



# GOULD'S GUMS GAZETTE

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## Are Gingival Augmentation Grafts still an Acceptable Treatment Option?

If you listen to many of the speakers at periodontal continuing education courses these days, you would tend to get the impression that conventional gingival augmentation grafts are no longer an acceptable treatment option, and that connective tissue (CT) grafts are the standard of care. Reasons often given include:

1. Gingival grafts are unattractive, because they don't blend in well.

This is either because they are bulkier than the surrounding tissues, or they are a paler pink than the adjacent attached gingiva. "They look like tire patches" is a typical comment.



"Tire Patch" Graft

2. They are rarely able to achieve coverage of previously exposed root surfaces.

As a result, patients who have root coverage as a primary treatment objective, either for esthetic or thermal sensitivity reasons, end up disappointed with the treatment outcome.

Despite these concerns, I still believe that gingival augmentation grafts have a very important place in the treatment of many mucogingival problems, and for the following reasons.

First, there is no reason why, if performed correctly and with the appropriate attention to detail, gingival augmentation grafts cannot be made to blend into the adjacent tissue and look esthetic. It is true that they will always be a slightly paler colour, but there is no reason that they have to look like "tire patches". Also, grafts can sometimes be used to cover roots.



Well Blended Graft

**Second**, there are clinical situations where it is impossible to perform CT grafting.

There may be insufficient palatal donor tissue available, either in width or depth.

The tissue thickness at the recipient site is so thin and fragile that there will be a significant risk of tissue sloughing.

There may also be significant frenal attachments which cannot be corrected at the same time as CT grafting.

Interproximal bone loss may be such that there is no chance of being able to gain any root coverage. In cases such as these, there is no advantage in performing a more complex (and often more expensive) procedure such as a CT graft.

**Third**, when performing grafting in young children (pre-orthodontics, for example), not only is the donor palate too small, young children often cannot sit still long enough to allow the complex suturing that is required for CT grafting.

**A Clinical case showing how several clinical concerns can be addressed simultaneously with a gingival augmentation graft is shown below.**



**Pre-Treatment**



**Post-Treatment**

**Combination Graft/Frenectomy achieved several objectives in one procedure:**

1. Providing a zone of attached gingiva
2. Elimination of frenal pull
3. Root coverage
4. Excellent blend of grafted/recipient tissues

## **Periodontists and Cardiologists Produce Joint Consensus Report**

An upcoming report to be published simultaneously in the Journal of Periodontology and American Journal of Cardiology lays out in detail the current knowledge of the relationship between Periodontal Disease and Atherosclerotic Cardiovascular Disease (CVD). Of even greater interest, it provides guidelines for when dentists should refer their periodontal patients for cardiovascular risk assessment, based on the extent of the periodontal disease and other cofactors such as smoking, immediate family history of CVD, or increased serum lipid levels.

**The study also recommends that patients with moderate to advanced periodontal disease be routinely advised that they are at increased risk for atherosclerotic CVD.**