PERIO NEWS

IMPrESS Perio Implant Center | Dr. Noroozi, Certified Periodontist | Burnaby, BC

From Our Office to Yours

Dear Colleagues,

Thank you for taking time in your busy schedule to look into our newest newsletter. For our referring doctors, friends, and patients, we provide these newsletters filled with the latest periodontal health news and implant reconstructive surgical procedures. I would like to sincerely thank our loyal referring colleagues for their continued support during the past decade. We are looking forward to collaborating with your office for the best comprehensive patient care possible. Should you have any questions and comments, please do not hesitate to contact me.

IMPrESS PERIO IMPLANT CENTER Certified Specialist in Periodontics

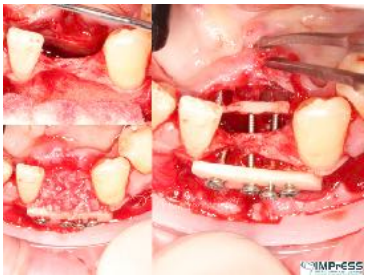
Committed to Excellence Through Passion

Bone Sets the Tone!

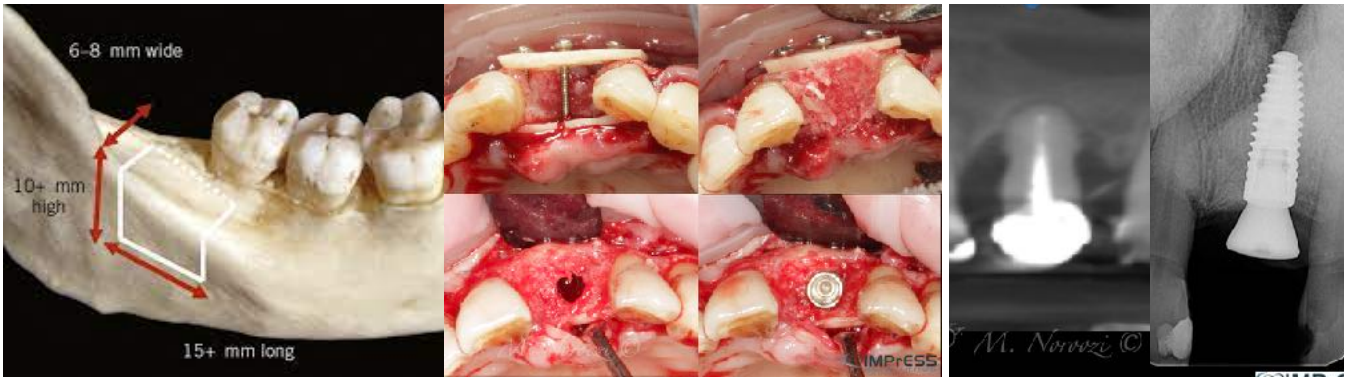
Trauma to teeth and the dentoalveolar process may result in a ridge defect that precludes straightforward implant therapy of the patient. Typically bone and soft tissue augmentation of the area would first be needed to adequately prepare the tissues for the implant and its restoration. Grafting of the site is substantially more difficult in cases where the ridge also lacks adequate height, and techniques to recreate a bony envelope to apply guided bone regeneration may be required. Moreover, defects in the anterior aesthetic zone that require both bone and soft tissue grafting and a restoration that harmonizes the adjacent pink and white aesthetics may be an even more significant challenge to the restorative team.

Autogenous bone grafting has several **advantages** over other augmentation techniques including short healing times, favourable bone **quality**, lower material costs, no risk of disease transmission or antigenicity, and predictability in the repair of larger defects or greater atrophy. *BBA also is a great solution when GBR with the use of particulate bone substitutes such as allograft or xenograft failed to regenerate quality bone.*

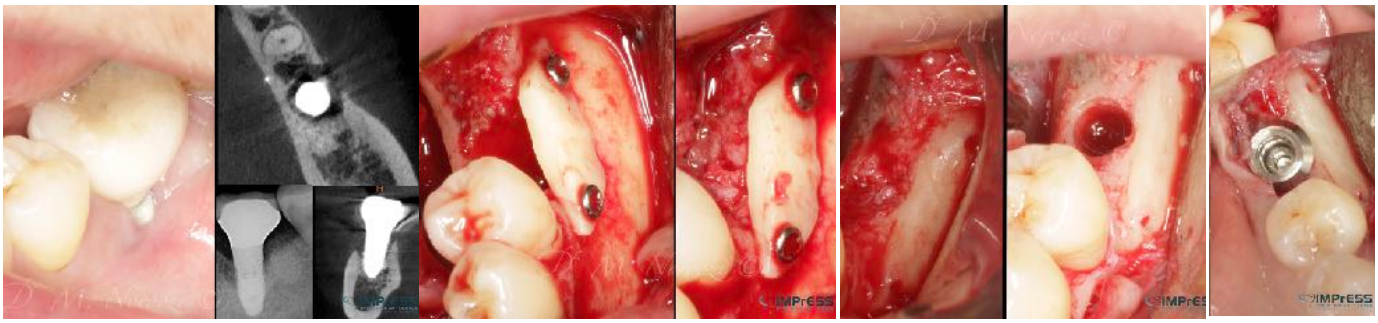
Case 1: Vertical and horizontal bone augmentation with Khoury bone shield technique, one of the most effective techniques in ridge bone augmentation using autogenous bone.

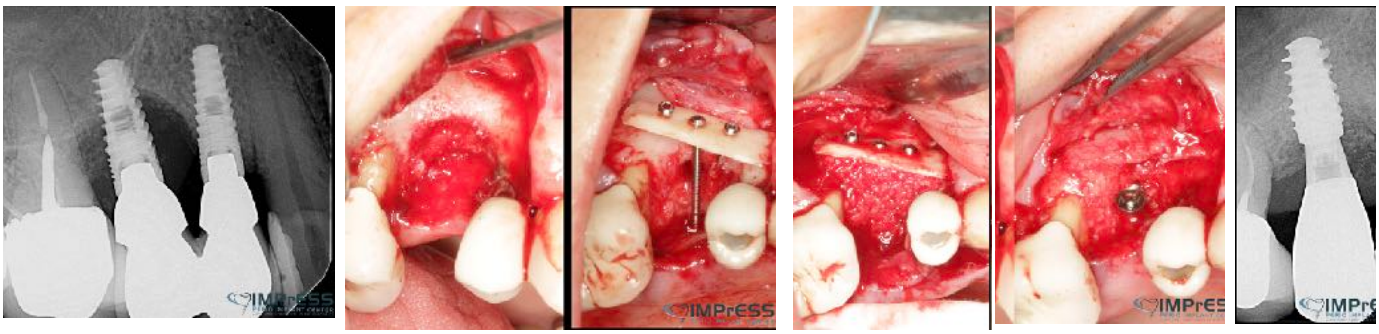


Case II: Significant periodontal infection has led to complete loss of buccal and palatal bone. Autogenous bone from mandibular ext. oblique ridge was used to reconstruct the horizontal and vertical bone for implant therapy. 4 months re-entry shows significant bone gain and successfully integrated implant in the anterior maxilla.



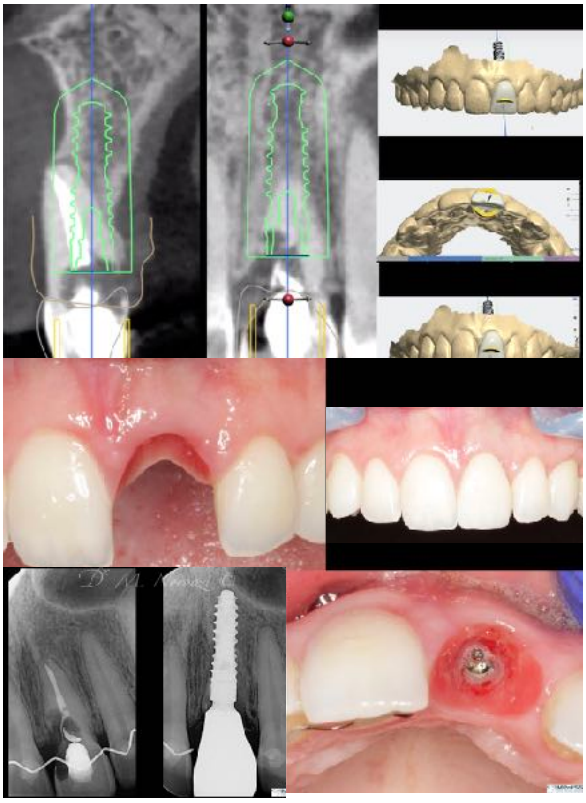
Case III & IV: These cases present the referrals to address implant failures with presence of peri-implant infection, soft tissue defect, severe circumferential bone loss and intrasulcular suppuration. Implants were removed and the complete loss of the cortical plates was reconstructed with the 3D block graft with Khoury (split bone) technique and autogenous particulates. Five months later, surgical re-entry shows excellent bone quality with complete integration of the cortical bone to the native bone.





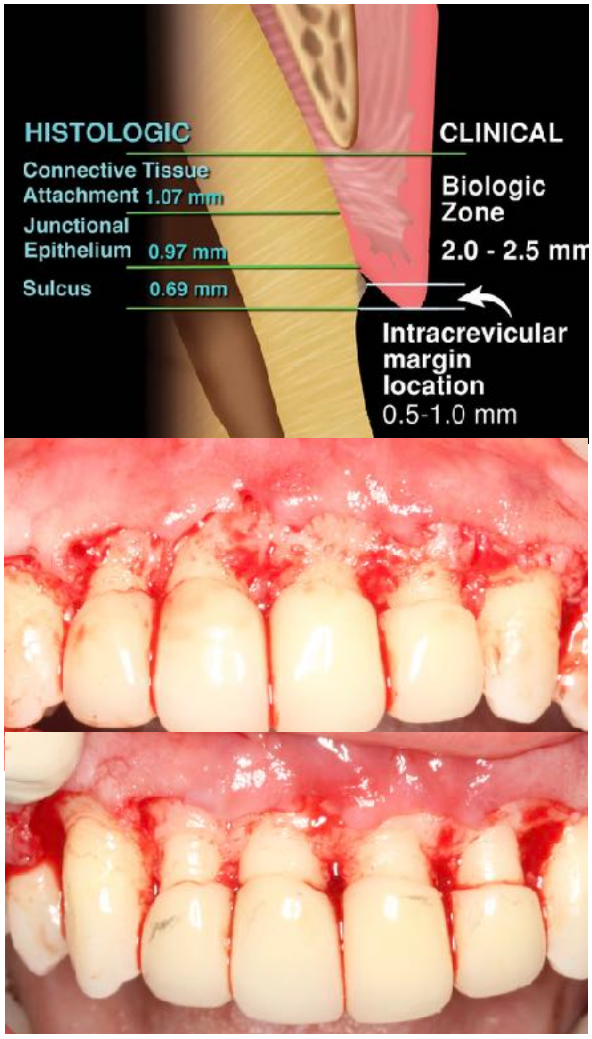
Keys for Successful Esthetic Zone Single Implants

To achieve a successful esthetic result and good patient satisfaction, implant placement in the esthetic zone demands a thorough understanding of anatomic, biologic, surgical, and prosthetic principles. The ability to achieve harmonious, indistinguishable prosthesis from adjacent natural teeth in the esthetic zone is sometimes challenging. Placement of dental implants in the esthetic zone is a technique-sensitive procedure with little room for error. Partial extraction therapy, 3D guided immediate implantation and immediate screw retained provisional restoration are some of the most documented strategies to achieve aesthetic outcome (**Case V**)



Biologic Width, Myth or Reality?

An adequate understanding of the relationship between periodontal tissues and restorative dentistry is paramount to ensure adequate form, function, esthetics and comfort of the dentition. While most clinicians are aware of this important relationship, uncertainty remains regarding specific concepts such as biologic width, its maintenance and applications of crown lengthening in cases of biologic width violation. The biologic width is essential for preservation of periodontal health and removal of irritation that might damage the periodontium (prosthetic restorations, for example). Aesthetic crown lengthening surgery is critical to establish the biologic room for the attachment apparatus. Biologic width violation and over-contoured crowns can be some explanations for the inflamed and bleeding gingiva around the crowns in anterior maxilla shown below. Following successful aesthetic crown lengthening, the case was restored with new sets of the ceramic crowns by our referring dentist. (Case VI)

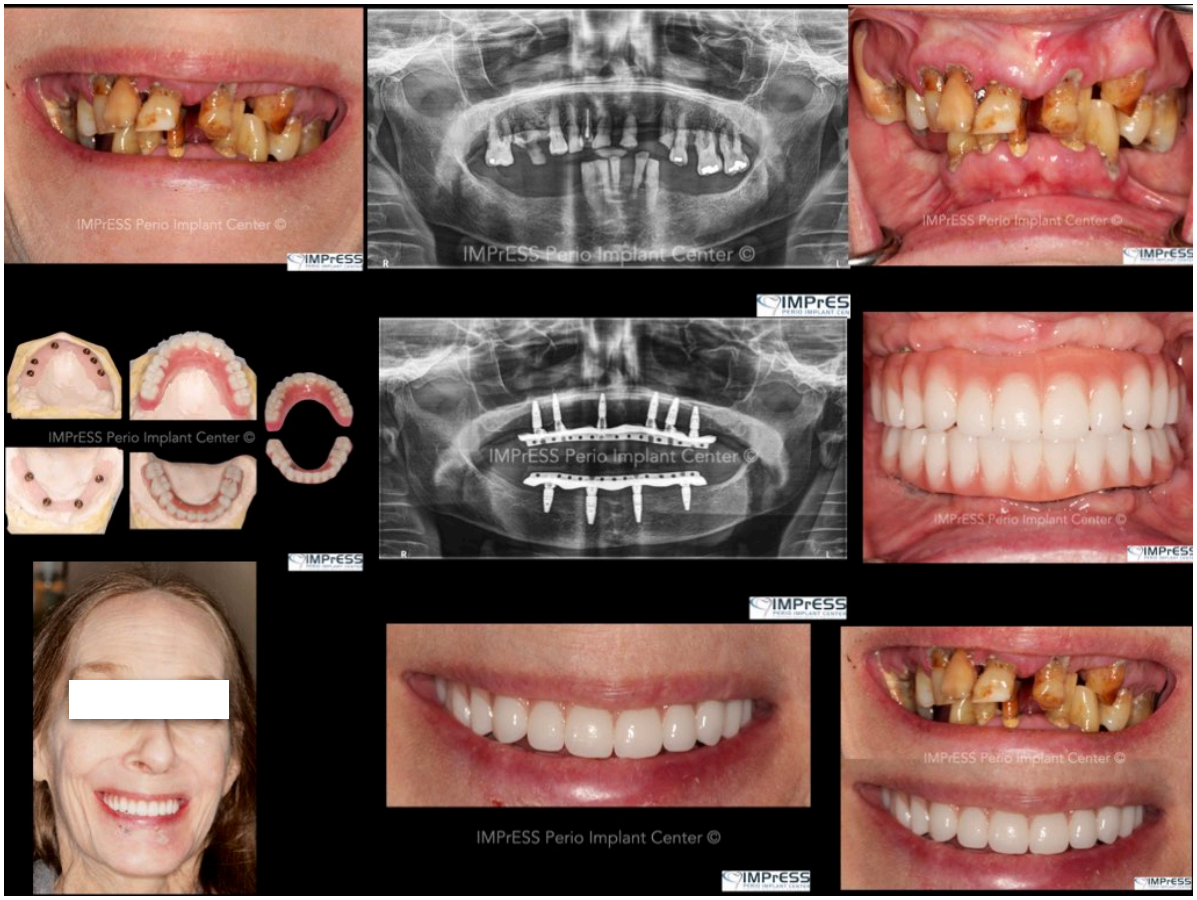


Aesthetic Crown Lengthening - Gummy Smile

Gummy Smile Treatment- Altered Passive Eruption. Do you feel your patient's teeth look too short and their smile is too gummy or do gingiva cover too much of some teeth while leaving the others the right length? If so, dental crown lengthening might be the solution for your patient. During this procedure, the excess of gingival and bone tissue is removed to expose more of the crown of the tooth. Then the gingival margin is sculpted to give your patient new smile just the right look. Although teeth appear short, they may actually be the proper length. The teeth may be covered with too much gum tissue. We can correct this by performing the periodontal plastic surgery procedure, crown lengthening. During this procedure, excess gingival and bone tissue are reshaped to expose more of the natural tooth. This can be done to more than one tooth, to even the gum line, and to create a beautiful smile.

All On X- Implant and Prosthetic Rehabilitation

The fixed implant supported hybrid prosthesis also known as All on 4 has become an efficient and reasonable opportunity for patients to achieve a fresh new start with their dentition. However, for the dental provider, it can also be considered as the final frontier, the last definitive opportunity for patients with terminal dentition. Success or failure is in our hands. It is incredibly important for us to properly treatment plan these cases to mitigate potential risk and complications. Certainly the greatest risk is not providing enough prosthetic space. It is paramount the surgical team create enough vertical height from the implant level to the incisal edge of the prosthesis. There has to be enough vertical height to stack components: abutments, Ti bar, the acrylic wrap and denture teeth. It is commonly reported in the literature that a minimum vertical height requirement is 15 to 16 mm from the fixture to the incisal edge. Cases below demonstrate full arch fully guided bone reduction and implant placement in preparation for implant supported hybrid prosthesis. The bone needed to be removed to gain the essential space for prosthetic components. This bone was invaluable source of autogenous bone to augment the thin bone on buccal aspect of anterior implants. Surgical and prosthetics completed by IMPrESS multispecialty team. While All on 4 implants are an amazing tool for many people, restoring an entire arch of teeth on 4 implants isn't the "go to" full arch implants option. Instead it's a fairly specific procedure that's really only suitable in a small fraction of cases. Instead it's often better to get what are known as either a "Fixed Zirconia Bridge" or "Fixed Hybrid Bridge" restoration. These procedures use 6-8 traditional implants to support a bridge, on which the dental prosthetic (full set of upper or lower teeth) is then placed.

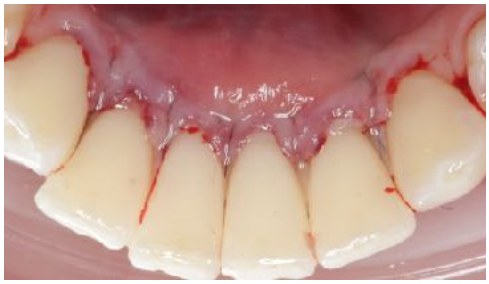


Autogenous Gingival Graft: Root Coverage Procedure

A variety of periodontal plastic surgical techniques have been proposed to obtain root coverage of gingival recession defects. All of the available root coverage procedures are able to provide significant root coverage for Miller Class I and II recession-type defects. However, only the subepithelial connective tissue graft in conjunction with a coronally advanced flap appears consistently effective across all clinical parameters, and is therefore currently considered the gold standard for gingival recession therapy. The major shortcomings of connective tissue graft procedures include patient morbidity associated with the second surgical site and limited availability of palatal donor tissue. Connective tissue gingival graft with the apical access point and tunnel technique to manage the extreme generalized gingival recessions are routinely performed in our office.

Mucogingival Surgery, Palatal Connective Tissue for Lingual Recessions

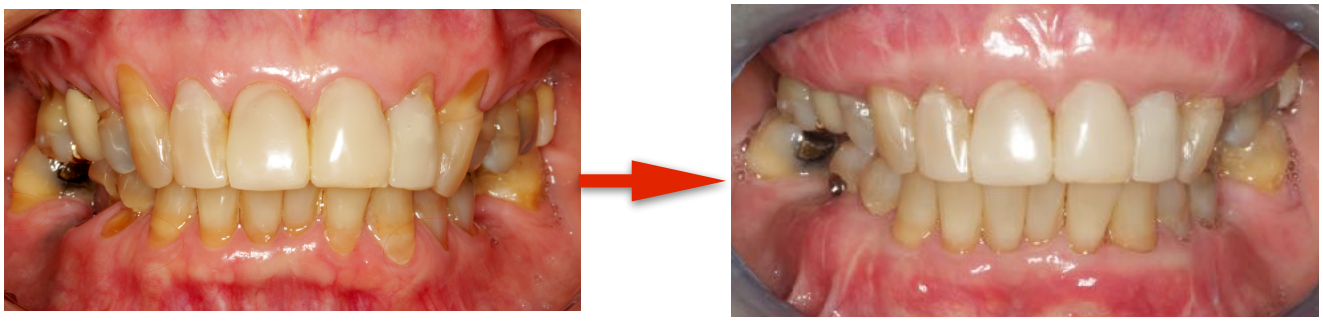
The goal of this post is to demonstrate the practicality and results of increasing the zone of keratinized tissue on the lingual surface of mandibular anterior teeth. Calculus is most commonly found on the lingual surface of mandibular teeth, so they are subjected to inflammatory elements resulting in tissue deformation and destruction. Significant attention has been paid to grafting the buccal surface, but there is a paucity of information addressing the lingual surface of mandibular anterior teeth. Gingival augmentation procedures are essential before fixed restorations to prevent further recession and facilitate plaque control.



Allograft Dermal Matrix with Modified Tunnel Technique for Soft Tissue Augmentation- Root Coverage

Since its introduction to dentistry in 1997, Allograft Regenerative Tissue Matrix has been a widely accepted acellular dermal matrix (ADM) for soft tissue applications.
It supports tissue regeneration by allowing rapid revascularization, white cell migration and cell population - ultimately being transformed into host tissue for a strong, natural repair. This product has been widely used in my practice over the past several years to substitute for autogenous gingival grafting to treat gingival recessions, to enhance the tissue phenotype and to achieve root coverage. Since the amount of tissue that can be harvested from palate is relatively limited, patients with generalized gingival recessions have to go through multiple operations with long and slow recovery. The application of donor tissue has the following benefits:

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



Mucogingival Deformities- Role of Keratinized Attached Gingiva

Mucogingival deformities are a group of conditions that affect a large number of patients. Among the mucogingival deformities, lack of keratinized tissue and gingival recession are the most common. Lack of keratinized tissue is considered a predisposing factor for the development of gingival recessions and inflammation. Gingival recession occurs frequently in adults, has a tendency to increase with age, and occurs in populations with both high and low standards of oral hygiene. Recent surveys revealed that 88% of people aged ≥65 years and 50% of people aged 18 to 64 years have ≥1 site with gingival recession. The presence of recession is esthetically unacceptable for many patients; dentin hypersensitivity may occur; the denuded root surfaces are exposed to the oral environment and may be associated with carious and non-carious cervical lesions (NCCL), such as abrasions or erosions. Prevalence and severity of NCCL appear to increase with age. Because life expectancy is rising and people are retaining more teeth, both gingival recession and the related damages to the root surface are likely to become more frequent. from: Cortellini P, Bissada NF. Mucogingival conditions in the natural dentition: Nar- rative review, case definitions, and diagnostic consid- erations. *J Periodontol*. 2018;89(Suppl 1):S204–S213.

Our goal is to support our referring clinicians in providing exceptional health care for patients through collaboration, peer support and a culture of knowledge sharing. We welcome referrals from all dentists and specialists and are equipped to support you based on your level of experience. IMPrESS team is dedicated to working closely with your office and we are proud to provide evidence-based periodontal & implant procedures. Your patient's care and comfort are our priority from the initial consultation through to future treatment. Our office will work with you to ensure a positive experience and optimal results for your referrals.

Dr. M. Noroozi, DDS, MSc, Dip. Perio, FRCD(C), DABP

Board Certified Specialist in Periodontics & Dental Implant Surgery

For over a decade, Dr. Noroozi and his team have helped thousands of patients achieve beautiful, healthy smiles — with minimal discomfort, fewer complications, and faster recoveries.

Dr. Noroozi is the founder and clinical director of IMPrESS Perio Implant Center, a well-established periodontal and dental implant practice that specializes in microsurgery and minimally-invasive surgical treatments.

Dr. Noroozi is a board-certified specialist by the Royal College of Dentists of Canada and a diplomate of the American Board of Periodontology. He is an expert in dental implant therapy, periodontal surgery, bone augmentation, and osseous reconstruction. He is also considered a local expert in Alveolar Bone Reconstruction and Soft tissue Grafting.

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