



PERIO POINTERS

Functional Crown Lengthening

Functional crown lengthening is a result of a restorative challenge. If the margins of decay or fracture extend less than 3 mm to the marginal bone and a crown is done, there will be an inflammatory response resulting in uncontrolled bone loss. It is far better to be proactive based on the research of biologic width. From a diagnostic standpoint you have to determine the significance, long term prognosis of the tooth, and presence of furcations, boney ledges, and tori. You have to make a decision based on the value of the tooth. If I have to destroy a lot of good bone, or if the tooth needs crown lengthening, endodontic therapy, cast post and core, and a crown, perhaps an implant or other prostheses would be a better choice. If you cannot get at least 3 mm of healthy ferrule to restore, then another choice of treatment is indicated.

There are two sites where you might get by with less than 3 mm— the palatal of the maxillary posteriors and the lingual of the mandibular posteriors. Another concern would be the furcation areas. Sometimes you have to compromise or extract. If you cannot achieve your clinical goal extract the tooth.

March 2007



The road to a friend's house is never long.

Newsletter Spotlight

I hope you have enjoyed these e-newsletters as much as I have enjoyed writing them. I could expand on any of these subjects and the real challenge for me is to condense it into one page. Thank you for your continued support and trust.

Case Study: Functional Crown Lengthening



You can do a temporary restoration 2 weeks after surgery, and you should sometimes to prevent gingival regrowth. I would not do a final restoration for 6-8 weeks after crown lengthening because of the 3 mm of tissue rebound that will occur. If you really wanted to do it sooner, I will normally tell you where the osseous margin is in relation to the fracture. As long as you did not impinge on the biologic width, you could do it. There is a second aspect and that is the healing of the flaps. It takes about 8 weeks for the flap to heal and in taking the impression you could inject material under the flap if you did it sooner. Then we have an abscess and another surgery to remove it. If I just did a gingivoplasty, I think you could restore in 3-4 weeks. On cosmetic cases I would wait 3 months. If restorations are done too quickly, the danger is the margins will be too far subgingivally because of tissue rebound and you get red inflamed gingiva that will not go away without further surgery. You, I and the patient would not be happy.