CONNECTIVE TISSUE GRAFT IN THE TREATMENT OF MULTIPLE ADJACENT GINGIVAL RECESSIONS

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SUMMARY:
Marginal tissue recession is a displacement of the soft tissue margin apical to the cement-enamel junction with exposure of the root surface. The etiology of the gingival recessions is associated with the gingival inflammation, mechanical factors like improper toothbrushing in the circumstances of tooth malposition, bone dehiscence, thin periodontal tissue, and aberrant frenulum. The treatment of the gingival recession in the last years includes gingival grafting procedures. The most generally used procedure is the free gingival graft. Recent studies have demonstrated that connective tissue grafting is an effective treatment of gingival recession. The graft used may either be an epithelialized graft or a subepithelial connective tissue graft of palatal masticatory mucosa.

The presentation demonstrates an envelope technique connective tissue graft procedures for root coverage in a 23 years old patient with Miller class II recessions on teeth #14, #15, #24, and Miller class I recessions on teeth #16, #25, #26 and the results.

GOAL: The presentation demonstrates an envelope technique connective tissue graft procedures for root coverage in a 23 years old patient with Miller class II recessions on teeth #14, #15, #24, and Miller class I recessions on teeth #16, #25, #26.

MATERIALS AND METHODS:
The surgical protocol of the both treated sites is presented on the following photos – Figures 1-6.

Figure 1. Initial status- Miller class II recessions on teeth #14, #15, #24, and Miller class I recessions on teeth #16, #25, #26.
Figures 2. Initial horizontal and intrasulcular incisions

Figure 3. Partial thickness flaps are reflected. The prominent root surfaces and dehiscence are seen.

Figure 4. The connective tissue graft taken according the Hurtzeler-Weng technique (5).

Figure 5. Connective tissue graft with epithelial collar on the right side and connective tissue graft without epithelial collar on the left side. Both grafts are positioned and immobilized with interdental resorbable sutures.

Figure 6. Fixation of the graft and coronal flap positioning.
RESULTS:
On the first month after surgery complete root coverage was obtained. The gain of attached gingiva is 3mm on teeth #16,#15,#14 and 1mm on teeth #26,#25, and #24. The color and the appearance of the connective tissue grafted area is similar to the adjacent gingiva which leads to good aesthetic result. The result is stable on the sixth month after treatment.

CONCLUSION:
In the limitations of this case the connective tissue graft procedure led to tissue root coverage, shallow residual probing depths, gain in clinical attachment and an increase in gingival height and width, which is a premise for better maintenance of the achieved root coverage. The epithelial collar approach led to better gain of attached gingiva but the aesthetic result was worse because of the rugged gingival surface.

REFERENCES:

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