



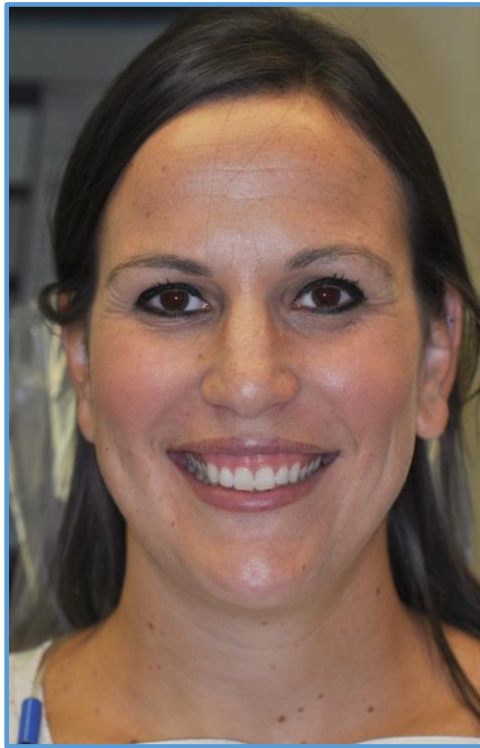
PENNSYLVANIA CENTER
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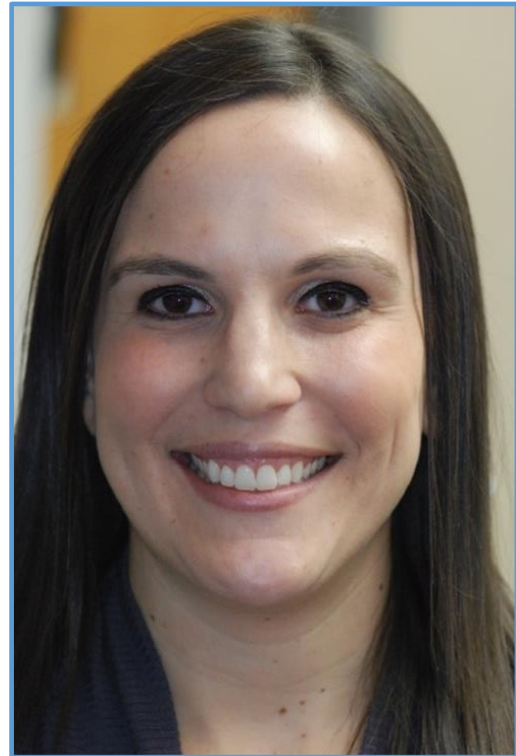
Featured Patient Case #2

Altered Passive Eruption or Excessive Gingival Display

Robert A. Levine, DDS, FCPP, FISPPS (periodontist/implant surgeon)



Before Smile



After Smile

Patient Presentation/Chief Complaint:

A 31-year-old healthy female, (non-smoker) presents for consultation for “gummy smile” correction. An FMX with vertical bitewings and routine clinical pictures were taken to determine the classification of Altered Passive Eruption (APE): Type 1 (excessive attached gingiva) or Type 2 (lacking attached gingiva) along with the location of the osseous crest: subgroup A: osseous crest is in a normal position to the CEJ with room for the “biologic width” or subgroup B: osseous crest is at the osseous crest (more difficult to treat as significant osteotomy is needed to provide for the “biologic width” - gingival relapse will occur if not diagnosed).

Note: There is no restorative commitment but it was discussed if needed.

CE 1

Table 1—Classification of Altered Passive Eruption

Type 1: Excessive gingiva

- A. Normal crest-to-CEJ relationship
- B. Osseous crest at CEJ

Type 2: Normal amount of gingiva

- A. Normal crest-to-CEJ relationship
- B. Osseous crest at CEJ

Figure 1—The classification of altered passive eruption (reprinted with permission from reference 5, p 28).

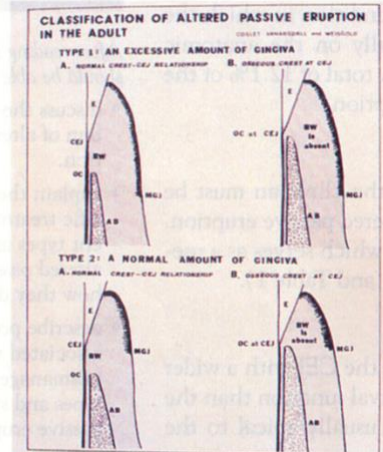


Fig. 13. Classification Chart.

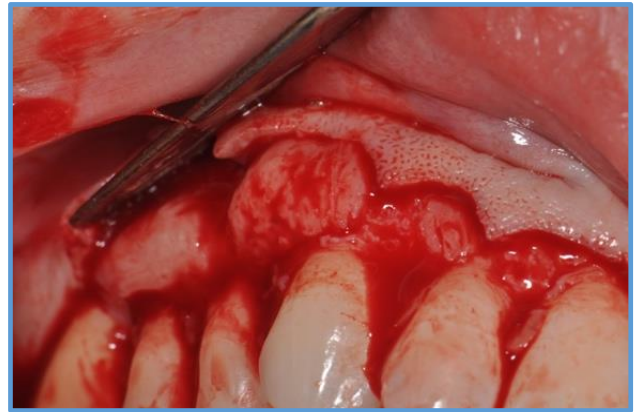
From: RA Levine, M. McGuire. "Diagnosis & Treatment of the Gummy Smile." *Compendium of Continuing Education in Dentistry*, August 1997; 757-766.



Clinical with Radiographic Diagnosis: Altered Passive Eruption Type 1, Subgroup A.

Description of Treatment and Periodontal Plastic Surgery:

- Buccal approach using submarginal incisions made to the CEJ followed by full thickness flaps
- Significant buccal and interproximal osseous ledges and bony thickness was reduced with high speed burs and Piezosurgery® crown lengthening inserts: *this causes the lip to relax & move coronally creating a "lip reposition"*
- Osseous crown lengthening from DB to MB line angles prn
- Millennium® NdYAG maxillary frenectomy completed
- Sutured: 6-0 polypropylene (anterior papillae) and 4-0 chromic gut (posteriors)
- Post-operative visits for coronal polishing and plaque control review every three weeks for three months with RDH



Pre-osseous surgery: Significant bony ledges and bony thickness noted



Post-osseous surgery with reduction of osseous ledges and bony thickness



Maxillary NdYAG laser frenectomy with final suturing



Before



After

Similar case: Diagnosis (APE Type 1, Subgroup A) in a healthy, 22-year-old (non-smoker) Treating Periodontist: Robert A. Levine DDS, FICCP, FISPPS



Before Smile



After Smile

