



PERIO POINTERS

Acellular Dermal Grafts

February 2007

Acellular dermal grafts have been used in periodontics since 1995. They were developed for skin grafts for burn patients in 1992. Cadaver tissue from the inner arm is used. I personally have been doing the grafts since 1997.

Indications:

Anytime you would do a connective tissue graft. Specifically a broad area of recession, or multiple teeth with recession. You have as much tissue as you need without mutilating the palate. You get excellent tissue color as the patient's own tissue covers the freeze-dried skin. I normally do not do acellular dermal grafts on the mandibular anterior as the papillary tissue is so thin. Normally, I feel there are better choices of treatment there.

Results:

Normally, I expect at least 80% root coverage and always strive for 100% root coverage. Do not expect bringing the tissue any more coronally than within 3 mm of the tip of the papilla. For the hygienists: do not scale subgingivally until after 3 months of healing. Do expect more swelling and postop discomfort with this type of graft than an autogenous graft. Sometimes they will look less than ideal, but give them 3 months to heal. Also, you will not get keratinized tissue if it was not there before, but the thickness will be greater and the muscle pulls will be different. No change in tissue but in character of the tissue.



Success at the expense of faith and family is really failure

Newsletter Spotlight

The information contained in these newsletters is based on my opinions and experience. Feel free to disagree or question my comments. You are welcome to copy or reproduce any of the material in these newsletters.

Case Study: Acellular Dermal Grafts



Figure 1 Single tooth, broad area of recession, no attached gingiva, decalcification at CEJ. Figure 2 is 3 months postop with complete coverage.



Figure 3 is multiple areas of recession on teeth #5,6,7,8 resulting in asymmetry. Note erosion into root surface.



Figure 4 is 3 months healing with a large acellular dermal graft.



Note the color of the tissue, same as preop, with no scarring.

Sometimes restorations (class V) have to be done in conjunction with the grafts, as there can be loss of enamel as well.

Figure 4 Please do not do a class V restoration without considering an acellular dermal graft. Once the restoration is done, it is difficult to do the graft as the graft will not attach to the restoration and it would have to be removed and the root altered. It can be done, but it is difficult.