

Registration is Open!

Thursday, January 18, 2018

5:30 - 9:00pm

Hosted by the Periodontal Implant Centers
of OKC and Edmond

**Dental Hygienists, Dentists
and Auxiliary Staff:**

Please join us for our upcoming annual CE
event at the Oklahoma City Golf and
Country Club on January 18, 2018. This
will be an interactive trivia event -
plan to bring your smartphone.

Dinner and 2 CE hours are complimentary.
Seating is limited - Register Early

Registration deadline is Friday, January 12th

TRIVIA

NIGHT

Live



Register at www.okperio.com
Click on "Referring Offices", then "Continuing Education"



Periodontal Implant Center

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Cases of "False" Gingival Recession

Occasionally, patients are directed to our office for treatment of gingival recession due to a discrepancy of gingival margin positions across the upper or lower anterior teeth. There is an assumption that because one or two teeth appear longer than the others, this must be due to gingival recession. Most often this is the case. However, there can be exceptions.

Using the top case on the right as an example, it is clear that tooth #8 appears longer than the other teeth. Interestingly, close inspection of this central incisor reveals a lack of any actual root exposure - the CEJ is still hidden beneath the gingival tissues. This occurs mostly in young patients or those with a thick gingival biotype when the shorter appearing teeth have excess gingiva covering part of their anatomical crowns.

The importance of identifying these types of cases is significant, as root coverage grafting is not possible to correct the asymmetry of the gingival margins. Root coverage grafting cannot be completed over enamel. The only alternative is to crown lengthen the teeth that appear short, revealing the full length of the anatomical crowns and positioning the gingival margins at the level of the CEJ's.

The middle case on the right is a bit easier to see that the main reason for the difference between the heights of the central incisors is that tooth #8 is too short / covered by excess gingiva. In fact, teeth #6, 7, 8, 10, and 11 are all too short and covered by excess gingiva. A crown lengthening procedure would be indicated here to raise the gingival margins of these teeth to match #9 if ideal tooth proportions and level gingival margins are desired.

The bottom case is somewhat similar to the top two. Tooth #24 appears long, but in fact has no actual gingival recession. This is a young patient (8 years old) and the gingival margins will likely move apically across the facial of the other incisors as the patient gets older - a term called passive eruption. This last case, however, is different than the top two due to the high frenum insertion and minimal attached gingiva facial of #24. This is definitely a case to consider for a traditional gingival graft - not that #24 can be made to appear any shorter, but to eliminate the frenum and increase the zone of attached gingiva to best prevent actual gingival recession in the future.

