More Complex Examples of Gingival Problems

In prior newsletters examples were presented of less complex muco-gingival problems that could be solved without grafting tissue from a donor source. These situations could be treated by either frenectomies and apically or laterally positioning keratinized gingiva. The examples I am including in this newsletter will involve grafting donor tissue (palatal connective tissue) to a recipient site in order to either augment attached gingiva, cover exposed root surfaces, eliminate frenum/mucosal pulls or all of the above.

In order to determine what procedure is appropriate an assessment has to made for each situation. In the following cases the common denominator is a lack of attached gingiva and exposed root surfaces. A need for donor tissue is absolutely necessary due to the lack of gingival quantity in the area. In the first case there is root exposure, however adequate keratinized gingiva is present. Using a palatal graft will provide a more stable result versus simply coronally positioning the tissue. For the second case there is root exposure, no attached tissue and an overall very thin biotype. For the third case there is a thin band of attached tissue on teeth #22 and 27, however the root surfaces are exposed with tooth #22 having an incipient caries. Healing for tooth #22 is approximately five weeks post-operative at the time of this photograph. In the fourth case teeth #24 and 25 have minimal attached gingiva associated with root exposure and a frenum pull.

Do you have suggestions for future topics?
Call my office or e-mail your ideas.

Questions/Comments Please call during Office Hours
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