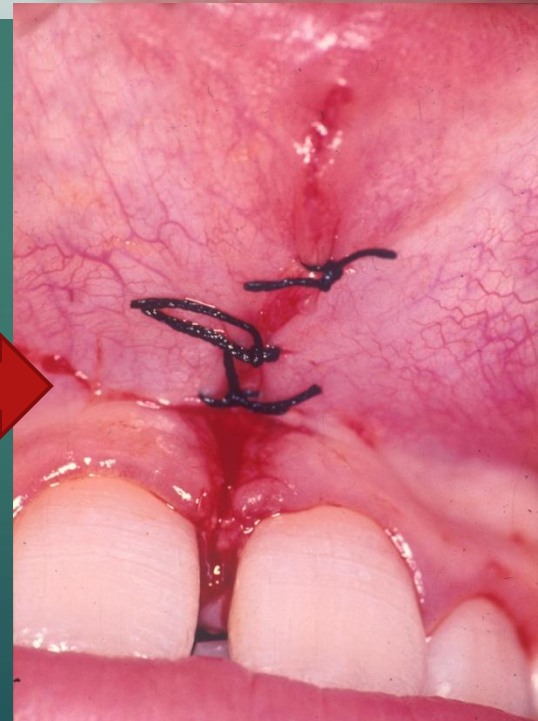
Frenectomy

- ▶ A *frenum* is a fold of mucous membrane, usually with enclosed muscle fibers, that attaches the lips and cheeks to the alveolar mucosa and/or gingiva and underlying periosteum.
- ▶ A frenum becomes a problem if the attachment is too close to the marginal gingiva.
- ▶ Tension on the frenum may pull the gingival margin away from the tooth. This condition may cause plaque accumulation and inhibit proper toothbrushing.

- ▶ *Frenectomy* is complete removal of the frenum, including its attachment to underlying bone, and may be required in the correction of an abnormal diastema between maxillary central incisors.
- ▶ *Frenotomy* is incision of the frenum.

Both procedures are used, but frenotomy generally suffices for periodontal purposes, that is, relocating the frenal attachment so as to create a zone of attached gingiva between the gingival margin and the frenum.

Frenectomy





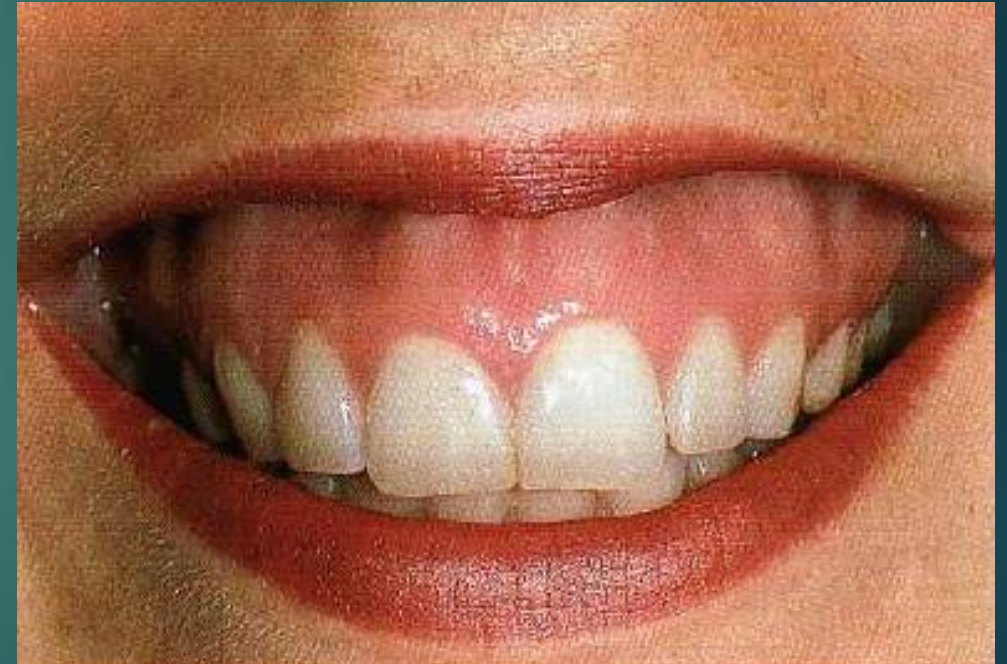
Excessive gingival display

Over exposure of the maxillary gingiva during a smile

(gummy smile)

Etiology:

- ❖ Plaque/drug-induced gingival enlargement
- ❖ Anterior dentoalveolar extrusion
- ❖ Vertical maxillary excess (VME)
- ❖ Altered/delayed passive eruption
- ❖ Short upper lip



Altered Passive Eruption

- ❖ gingival margins fail to recede to the level of the CEJ, after the tooth eruption completed
- ❖ gingival tissues are positioned coronal to the CEJ
- ❖ teeth appear short and square

Crown-Lengthening Procedures

Surgical crown-lengthening procedures are performed to:

- ▶ provide retention form to allow for proper tooth preparation, impression procedures, and placement of restorative margins
- ▶ adjust gingival levels for esthetics.

It is important that crown-lengthening surgery is done in such a manner that the biologic width is preserved.

Crown Lengthening

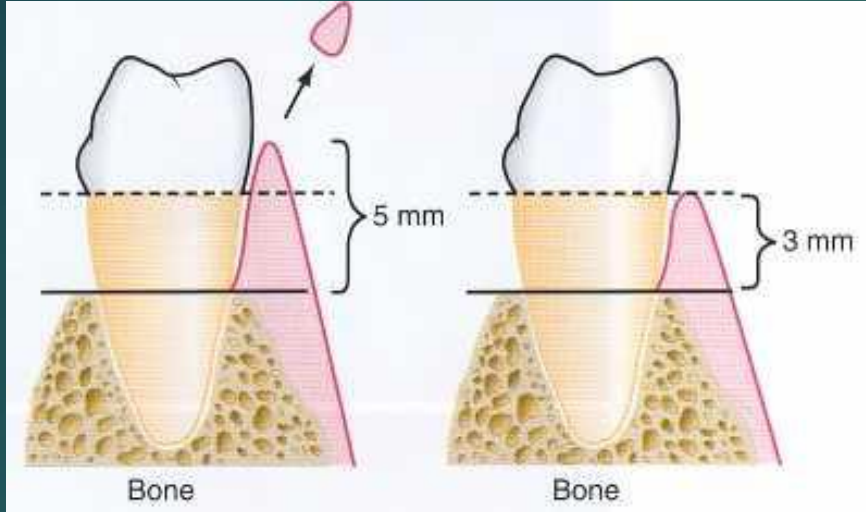
- ▶ **Soft tissue resection** – indicated when bone level is at correct height to ensure biologic width is accommodated
- ▶ **Soft and hard tissue resection** - indicated when bone level is not at the correct height to ensure biologic width is accommodated

Crown Lengthening

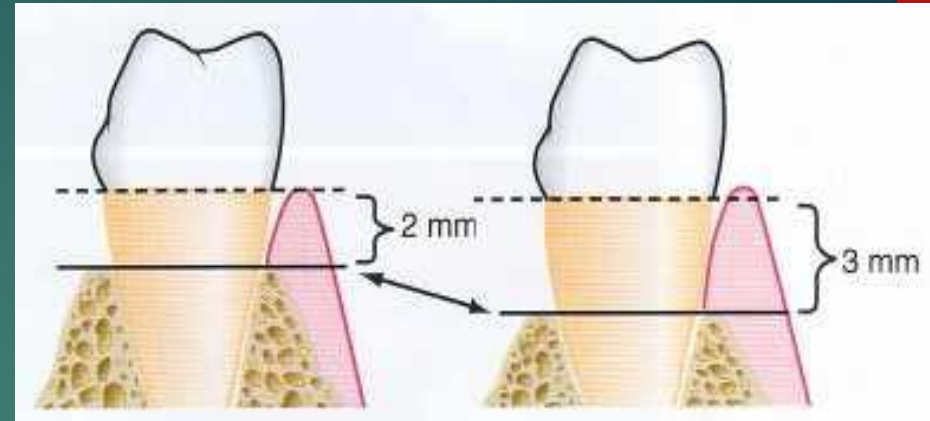


Crown Lengthening



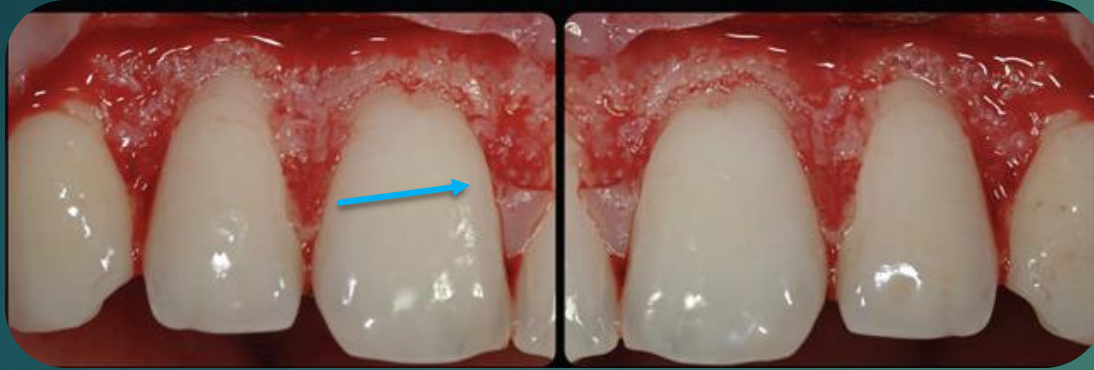


Greater than 3 mm of soft tissue between the bone and gingival margin, with adequate attached gingiva, allows crown lengthening by gingivectomy.



With less than 3 mm of soft tissue between the bone and gingival margin, or less-than-adequate attached gingiva, a flap procedure and osseous recontouring are required for crown lengthening.





Francesco
CairoInternational
Journal of Dentistry
Volume 2012, Article ID
837658, 6 pages



Lip Repositioning



Prediction of the final outcome

*Jacobs P.J, Jacobs BP, Lip
Repositioning with Reversible Trial for
the Management of Excessive Gingival
Display: A Case Series. 2013.Int. J
Perio Res Dent. 33 :169-175*

THANK YOU

