Treatment of Gingival Recession with Straumann® Emdogain™

A winning case from the Straumann Emdogain "Growth in Recession" Case Competition

A 58-year-old, non-smoking male presented with chief complaint of recession and root sensitivity of tooth #6. At presentation, #6 showed 4.0 mm of facial attachment loss. The Double Pedicle Connective Tissue (DPCTG) technique was used due to the wide interproximal papillae present.

Thorough root debridement and flattening of the root surface was completed and followed by Straumann® PrefGel® (2 minutes) to prepare the root for Straumann Emdogain™. The root was thoroughly rinsed and air dried prior to Straumann Emdogain application. Incisions were made at the level of the CEJ to create a mesial and distal pedicle followed by vertical releasing incisions and partial thickness dissection. The individual pedicles were created and then sutured together as a double pedicle. Emdogain was reapplied onto the root surface and into the vestibular area prior to placement of the CT graft.

The CT graft was harvested from the UR palate (premolar area) and sutured in place by 5-0 plain gut to the level of the CEJ. A periosteal releasing incision was made to coronally position the pedicle for tension-free suturing over the CT graft. The pedicle is intentionally positioned slightly coronal to the CEJ.

At the 5-month visit, tooth #6 showed excellent color blend and soft tissue healing. Probing depths were < 1.0 mm on the labial aspect with no bleeding upon probing and no sensitivity. 100% root coverage was achieved.

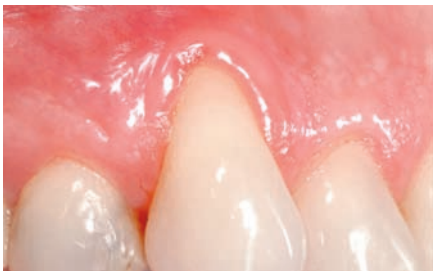

Fig. 1

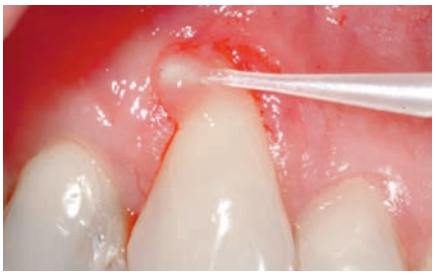

Fig. 2

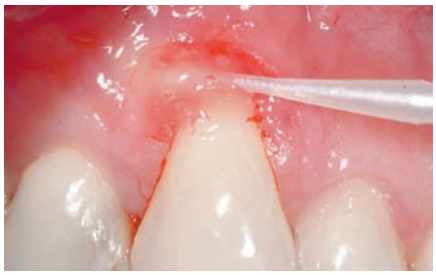

Fig. 3

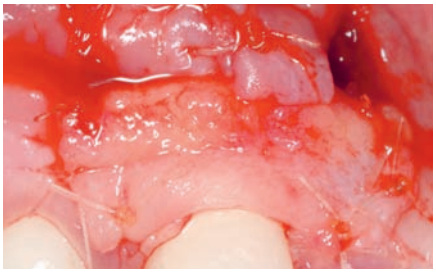

Fig. 7

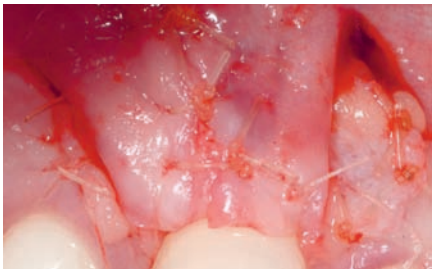

Fig. 8

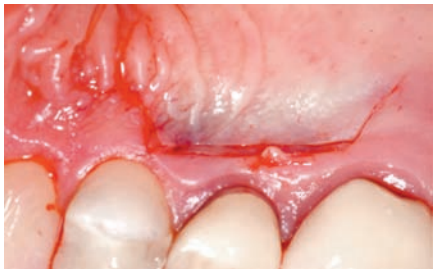

Fig. 9

FIGURES

Fig. 1: Presentation of #6 Miller Class I recession defect.

Fig. 2: Prepared root surface.

Fig. 3: Emdogain™ is immediately added onto the root surface judiciously.

Fig. 4: Incision design for creating a double pedicle.

Fig. 5: The joining of the 2 papillae has been accomplished with sutures of 5-0 plain gut with a very fine P-2 needle.

Fig. 6: Emdogain being reapplied onto the root surface.

Fig. 7: The palatal CT graft has been harvested from the UR palate and sutured in place by 5-0 plain gut to the level of the CEJ. The sutured double pedicle is sitting passively apical to the CT graft.

Fig. 8: The double pedicle graft has been coronally positioned after a periosteal vestibular releasing incision.

Fig. 9: UR palatal donor site in the bicuspid region lingual to #4 and 5.

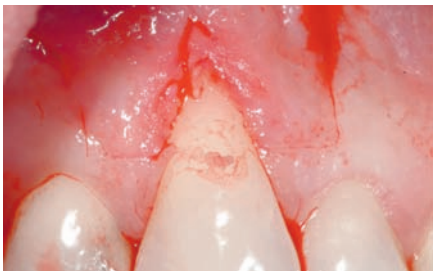

Fig. 4

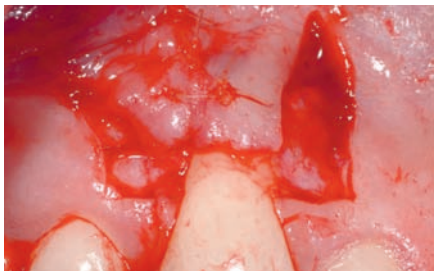

Fig. 5

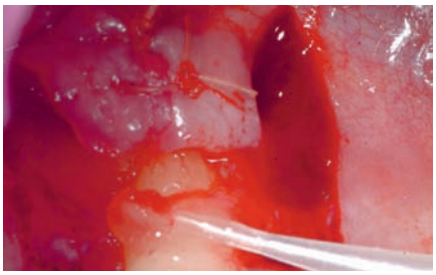

Fig. 6

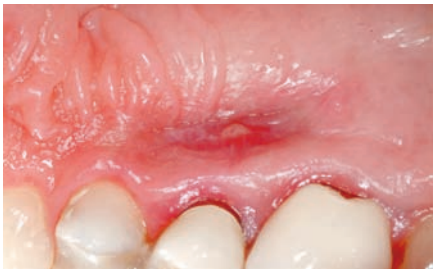

Fig. 10

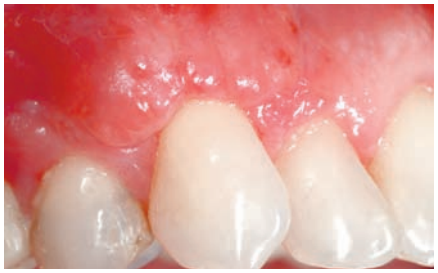

Fig. 11

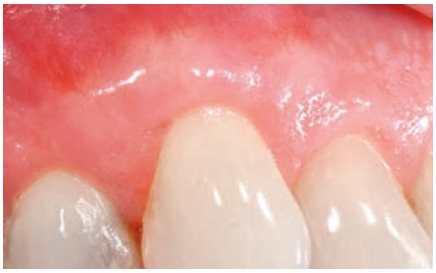

Fig. 12

Fig. 10: 2-week post-op of the UR palatal donor site.

Fig. 11: 2-week post-op of #6.

Fig. 12: 5-month post-op visit; #6 showing excellent color blend and soft tissue healing.

AUTHOR

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