

Coronally Advanced Flap with Site-Specific Connective Tissue Graft

Maria Costanza Soldini, Mario Romandini, Dino Calzavara, Mariano Sanz Alonso

Complutense University of Madrid, Madrid, Spain

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Clinical evaluation/ Diagnosis

A 38 years old woman attended the Master in Periodontology at Complutense University of Madrid worried about the self-perceived esthetic appearance of her lower teeth, associated with dentinal hypersensitivity. After the clinical evaluation, the following periodontal diagnosis was elaborated: - Periodontitis, stage I, localized, grade A; - Multiple gingival recessions. According to this diagnosis, the patient received oral hygiene instructions, full-mouth scaling and oral hygiene compliance re-evaluation at 2 weeks. At the re-evaluation, according to the insistent patient request for gingival recessions treatment, 3 separate root coverage procedures were planned for the lower arch. The present surgery case will focused on the first operated part, the VI sextant. From 43 to 47, four RT1 gingival recessions of 2 to 4 mm were present. The gingival margin was very thin and the amount of KT of less than 1 mm on 43-44. Non carious cervical lesions of type B- were present on teeth 44-45-46.

Treatment goals

For the VI sextant, a coronally advanced flap with site-specific connective tissue graft was chosen. The treatment goals of this surgery were to: - Obtain complete root coverage on all the gingival recessions of the involved teeth; - Improve self-perceived patient esthetic; - Reduce the dentinal hypersensitivity; - Augment the tissue thickness on 43-44.

Description of clinical/surgical procedures

Three days before the surgery, the CEJ of the teeth 44-45-46 was reconstructed. The day of the surgery, following local anesthesia, a split-full-split thickness flap was elevated with a vertical releasing incision mesial to the 43. After flap mobilization, the root surfaces were scaled and planed with curettes, and the papillae de-epithelized. Then, a free gingival graft (16 mm x 4 mm x 1 mm) was harvested from the palate. After suturing the palate with external mattress sutures, the free gingival graft was de-epithelized. The connective tissue graft was then sutured with single 7-0 resorbable suture (PGA). Finally, the flap was sutured with 7-0 resorbable (PGA) sling sutures on the papillae and with interrupted, periosteal-anchored, sutures on the vertical releasing incision.

Clinical outcomes

At the 7 days control, complete primary intention healing was visible on the papillae, and the suture was removed from the palate. At the 14 days appointment, before suture removal from the flap, complete root coverage was visible, which was still present at the 3-months follow-up. The patient was happy for the esthetic result, reported reduced dentinal hypersensitivity and called for treatment of the other sides of the lower jaw.