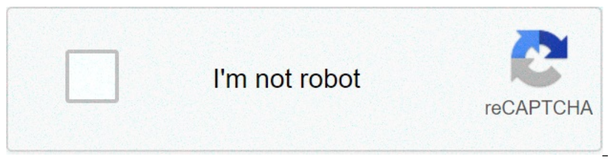

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Acellular dermal matrix graft gingival recession

Sumana, S. Z,. Masulili, S. L. C,. & Lessang, R. (2018.) REQUEST OF AZIENDAMENTS FOR THE CONNECTIVE SUBEPILA TREATMENT or THE DERMAL MATRIX TO CELLULAR FOR THE TREATMENT OF THE GINGIVAL RECESSIONE: A CLINIC STUDIO. International Journal of Applied Drugs, 9, 20-23. Within the Dentistry September 2011 Volume 7, Number 8 Gingivale Recession represents a significant problem in the aesthetic area. Autogenous connective tissue grafts were considered the gold standard, but are limited by the availability of tissues that can be derived from the patient's palate. Acellular dermal allografts are useful in the treatment of defects in gingival recession, and are not so limited in the availability as the patient's tissue. The reflection of an envelope can lead to narrowing of the interdental papillae and reduces the aesthetic benefits of the graft. Tunnel techniques are a method to protect the papillae and improve aesthetics. The purpose of this article is to demonstrate and discuss the use of the tunnel technique and an acellular dermal matrix in the treatment of multiple adjacent gyngical recession sites. An attractive smile is the result of a harmonious relationship between teeth and gingiva. The right tooth size and the proportion of the tooth-tooth depend on the gum architecture. 1 The recession of the gingival is an important challenge in creating a natural-looking smile. Methods to cover the surface of the roots must produce results that do not create undesirable problems such as the blurring of the interdental papillae. The subepitelial connective tissue graft (CTG) was first described as a method for improving front cosmetics. 2.3 Connective tissue grafting with a "velope" technique was developed to get root coverage on a single tooth, without problemsto vertical engravings. 4 Tunnel techniques have been developed to improve aesthetic results for the treatment of multiple adjacent recession sites. 5-10 BenefitsCTGs are limited by the amount that can be collected from the patient's palate. 11,12 An acellular dermal matrix (ADM) derived from the skin of an organ donor does not have this limitation. 13-15 ADMs have been very successful in the treatment of gingival recession. 16-23 ADMs allow the treatment of multiple teeth in one visit. 16.20.23 Its uniform thickness also makes the ADM simple to use with tunnel techniques. 18,19,22,23 A 48-year-old non-smoker woman reported “brown and long teeth” as a main concern. The 5 to 12 teeth were found to have the Miller Class III gingival recession. The recession range was between 2 mm and 4 mm with loss of interdental attack24 (). After discussing the results and treatment plan options, it was agreed to treat these teeth with connective tissue grafting. The local anesthesia was obtained using about 9 cc of 2% lidocaine with 1:100.000 epinephrine. Intrasulcular engravings were made along the facial surfaces of the teeth from 4 to 13 using a Bard-Parker #15 blade (). Leaving intact the interdental papillae, an Orban knife was used to lift a potato to the whole lick. Among the teeth nn. 5 and 6 and 11 and 12 were the only areas where the facial gita detached from the bed below. Individual bags adjacent to each tooth were extended under mucogingival fabrics until a continuous tunnel extended from teeth 5 to 12. Root planning using carettes was performed to reduce the prominences of the roots and smooth root surfaces. An ADM (AlloDerm® Regenerative Tissue Matrix, BioHorizons, www.biohorizons.com) was cut at about 5 mm height and 40 mm long (). Using the Orban knife, the ADM was then inserted into the mucogingival tunnel between the teeth n. 5 and 6, and pushed / pushed up to site n. 12. The ADM wason the roots surfaces using a continuous suture 4.0 normal texture (). The gingiva was then positioned completely above ADM and protected in aposition using a continuous suture 4.0 chromic-gut (). The patient was given postoperative instructions, including the use of ibuprofen (600 mg) for discomfort. The patient was prescribed amoxicillin (875 mg) q12 h for 10 days. The patient was also instructed not to brush or float the surgical site for 10 days. Instead, he had to rinse twice a day with 0.12% gluconate chlorhexidine (Peridex®, Proctor & Gamble, www.pg.com). After 10 days, the patient was charged with interrupting the rinse and starting the delicate brushing and floating. Approximately 12 weeks after surgery, treatment sites were found to be well curating, with full root cover (). No further blur of the interdental papillae was found. The general aspect of the architecture of soft tissues was natural and healthy; the mucosa showed a more often and pink look. Tunnel techniques are important progress in the aesthetic correction of the gum recession. While the front gingiva receives their main source of blood perfusion from an apicocoronal direction, circulation is compromised where engravings are made. 25,26 Therefore, keeping intact the interdental papillae favors a better circulation and preservation of aesthetics. 27,28 In addition, the tunnel technique has been proven to be effective in treating multiple sites of Miller Class III gingival recession. 29 Some studies show, however, that the tunnel technique cannot be effective in achieving root cover as with traditional pata designs. 30 An explanation for this is that the tunnel procedure is highly sensitive to the technique and the development of adequate mobility of the pathways is more difficult. The positioning of the CTG in the mucogingival tunnel can be done using different methods. One method is to use limited spaceadjacent to a single tooth. 4-6 This may be difficult, however. The marginal interdental or gingiva papillae, having minimally attached keratinized gingiva, can inadvertently tear. Second, the gingival gingivalcan be detached from the interdental papillae in a site that is not aesthetically critical. 8.23 This is typically the most distant site. the extended access space to the tunnel facilitates the placement of a graft with larger dimensions. the detached area is sutured in place after the positioning of the graft. a third method creates access to the tunnel by making vertical engravings in the mucosa. all the interdental papillae are left intact.18,19 this vertical access greatly facilitates the placement of the triggers. after the graft and the gita are fixed in position, the vertical engravings must then be sutured closed. for this case, the second method has been considered the least invasive, but suitable for a correct positioning graft. ctg have provided excellent results in the treatment of the gingival recession. 2-10 however, the amount of palate tissue that can be collected by the patient is limited. 11-12 this can make the treatment more teeth in one difficult appointment. the site of the palatal donor was also associated with post-operative discomfort.31,32 adm are derived from the skin of organ donors.13-15 have also given excellent results in the treatment of the gum recession. 16-23 Unlike ctg, the availability of adm is not limited by palatal anatomy, and is not a source of post-operative palate pain. the treatment of adms removes their cell component while maintaining the ultrastructural cell matrix. the adms are cut into pieces with a uniform thickness between 0.9 mm and 1,65 mm. undamaged collagen and elastin matrices do not start an inflammatory response. cellular repopulation and redistriculation takes place through preserved vascular channels.13-15,17 adm must be in direct contact with the vital tissue for revaccination. Therefore, the root surfaces above adm must be completely covered by the gyngical flap to survive.13-15.21successful treatment of the gynastic recession sites using ADMs has been shown to be predictable. 16,17,21,22 Similar results in root rootwere found when using ADM and CTG. A significant advantage of ADMs is that its availability is not limited by palatal anatomy. This makes the treatment of multiple teeth in one practical visit. 16.20.23 It also eliminates discomfort associated with palatal wound. Its uniform size makes the ADM simple to use with tunnel techniques and, therefore, a great choice for use with cosmetic surgical procedures. 18,19,22,23 Finally, a study compared the results of ADM used with a tunnel in a coronal position against a flap in a coronal position. 33 Although not statistically significant, the procedure of the flap in a coronal position had a better root cover. It was also the strong clinical impression among researchers, however, that tunnel group patients experienced much less postoperative pain. Therefore, it was concluded that, while the changes were necessary to improve predictability, the use of ADM with a coronal-position tunnel was a valid treatment option. Tunnel techniques can be effectively used to aesthetically treat gynastic recession sites. Using ADM allows you to use these techniques on multiple adjacent recession sites in one visit. 1. Ohyma H, Nagai S, Tokutomi H, Ferguson M. Recreate an aesthetic smile: A multidisciplinary approach. Int J Parodontics Residential Dent. 2007;27(1):61-69. 2. Langer B, Calagna L. The subepitelial connective tissue graft: A new approach to the enhancement of the front cosmetics. Int J Parodont Rest Dent. 1982;2(2):22-33. 3. Langer B, Langer L. subepitelial connective tissue grafting technique for root cover. J Parodontol. 1985;56(12):715-720. 4. Raetzke PB. 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