Mucogingival Surgery and Periodontal Aesthetics

## Soft Tissue Aesthetics

* Recessions
* Crown Fractures / Crown Lengthening

**Gingival Recessions**

## Causes

* Anatomic conditions (lack of attached gingiva, inadequate alveolar bone plate thickness, and root prominences)
* Inflammation (Bacteria, Trauma)
* Muscular inserts near the gingival margin
* Poor teeth alignment
* Acquired pathological conditions
* Iatrogenic factors (improper restorations invading biological space)
* Mechanical trauma (including tooth brushing)

## **Types**

1. Localized
2. Generalized

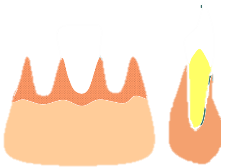
## **Classification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Miller’s Classification (1985)** | **Class I**  Marginal tissue recession does not extend to mucogingival junction. There is no loss of bone or soft tissue in the interdental area. This type of recession can be narrow or wide | **Class II**  Marginal tissue recession extends to or beyond the mucogingival junction. There is no loss of bone of soft tissue in the interdental area. This type of recession can be narrow or wide | **Class III**  Marginal tissue recession extends to or beyond the mucogingival junction. There is bone and soft tissue loss interdentally or malpositioning of the tooth | **Class IV**  Marginal tissue recession extends to or beyond the mucogingival junction. There is severe bone and soft tissue loss interdentally or severe tooth malpositioning. |
| **Cairo Classification** | **Type 1**  No loss of interproximal attachment | **Type 2**  Interproximal attachment loss is less than or equal to buccal attachment loss | **Type 3**  Interproximal attachment loss is higher than buccal attachment loss. |  |

## **Prevalence**

|  |  |  |
| --- | --- | --- |
| **< 18 years old** | **18—64 years old** | **> 65 years old** |
| **1-19%**  have one or more recession lesions | **50%**  have one or more recession lesions | **88%**  have one or more recession lesions |

## **Periodontal Biotype**

1. **Periodontal Biotype I**
   1. Thick, flat biotype
   2. Thick, scalloped biotype
2. **Periodontal Biotype II**
   1. Thin, scalloped biotype

## **Indications for Surgical Correction**

* Increase in recession
* Persistent inflammation
* Dentinal Hypersensitivity
* Aesthetic concerns of patient
* Early Caries
* Age