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Satoshi Olivier Ishikawa (Tokyo, Japan)

PC091 Evaluation of postoperative pain perception in soft tissue augmentation with free gingival graft: case series
Rasul Guliyev (Samsun, Turkey)

PC092 Severe hereditary gingival fibromatosis caused by SOS1 gene mutation – a case report
Melissa Fok (Hong Kong S.A.R., Hong Kong)

PC093 Frenectomy using laser versus conventional surgery: about two cases
Yamine Hanine (Rabat, Morocco)

PC094 Reccesion coverage utilising the pinhole tunnel technique with modified grafting procedure
Bence Markgruber (Budapest, Hungary)

PC095 Use of coronally advanced flap and bilaminar technique on multiple bilateral gingival recession: a split mouth case report with 3- month follow-up
Braulio Garcia Amador (Durango, Mexico)

PC096 Coverage of gingival recession using the pinhole tunnel technique with modified grafting procedure
Edit Komarek (Budapest, Hungary)

PC097 Management of gingival melanin hyperpigmentation: scalpel surgery versus laser therapy
Wafa Nasri (Monastir, Tunisia)

PC098 Augmentation of keratinized tissue with placement of a free gingival graft in a mandibular incisor in a patient with orthodontic treatment
Adolfo Angel Amador Estrada (Durango, Mexico)

PC099 Long term stability of modified coronally advanced flap or tunnel technique with site-specific application of acellular dermal matrix for root coverage procedures: a case series
Javier Gómez Esteban (Madrid, Spain)

PC100 Management of a young patient with hereditary gingival fibromatosis, implementing guided soft-tissue surgery
Maria Sykara (Athens, Greece)

PC101 Root coverage procedures following the management of periodontitis: a case report
Hong Jin Tan (London, United Kingdom)

PC102 Modified tunnel technique with a partially exposed connective tissue graft for treatment of RT1 mandibular gingival recessions
Sotiria Tsantila (Athens, Greece)

PC103 Effects of a periodontal tissue thickness augmentation versus recurrences of gingival recession with a mechanical etiology: case report
Valerio Rondini (Villanueva de la Cañada, Spain)

PC104 The evaluation of polyvinylpyrrolidone-sodium hyaluronate gel on post-operative discomfort and wound healing
Ebru Ozkan Karaca (Istanbul, Turkey)

PC105 The LipStaT technique: to reduce postoperative pain which suturing technique? Two case reports
Buse Naz Büyükakçalı (Ankara, Turkey)

PC106 Different strategies for the treatment of maxillary gingival recessions: a case series
Diogo Banaco (Madrid, Spain)

PC107 A novel digital workflow for the treatment of altered passive eruption. A case series
Antonio Nobili (Madrid, Spain)

PC108 A novel treatment for Miller´s recession class I, using coronally advanced flap (CAF) + Bovine bone sustitute (BBS) 3 years follow up: case report
A. Alejandro García H. (Morelia, Mexico)

PC109 Reconstruction of gingival recession with free gingival graft in a patient with a story of unsuccessful periodontal plastic surgery: case report
Aysun Aydemir Inam (Samsun, Turkey)

PC110 Surgical procedures for soft tissue ridge augmentation - Interposition graft procedure
Bruno Nikolovski (Skopje, North Macedonia)

PC245 The clinical outcomes of coronally advanced flap versus bilaminar technique for treatment of multiple gingival recessions: a split-mouth case report with five years follow-up
Aneta Atanasovska Stojanovska (Skopje, North Macedonia)

	Abstract Presenter: Javier Gómez Esteban, ES	
PC100	**Management of a young patient with hereditary gingival fibromatosis, implementing guided soft-tissue surgery** *Abstract Presenter*: Maria Sykara, GR	09:00 - 09:00
PC101	**Root coverage procedures following the management of periodontitis: a case report** *Abstract Presenter*: Hong Jin Tan, GB	09:00 - 09:00
PC102	**Modified tunnel technique with a partially exposed connective tissue graft for treatment of RT1 mandibular gingival recessions** *Abstract Presenter*: Sotiria Tsantila, GR	09:00 - 09:00
PC103	**Effects of a periodontal tissue thickness augmentation versus recurrences of gingival recession with a mechanical etiology: case report** *Abstract Presenter*: Valerio Rondini, ES	09:00 - 09:00
PC104	**The evaluation of polyvinylpyrrolidone-sodium hyaluronate gel on post-operative discomfort and wound healing** *Abstract Presenter*: Ebru Ozkan Karaca, TR	09:00 - 09:00
PC105	**The LipStaT technique: to reduce postoperative pain which suturing technique? Two case reports** *Abstract Presenter*: Buse Naz Büyükakçal?, TR	09:00 - 09:00
PC106	**Different strategies for the treatment of maxillary gingival recessions: a case series** *Abstract Presenter*: Diogo Banaco, ES	09:00 - 09:00
PC107	**A novel digital workflow for the treatment of altered passive eruption. A case series** *Abstract Presenter*: Antonio Nobili, ES	09:00 - 09:00
PC108	**A novel treatment for Miller´s recession class I, using coronally advanced flap (CAF) + Bovine bone sustitute (BBS) 3 years follow up: case report** *Abstract Presenter*: A. Alejandro García H., MX	09:00 - 09:00
PC109	**Reconstruction of gingival recession with free gingival graft in a patient with a story of unsuccessful periodontal plastic surgery: case report** *Abstract Presenter*: Aysun Aydemir Inam, TR	09:00 - 09:00
PC110	**Surgical procedures for soft tissue ridge augmentation - Interposition graft procedure** *Abstract Presenter*: Bruno Nikolovski, MK	09:00 - 09:00
PC245	**The clinical outcomes of coronally advanced flap versus bilaminar technique for treatment of multiple gingival recessions: a split-mouth case report with five years follow-up** *Abstract Presenter*: Aneta Atanasovska Stojanovska, MK	09:00 - 09:00

Ass.Prof. Bruno Nikolovski

Oral surgery and implantology, University Dental Clinical Center St. Pantelejmon

Skopje
.
North Macedonia

Wednesday, June 15, 09:00 - 18:00
PC110 Surgical procedures for soft tissue ridge augmentation - Interposition graft procedure
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PC110 Surgical procedures for soft tissue ridge augmentation - Interposition graft procedure

Bruno Nikolovski (North Macedonia, Skopje)

B. Nikolovski[1], *V. Radojkova Nikolovska*[2], *M. Popovska*[2]
[1]University Dental Clinical Center St. Pantelejmon, Oral Surgery and Implantology, Skopje, North Macedonia, The Republic of, [2]Faculty of Dentistry, St. Cyril and Methodius University, Oral Pathology and Periodontology, Skopje, North Macedonia, The Republic of

Background: Numerous surgical grafting procedures designed to reconstruct a partially toothless ridge or ridge defects have been described in the literature over the years. The procedures can be grouped according to the means used to increase the ridge such as soft and hard tissue augmentation procedures. To illustrate the different approaches to utilizing soft tissue augmentation, the following procedures will be discussed: Pedicle graft, Roll graft and Free graft procedures (Pouch graft, Interposition graft and Onlay graft procedure).
Description of the procedure: In interpositional graft procedures, there is no need to remove the epithelium from the surface of the donor tissue. If augmentation is required in both buccolingual and apico-coronary direction, part of the graft must be placed above the surface of the tissue around the recipient site. Some of the grafted connective tissue surfaces will be exposed in the oral cavity.
"Envelope" or partial thickness flap with relaxing incisions, is prepared on the vestibular surface of the defective area. An appropriate donor site is selected at the palate or in the area of the maxillary tubercle, and a free epithelial-connective tissue graft is harvested. If enlargement of the ridge height is not required, the epithelial surface of the graft is placed with the surrounding epithelium. The graft is sutured all over the tissue at the recipient site. The temporary bridge is positioned to serve as a reference when estimating the amount of tissue needed to fill the defect.
Outcomes: The newly formed granulation tissue during healing will make a border between the graft and the adjacent tissue, smooth and properly epithelialized. Edema, which occurs postoperatively, will help contour the ridge.
Conclusions: Class III ridge defects are a major challenge for the dentists, as the ridge needs to be enlarged in both vertical and horizontal dimensions. The combined procedures can be used successfully in such situation.

Wednesday, June 15, 09:00 - 09:00
Periodontal plastic surgery (Poster Clinical)

demonstration of the expected results may be feasible and also a surgical guide to help the clinician during the surgical procedure.

Description of the procedure: After professional prophylaxis to reduce gingival inflammation, crown lengthening or gingivectomy will be performed according to the anatomical needs of every case. To obtain a predictable result, a digitally planned surgical stent will be created according to the previous digitally designed veneers.

Outcomes: To achieve predictable and long-term esthetic outcomes that correspond to the initial diagnosis and treatment plan.

Conclusions: This novel technique helped the clinician in planning the surgery and the patient to see what the final treatment result would be. The presented cases confirmed satisfactory results after 1 year follow up.

PC108: A novel treatment for Miller's recession class I, using coronally advanced flap (CAF) + bovine bone substitute (BBS) 3 years follow up: Case report

A.A. García H.[1]

[1]*Department of Periodontology, Private Practice, Morelia, Mexico*

Background: Gingival recessions cause hypersensitivity and disharmony of the gingival margin, periodontal plastic surgery is indicated to cover the recession, CAF is one of the most common procedures with a high rate of success for root covering. The aim of this case report is to demonstrate and analyze the efficacy of this novel treatment CAF + BBS to restore the missing bone structure and cover the root.

Description of the procedure: A 26 years old female, was referred to my practice with excessive pain to thermal changes in the right lower first molar site where a recession miller's class I – was found, this novel treatment consisted in 6 steps: (1) open the flap (2) debritment, scaling and root planning (3) identify the alveolar ridge and the width part to place there the BBS (4) place the BBS over the width of the bone only 95% with respect to the enamel junction to give space to the soft tissue close (5) advanced the flap to coronally covering the BBS and obviously the 100% of the recession (6) suture.

Outcomes: After 3 years following up, pain to thermal changes and aesthetics problem were solved, the recession was totally covered and this area looks width corresponding to BBS added in the area.

Conclusions: The results obtained after 3 years following up have remained in optimal conditions, which would be worth considering this procedure for these specific cases where a soft and hard tissue is re-established, where with this novel treatment CAF + BBS a long-term success can be predicted.

PC109: Reconstruction of gingival recession with free gingival graft in a patient with a story of unsuccessful periodontal plastic surgery: Case report

A. Aydemir Inam[1], B. Ozkan Cetinkaya[1], Ş. Özdoğan[1]

[1]*Department of Periodontology, Ondokuz Mayıs University, Samsun, Turkey*

Background: Free gingival graft (FGG) is the most common procedure used for keratinized tissue augmentation and it is also used for root coverage. This presentation aimed to show reoperation of a patient with a history of unsuccessful periodontal plastic surgery in the same dental area with FGG.

Description of the procedure: Systematically-healthy 29-year-old male patient referred to our clinic with complaints of difficulty in brushing, sensitivity and gingival recession with mandibular central incisor 41 which was operated 2 years ago with tunnel technique and connective tissue graft because of Miller class 2 gingival recession. When patient's current condition was compared with the photos taken before the initial surgery, it was understood that the gingival recession recurred. FGG operation was planned to cover root surface and to increase the keratinized gingival tissue. The recipient site was prepared by lifting a split thickness flap, exposed root surface was curetted with a Gracey 3–4. FGG of adequate width was taken from the right palatal region and sutured to the recipient site with 5–0 polypropylene. The buccal flap was sutured to the depth of the vestibule with 4–0 polyglactin. Sutures were removed after 14 days.

Outcomes: The patient was examined at the 2nd, 4th and 12th week after the operation. It was observed that the gingival recession of the patient was almost completely covered, the width of the keratinized tissue increased and the complaint of sensitivity improved.

Conclusions: This case report indicated that FGG is very successful in increasing the width of keratinized tissue and improving periodontal aesthetic perception of the patient by covering the gingival recession.

PC110: Surgical procedures for soft tissue ridge augmentation – Interposition graft procedure

B. Nikolovski[1], V. Radojkova Nikolovska[2], M. Popovska[2]

[1]*Department of Oral Surgery and Implantology, University Dental Clinical Center St. Pantelejmon, Skopje, North Macedonia,* [2]*Department of Oral Pathology and Periodontology, Faculty of Dentistry, St. Cyril and Methodius University, Skopje, North Macedonia*

Background: Numerous surgical grafting procedures designed to reconstruct a partially toothless ridge or ridge defects have been described in the literature over the years. The procedures can be grouped according to the means used to increase the ridge such as soft and hard tissue augmentation procedures. To illustrate the different approaches to utilizing soft tissue augmentation, the following procedures will be discussed: Pedicle graft, Roll graft and Free graft procedures (Pouch graft, Interposition graft and Onlay graft procedure).

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prepared on the vestibular surface of the defective area. An appropriate donor site is selected at the palate or in the area of the maxillary tubercle, and a free epithelial-connective tissue graft is harvested. If enlargement of the ridge height is not required, the epithelial surface of the graft is placed with the surrounding epithelium. The graft is sutured all over the tissue at the recipient site. The temporary bridge is positioned to serve as a reference when estimating the amount of tissue needed to fill the defect.

Outcomes: The newly formed granulation tissue during healing will make a border between the graft and the adjacent tissue, smooth and properly epithelialized. Edema, which occurs postoperatively, will help contour the ridge.

Conclusions: Class III ridge defects are a major challenge for the dentists, as the ridge needs to be enlarged in both vertical and horizontal dimensions. The combined procedures can be used successfully in such situation.

PC245: The clinical outcomes of coronally advanced flap versus bilaminar technique for treatment of multiple gingival recessions: A split-mouth case report with 5 years follow-up

D. Veljanovski[1], V. Spirov[2], D. Baftijari[3], Z. Susak[4], S. Tosevska[5], D. Krstevski[6], A. Atanasovska Stojanovska[7]

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Background: The aim of this split mouth case presentation was to compare the clinical outcomes in terms of complete root coverage and buccal soft tissue thickness between the coronally advanced flap technique and bilaminar technique at 5 years follow up.

Description of the procedure: A periodontally healthy patient presented with multiple gingival recessions (Cairo RT-1) in the both sides of the maxilla due to inadequate oral hygiene habits. On the one side the recessions were treated with coronally advanced envelope flap, whereas on the contralateral side an autogenous connective tissue graft from the palate was also used in a bilaminar technique manner. The graft was extra-orally de-epithelized, adapted and stabilized to the root surfaces using 6.0 PGA sutures. The flap on the both sides was coronally advanced and secured using coronal sling 6.0 polypropylene sutures.

Outcomes: The patient reported minimal postoperative discomfort at suture removal 2 weeks postoperatively. The first follow up examination was 3 months postoperatively, after which the patient failed to show up until 5 years later. At this timepoint, professional oral hygiene procedure was done and clinical measurements were taken: recession depth and probing depth at mid-buccal side. Clinical attachment level was also calculated. Clinical outcomes were evaluated by comparison of these to the baseline parameter values. In the CAF side, the baseline mean gingival recession was 2.5 mm, while in the final mean gingival recession was 0.8 mm. In the bilaminar side the baseline gingival recession was 3.0 mm, while the final gingival recession was 0.4 mm. A better coronal improvement without apical relapse of the gingival margin was observed in the bilaminar side. This side showed greater buccal gingival thickness.

Conclusions: The conclusion limited to this split – mouth case presentation was that the clinical outcomes are better in the bilaminar technique side than the CAF side at 5 years follow up.

PC246: A novel biopsy technique for lesions involving interproximal soft tissues

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Background: Biopsy of soft tissues around teeth can cause periodontal deficiency with several side effects. When the neoformation involves frontal areas biopsy often induces an aesthetic impairment, particularly critical when the interdental papilla is entailed.

Description of the procedure: A new surgical approach to treat lesions involving interdental tissues is described. The flap design is characterized by a sub-marginal scalloped incision, possibly confined into the keratinized tissue at the vestibular side. The incision starts 1 mm above the lesion, in the midline between the two confining teeth. With a parabolic shape, the incision reaches the gingival margin at the distal line angle of the distal tooth. Hence, another parabolic incision is performed connecting the starting point with the marginal mesial line angle of the mesial tooth. After this step, two options are applied depending on the lesion extension. When the lesion is confined coronally to the line connecting the gingival margin zeniths of the two adjacent teeth, oblique linear incisions are performed till to the gingival margin zeniths. Otherwise, when the lesion extends beyond this line, two parabolic incisions are performed on both adjacent teeth, till to the distal and mesial line angle respectively. Specific anatomic measurements rule up the incisional design. For the palatal/lingual side, the incision follows the principles of a general excisional procedure. Intrasulcular incisions are then made and the lesion with surrounding tissues are collected for examination. Both full-thickness and split-thickness are used for the buccal flap elevation. De-epithelized the adjacent anatomic papillae, two sling sutures are used to stabilize the entire flap to the most feasible coronal position. Generally single sutures are used for the palatal side and the eventual graft.

Outcomes: All 9 cases treated so far have ever shown an esthetically satisfying outcome without recurrence or adverse events.

Conclusions: This technique allows clinician to restore gingival health preserving aesthetics and function.