MINIMALLY INVASIVE SURGICAL APPROACH: A CLINICAL CASE

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Clinical evaluation/Diagnosis
A generally healthy patient, S.L., 60 years old female, presented a periodontally healthy condition with a family history of periodontal disease. She has gastroesophageal reflux and she can not take anti-inflammatory drugs. She is a non-smoker. The patient has recently completed orthodontic treatment. She presented the clinical condition of a 4.1 tooth with 7 mm distal probing depth. The periodontal defect, after probing and the periapical radiographs, presented a well-contained defect on the distal aspect. The diagnosis is localized aggressive periodontitis.

Treatment goals
It was proposed to perform periodontal surgery in order to solve the periodontal defect with a tissue regeneration and minimal invasive approach. The patient's goal was also to limit or avoid the use of anti-inflammatory drugs.

Description of clinical/surgical procedures
A minimal flap incision was performed with micro-blade in order to apply modified minimally invasive surgical techniques (M-MIST). The granulation tissue was dissected with micro-blade and the periodontal defect was debrided carefully by means of mini-curettes in order to maintain the contained characteristics of the surgical site. The root surface was gently scaled and planed by the combined action of mini-curettes and sonic/ultrasonic instruments and then the application of EDTA for 2 minutes on the dried root surface was applied. The regenerative approach was performed with the use of enamel matrix derivatives. The modified internal mattress suture, 6-0 non-absorbable monofilament, was applied.

Clinical outcomes
The suture was removed after 1 week. No pain was reported after surgery and no anti-inflammatory drug has been taken by the patient during the first week and for the entire period of healing. Full healing and a reduction of periodontal defects was obtained and the outcome was maintained at 2 years follow-up.