



Management of Miller class II gingival recession by laterally positioned pedicle flap revised technique

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Abstract

Background and Objective: Gingival recession is the shifting apically of gingival margin which is normally located on the crown surface of the tooth to the root surface apical to the cemento-enamel junction which can cause major functional and aesthetic problems. It can cause many clinical problems such as root caries, loss of attachment, sensitivity and esthetic problems. The aim of this study was to evaluate the effectiveness of a modification of surgical procedure to laterally reposition the displaced flap for treatment of isolated recession.

Methods: 25 patients with Miller class II gingival recession attended the department of periodontology in the College of Dentistry, Hawler Medical University for treatment of their problem. Their gingival recession was about 2 to 5mm in the lower anterior teeth with shallow vestibule. After full preparation of the patient, which included scaling and polishing and root planing, the laterally displaced revised flap technique was carried out. Patients were followed up at 2 week and 3 month intervals to assess the post-treatment changes during this period. The parameters used were pocket depth, clinical attachment loss and gingival recession, which can be measured as the distance from CEJ to the base of the pocket.

Results: On the recipient side the mean gingival recession was about 3.2 mm at base line; after 2 weeks the mean gingival recession was 0.6mm; and after 3 months it was 0.38mm. Meanwhile, on the donor side the mean gingival recession was 0 mm at base line; after 2 weeks the mean gingival recession was 1.05mm; and after 3 months it was 0.5mm.

Conclusion: It may be concluded that laterally displaced revised flap technique in localized recession defects can be used to restore the major esthetic and functional problems which are associated with gingival recession.