



# PERIO POINTERS

## Mucogingival Defects

January 2007

Mucogingival defects are very common. They are not a respecter of age. I have done grafts on 5 to 82 year olds.

If I see recession, I have a series of questions to determine if it needs treatment :

- Has the recession increased? – if the patient does not know, measure it and if it increases at the next visit, it is time to treat it.
- Do you have any discomfort?
- Do you have sensitivity ?
- Does it bleed on brushing or probing?
- Is there any attachment?
- Is there a purulent exudate?
- Is there a frenal pull?
- Does the tooth or teeth in question need restorative?
- Is there plaque retention or root decalcification, or caries?
- Is there an esthetic problem?

If the answer is yes to any of these questions, then it is time to treat it. If the answer is no, I might not treat it. If the patient says it has been this way for years and there are no "symptoms", I probably would not treat it.

Types of treatment may be an autogenous graft, connective tissue graft, pedicle graft, acellular dermal tissue graft or coronally positioned graft, or a frenectomy.

Consequences of no treatment can be an abscess, root caries, toothbrush abrasion, bone loss or tooth loss.

I can cover multiple areas of recession with the acellular dermal graft. Costs range from \$500 to \$1000 depending on type of graft, and number of teeth grafted. Sometimes treatment will involve grafting and restorative.



**Integrity is a choice. It is consistently choosing the purity of truth over popularity.**

**We wish you a healthy, happy and successful New Year!**

Your hygienist should be familiar with the procedures and questions to ask the patient when she sees recession at maintenance visits.

## Case Study: Autogenous Gingival Graft



This patient was referred for the mucogingival defect on tooth #25. Notice the redness and plaque retention. Obviously there is no keratinized tissue and significant recession.

Treatment involved doing an autogenous gingival graft with local anesthesia. Two months later the tissue was coronally positioned to try to make the area more cleansable and esthetic.

Postoperatively, the patients have very little discomfort. I normally tell them, if the dressing falls out it will feel like a bad pizza burn on the roof of the mouth. It takes 7-10 days to get a layer of epithelium over the donor site and then they are comfortable. Be sure and tell the patient the donor site will fill back in with tissue.

**Question?** Has anyone had problems with staining with patients using Crest Pro Health toothpaste?

My goal is to be able to look at the area I treated 5 years later, and not be able to tell I was there. I do not always achieve my goal, but at least that is what I strive to achieve.