

at site (#44, #45), and 1 x 1.8 ml 2 per cent lidocaine 1:100,000 epinephrine given as a palatal infiltration at site (#14-#16). Horizontal incision made at MGJ of recipient site (#44, #45) with apical dissection of partial thickness flap to expose periosteal recipient bed. Full-thickness free gingival graft (epithelium and connective tissue ~1.5-2 mm thick) tissue harvested from donor site (#15-#16) and immobilized to recipient bed, with recipient and donor site closure using 4-0 chromic gut and 5-0 chromic gut sutures. Coe-Pak placed at both donor and recipient sites. Hemostasis achieved. Reviewed post-op instructions, diet, OHI.

Rx: Amoxicillin 500 mg (21 tabs) TID until finished; Ibuprofen 600 mg (20 tabs) Take 1 tab q6h prn pain.

### Conclusion

In summary, the versatility of periodontal plastic surgery procedures now allows periodontal plastic surgeons to create the framework for the perfect smile even in the most difficult and compromising conditions. Three procedures, the FGG, SCTG and PST, were utilized in different sites in the same patient. Each procedure has clear advantages and disadvantages that were evaluated according to the patient's needs. In addition, all procedures are limited by the amount of avascular root surface, the height of the interproximal papillae, and the alveolar bone. To accomplish the desired end result, utilization of a suitable or a combination of surgical techniques with proper patient communication is key. 

### REFERENCES

1. Karring T, Lang NP, Loe H. Role of connective tissue in determining epithelial specificity. *J Dent Res.* 1972;51:1303-1304.
2. Karring T, Lang NP, Loe H. The role of gingival connective tissue in determining epithelial differentiation. *J Periodontol Res.* 1975;10:1-11.
3. Hall WB, Lundergan WP. Free gingival grafts. Current indications and techniques. *Dent Clin North Am.* 1993 Apr;37(2):227-42.
4. Nabers JM. Free gingival grafts. *Periodontics.* 1966;4(5):243-5.
5. Sullivan HC, Atkins JH. Free autogenous gingival grafts. III. Utilization of grafts in the treatment of gingival recession. *Periodontics.* 1968;6:152-60.
6. Nelson SW. The subpedicle connective tissue graft. A bilaminar reconstructive procedure for the coverage of denuded root surfaces. *J Periodontol.* 1987;58(2):95-102.
7. Langer B, Langer L. Subepithelial connective tissue graft technique for root coverage. *J Periodontol.* 1985;56(12):715-20.
8. Harris RJ. Root coverage with connective tissue grafts: an evaluation of short- and long-term results. *J Periodontol.* 2002;73(9):1054-9.
9. Miller PD Jr. A classification of marginal tissue recession. *Int J Periodontics Restorative Dent.* 1985;5(2):8-13.
10. Chao J. A novel approach to root coverage: the pin-hole surgical technique. *Int J Periodontics Restorative Dent.* 2012;32(5):521-31.
11. Bherwani C, Kulloli A, Kathariya R, Shetty S, Agrawal P, Gujar D, Desai, A. Zucchelli's technique or tunnel technique with subepithelial connective tissue graft for treatment of multiple gingival recessions. *Journal of the International Academy of Periodontology* 2014; 16(2):34-42.



Dr. Raj Khanuja is a general dentist in private practice in the Greater Toronto Area (Castlemore Dental, Headwaters Dental and Flower City Dental). He may be reached by phone at: 647-244-2273 or 905-654-2273.

MEMBERS' ASSISTANCE PROGRAM (MAP)

## Life Happens. Let Us Help.

Support for dentists, their staff and families on work, health and life matters.

Call **1.844.578.4040**  
Visit **workhealthlife.com**  
Download **MY EAP**

**NO COST  
CONFIDENTIAL  
24/7/365**

MAP IS BROUGHT TO YOU BY:

