

PerioDontal Newsletter



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Mucogingival Procedures... Gingival Tissues Augmentation... Altered Passive Eruption

From Our Office to Yours...

Dear Colleagues,

I hope this letter finds you well. While you enjoy the beautiful Summer in BC, I would like to discuss the mucogingival procedures and altered passive eruption. As always, I welcome your questions and suggestions.

Gingival Recession

Gingival recession is becoming more and more common among young adults. Different treatment modalities have been used to address the problem. In this newsletter sub epithelial connective tissue graft and the graftless Pinhole Surgical Technique are being discussed.

Altered Passive Eruption

Altered passive eruption is characterized by excessive gingiva in relation to the crown of the tooth. This condition may be localized or generalized, may exist in conjunction with or without periodontal disease and should be considered in treatment planning.

Case # 1



Case # 2



CONNECTIVE TISSUE GRAFT

When Gingival recession occurs, the body loses a natural defense against both bacterial penetration and trauma. When gingival recession is a problem, gingival reconstruction using grafting techniques is an option. When there is only minor recession, some healthy gingiva often remains and protects the tooth, so that no treatment other than modifying home care practices may be necessary. However, when recession reaches the mucosa, the first line of defense against bacterial penetration is lost. Exposed tooth roots are the result of gingival recession. gingival grafting surgery will repair the defect and help to prevent additional recession and bone loss. In addition, gingival recession often results in root sensitivity to hot and cold foods as well as an



unsightly appearance of the gingiva and tooth and further plaque accumulation. Significant recession can predispose to progressive recession and expose the root surface, which is softer than enamel, leading to root caries and root gouging. I perform gingival grafting



Tooth eruption consists of an active and a passive phase. Active eruption is the movement of the teeth in the direction of the occlusal plane, whereas passive eruption is related to the exposure of the teeth by apical migration of the gingiva. Originally thought to be a normal physiologic process, passive eruption can at times be considered a pathologic process.

While altered passive eruption is usually diagnosed by clinical observation, this condition is often overlooked or unrecognized. Failure to recognize this condition can result in compromised clinical outcomes. Correct diagnosis of altered passive eruption and proper therapy will result in improved dental care and esthetic results for our patients. The photos above show the difference before and after the aesthetic crown lengthening procedure just 4 weeks after the aesthetic crown lengthening.

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utilizing the microsurgical concepts with minimal discomfort and faster healing. I also apply preparation of concentrated growth factors e.g. PRF and A-PRF to enhance the treatment outcome and better patients surgery experience.

GRAFTLESS PINHOLE SURGICAL TECHNIQUE

While the autogenous connective tissue grafting is very predictable and effective, there are some cases that the Pinhole surgery is a viable option. There are some benefits with this procedure such as:

- Incision, scalpel and suture-free
- Accelerated recovery
- One visit can treat multiple areas of recession
- Less discomfort for the patient after treatment
- No need for uncomfortable sutures
- No need for scalpels or invasive surgical tools
- No need to take donor tissue from the patient’s palate

Although the technique is being advertised as the replacement of the autogenous connective tissue graft; I believe there are some limitations with this technique which makes proper case selection the key to success. The cases below demonstrate excellent outcome with the Pinhole surgery achieved in my practice.



Significant gingival recession was treated with graft less Pinhole surgery. The post-op photo was taken two weeks following the procedures; 100% root coverage has been achieved



Significant root coverage with the graftless modified pinhole surgery has been achieved.