PC112

Modified tunnel technique with connective tissue autograft for treatment of localized gingival recessions

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Background: A 25-year female patient presented with two Miller Class II defects on the mandibular central incisors, associated with an extremely narrow band of keratinized tissue. Her main complaint was sensitivity during chewing and brushing her teeth. A modified tunnel technique with connective tissue autograft was decided to be performed with the aim of covering the recessions.

Clinical Procedure: The exposed root surfaces were cleaned with a rubber cup and polishing paste, and the contact points with the adjacent teeth were splinted with flowable composite. Technically, the surgical procedure started with a partial-thickness flap dissection at the base of the papillary tissue with a microblade. To minimize the risk of perforation, tunnel preparation were completed with the tunneling knives, instead of the microblade. The initial incision was extended apically beyond the mucogingival junction. A connective tissue graft was harvested from the palate with a single incision technique. The insertion and positioning of the graft in the tunnel was achieved with 5-0 PTFE sutures engaging the graft laterally. Two vertical double-crossed polyamide 6-0 sutures were used for suture closure. Starting on the buccal side, the needle entered at the level of the mucogingival junction, engaged the CTG, passed beneath the splinted contact point, engaged the tissue and exited on the palatal side, slightly apical to the tip of the papilla. Then it returned over the incisal edges of the teeth to the buccal side, passed back-first beneath the splinted contact point without engaging the tissue and then exited again on the palatal side.

Outcomes: The previous exposed roots of the aforementioned teeth were fully covered and the patient could exert atraumatic oral hygiene in the area. The obtained result was stable 1 year after the surgical procedure.

PC113

Modified tunnel technique for treatment of multiple adjacent gingival recessions

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Background: Gingival recessions are displacement of gingival margin apical to the cemento-enamel junction which results with exposure of root surfaces to oral environment. The denuded root surfaces have an increased risk for caries, abrasions, or erosions, often cause hypersensitivity, and are often aesthetically unacceptable for many patients. Furthermore, treatment of multiple adjacent gingival recessions (MAGRs) are challenging for clinicians, compared to single recessions. Modified tunneling technique (MTT) for the treatment of MAGRs have recently gained remarkable attention since it may be assumed that flap elevation without surgical papilla dissection and vertical releasing incisions contributes to a comparatively low impairment of the local blood supply as well as to minimize the risk of postoperative scar formation.

Clinical Procedure: This report presents 5 different cases of MAGR treatments with MTT and subepithelial connective tissue graft. A total of 5 patients (39.40 ± 11.26 years-old) referred to Gazi University, Faculty of Dentistry, Department of Periodontology (Ankara, Turkey) for their hypersensitivity and aesthetic complaints. Miller class I and II 18 adjacent gingival recessions, with mean gingival recession depth 2.61 ± 0.47 mm, were treated via MTT and subepithelial connective tissue graft. Healing was uneventful in all patients and sutured were removed after 14 days.

Outcomes: Significant improvements were observed in gingival thickness, and root coverage at 6th, 12th and 18th month follow-ups. At 6 months, 98.8% complete root coverage was achieved for all recession defects, except for one teeth. The mean reduction of gingival recession depth was 2.58 ± 0.49 mm, and results remained stable for 18 months. In conclusion, MTT in combination with subepithelial connective tissue graft seems to be a good and predictable treatment alternative for MAGRs.

PC114

Modified tunnel technique to gingival recession a year follow-up

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Background: Gingival recession is a problem that can be seen in later stages of periodontitis. Faulty brushing, mucogingival stress, poorly adhered gingiva and severe inflammation can exacerbate this condition. While marginal tissue recession may results in tooth loss and it is often associated with root sensitivity, root caries, may cause involvement marginal tissue irritation and reperceived as aesthetic impairment by patients.

Clinical Procedure: 31 years old woman was referred to our clinic with gingival recession. Average 2.4 mm recession was observed on whole left maxilla. This patient's primer complaint was esthetic problem. After oral hygiene maintained, surgery was planned. Connective tissue graft was applied with modified tunnel technique to augment attached gingiva and root surface closed. The patient did not brush her teeth for 2 weeks and Chlorhexidine mouthwash was used during this healing period. Patient was seen every week for first month than every 2 months after surgery.

Outcomes: The process of healing occurred more atraumatic and rapidly after surgery. Mean 85% root coverage maintained. This case report illustrates modifications of the tunnel approach that result in simplification of the technique and enhancement of the esthetic outcome. Aesthetic results were the level that will satisfy the patient.

PC115

Multidisciplinary approach to functional and esthetic therapy of the patient with bilateral palatal and lip cleft

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Background: Orofacial clefts are the most common facial malformations in all populations and ethnic groups. The therapies

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