

# Perio-Restorative approach for the treatment of Altered Passive Eruption

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## **Clinical evaluation/ Diagnosis**

Gingivitis-Dental biofilm induced. Altered passive eruption type IB associated with periodontal pseudopockets from 1.5 to 2.5. Malpositioned upper central incisors and III class carious lesions on 2.1, 2.2, 1.2.

## **Treatment goals**

Re-establish the periodontal health with full-mouth non surgical treatment and oral hygiene instructions and motivations. Establish the correct position of the gingival margins and the biological width of the periodontal tissues. Conservative treatment of the carious lesions on 2.1, 2.2, 1.2. Restorative treatment to modify the emergence profiles on the mesial side of central incisors in order to transform the incisal contact point in an interproximal area to improve the esthetic of the interdental soft tissues.

## **Description of clinical/surgical procedures**

With the aid of the CBCT image, the real dimension of the anatomical crowns and the position of the CEJ have been established. These measurements allowed to create a surgical guide. Using this template, the first submarginal incision ( reproducing the natural scalloping) has been performed from 1.5 to 2.5. Then, the marginal flap has been removed. The split-full-split flap has been elevated: the papillae area has been elevated split thickness, apically a full-thickness elevation allowed to gain access to the bone. Osteotomy has been performed in order to remove the supporting bone and to establish the biological width. Then, osteoplasty has been made in order to reduce the buccal bone thickness and to create physiologic osseous morphology. Finally interrupted sutures with prolene 6.0. After soft tissues healing, direct composite restorations has been made in order to treat carious lesions and to modify the emergence mesial profiles on upper central incisors.

## **Clinical outcomes**

After six months, the gingival margin is stable in the desired position. Periodontal health has been achieved with physiological probing depth, and FMBS: 16% and FMPS: 14%. All the carious lesions have been treated. The new shape of the upper central incisors has improved the esthetics and the harmony between the dental tissue and gingival tissue.