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SHORT COMMUNICATION

GINGIVAL VENEER AS AN ALTERNATIVE RESORT TO SEVERE GINGIVAL RECESSION

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ABSTRACT

BACKGROUND: Gingival recession is the exposure of root surface by an apical shift in the position of the gingiva. It is mainly caused due to the periodontal destruction leading to open interdental spaces and elongated clinical crowns. Miller's class III and class IV gingival recession are of greater concern to the patients owing to poor aesthetics. But management of these cases may involve more invasive and complex treatment that are time consuming and mostly have a moderate to poor prognosis with an unpredictable outcome.

METHOD: After completion of phase I therapy, an impression of the involved arch is taken using alginate impression material and a cast is made using type IV die stone. A thin acrylic veneer is fabricated and delivered to the patient.

RESULT: Retention of the veneer is ensured through the interproximal undercuts. Gingival veneers eliminate both aesthetic and phonetic problems and the patient satisfaction is immense with no surgical intervention.

CONCLUSION: Gingival veneer could be considered as an effective alternate to manage patients with multiple gingival recessions.

KEYWORDS: Gingival recession, aesthetics, gingival veneer, interdisciplinary approach

INTRODUCTION:

Periodontal disease results in destruction and degeneration of the supporting bone and the periodontium. Increased gingival recession, attachment loss, mobility and drifting of teeth may occur in advanced stage[1]. The surgical management may not have a predictable outcome which may hinder patient satisfaction. An interdisciplinary approach involving perio-prostho relationship may be made in such cases where patients are willing for a non-surgical approach with an immediate result. To replace lost tissue gingival prostheses have been traditionally implemented, when other methods such as regenerative or surgical procedures were thought to be impossible or unforeseeable[2]. Treatment modality such as gingival veneers was suggested in this case report.

CASE REPORT:

A 27 years old male came to our college with the chief complaint of receding gums in the upper anteriors and the resulting poor aesthetics. The patient was referred to the Department of Periodontology and Oral Implantology for management. Intra-oral examination revealed Miller's class IV recession involving the upper anteriors which aided in poor aesthetics. Inflammation of the gingiva was seen in relation to 11, 21(Fig 1). Patient had a root canal treatment done in relation to 21 before 6 months. Patient's medical history was non-contributory.

Scaling and root planing was performed along with removal of the inflamed marginal gingiva and the patient was recalled after 2 weeks for evaluation. The healing was deemed satisfactory (Fig 2). Since the application of a typical root coverage procedure was still under debate, an interdisciplinary approach was planned.

Gingival veneer was suggested to the patient as a temporary solution to the aesthetic problem and the suggestion was readily accepted by the patient. A written informed consent was obtained.

The advantages of gingival veneer include
•It is a non-invasive approach.
•Eliminates the aesthetic problem.
•Has a predictable outcome.
•Provides patient satisfaction.
•Can solve the phonetic problems.
•Can be easily fabricated and are resistant to mechanical pressure.

An impression of the upper arch was taken using alginate and a cast was made using type IV die stone. A thin acrylic veneer was fabricated involving the upper anteriors which was quite flexible (Fig 3). Interproximal undercuts provided the necessary retention. The prosthesis was placed in the patient's mouth and proper retention was ensured (Fig 4).

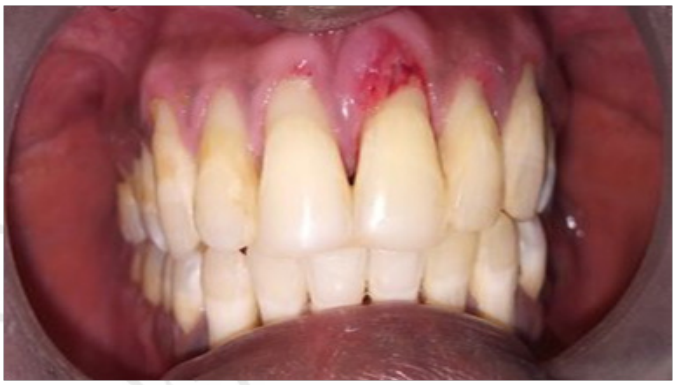

Fig 1 – Pre-operative view before scaling

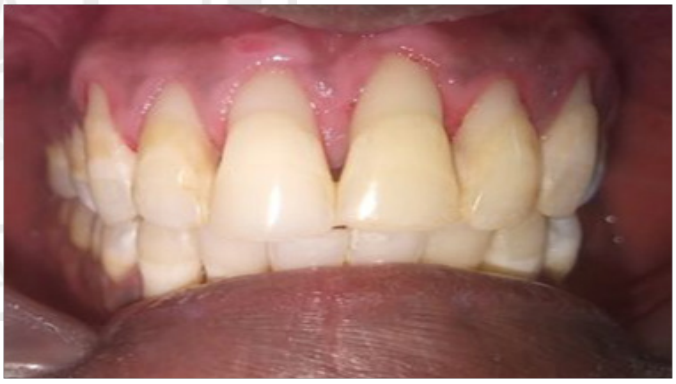

Fig 2 – Operative view after scaling and root planing

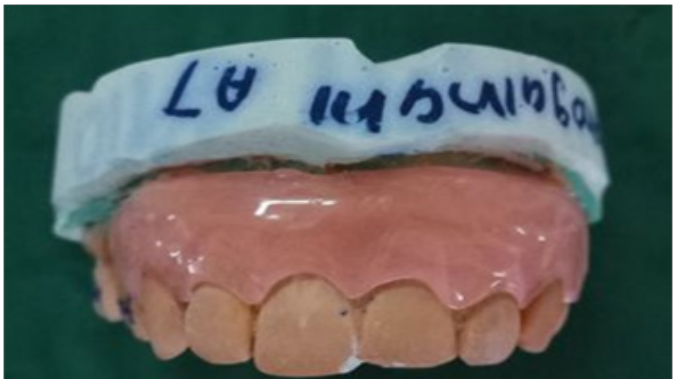

Fig 3 – Gingival veneer prosthesis

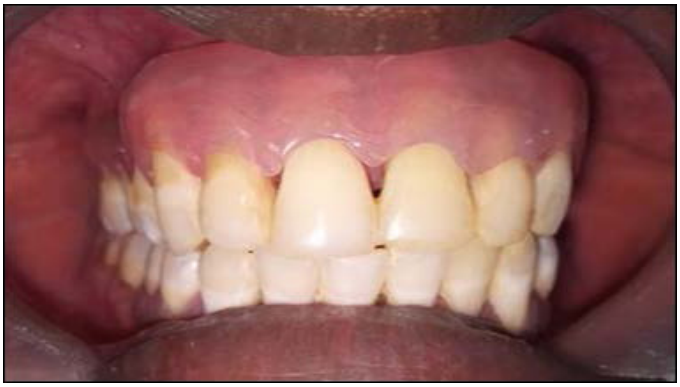

Fig 4 – Post-operative view

INSTRUCTIONS TO THE PATIENT:

The placement and removal of the prosthesis was demonstrated to the patient. The patient was instructed to place the prosthesis in water during bedtime to prevent warpage of the prosthesis. The importance of regular cleaning of the prosthesis so as to achieve plaque control was enunciated.

DISCUSSION:

A clinical condition leading to complications involving esthetic, phonetic and functional aspect is gingival recession. It may be caused due to a number of factors including abnormal tooth positioning the arch, plaque-induced inflammation, traumatic tooth-brushing, orthodontic treatment, and restorative procedures[3].

Through the years, various surgical procedures have been suggested to correct gingival recession. These procedures may include both the soft and hard tissue augmentation. They have undoubtedly brought about good outcome including satisfactory aesthetics that is pleasing to the patients and better contours that are satisfactory to the clinician. Nonetheless these results have been achieved only in those cases involving Miller's class I and II gingival recession. They are unpredictable in cases of Miller's class III and IV gingival recession involving a large volume of tissue[4].

In such severe cases, gingival veneers are an effective treatment modality. Other options for replacement of missing gingival tissues include gingival flanges retained by precision attachments, and fixed prostheses with gingival-colored ceramics[5].

The disadvantages of gingival veneer include[6].

1. Difficulty in attaining proper retention.

2. Can be stained which may be accelerated due to smoking and consumption of coffee, tea and alcohol.

3. The patient should always be precautious while handling the prosthesis to avoid fracture and should always maintain hygiene.

4. It is contraindicated in patients who are allergic to heat cure acrylic, those with acute gingival lesions in patients who are highly prone

CONCLUSION:

Aesthetics had always been considered a priority both from the patient's and clinician's perspective. In cases of severe recession where surgical treatment is considered unpredictable, gingival veneers have become a predictable alternative which is both economical and satisfying to the patient.

FINANCIAL SUPPORT AND SPONSORSHIP:

Nil

CONFLICT OF INTEREST :

There is no conflict of interest

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