SAFE HARVEST RULES AND RECIPIENT BED PREPARATION

Nikolovski Bruno[1], Trpevska Vesna[1], Belazelkovska Grezlovska Ana[2], Dimova Cena[1], Zlatanovska Katerina[1], Radojkova Nikolovska Vera[3]

1. Faculty of medical sciences, Goce Delcev University, Stip; University Dental Clinical Centre St. Pantelejmon, Skopje, North Macedonia
2. Faculty of dentistry, European University, Skopje, North Macedonia
3. Faculty of dentistry, Ss. Cyril and Methodius University; University Dental Clinical Centre St. Pantelejmon, Skopje, North Macedonia

introduction:

PERFORMING SOFT TISSUE AUTOGRAFTS HAS BEEN A PROGRESSIVELY TRENDY SURGERY FOR THE PAST 20 YEARS, EVEN THOUGH THE FIRST ARTICLES ABOUT AUTOGRAFTS IN CLINICAL PERIODONTOLOGY WERE PUBLISHED MORE THAN 40 YEARS AGO. THE USE OF FREE GINGIVAL GRAFTS (FGG) STARTED TO BE AN OPTION TO SOLVE AESTHETIC DEFECTS LIKE GINGIVAL RECESSIONS, RIDGE AUGMENTATION, AND NOWADAYS SOCKET PRESERVATION.

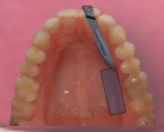
Fig. 1- Layers of the masticatory mucosa

aim:

TO HIGHLIGHT THE LIMITATIONS AS WELL AS THE ADVANTAGES OF SOFT TISSUE GRAFTING, TAKING INTO CONSIDERATION THE PURPOSE, NEEDS, AND LOCAL FACTORS THAT AFFECT THE TREATMENT PLAN.

Safe harvest rules!

- 2mm from gingival margin
- Away from Rougae
- Away from soft palate
- 1.5mm thickness



Why do we use soft tissue grafts?

Two main goals are pursued:

1) Increase the width of keratinized tissue
2) Increase soft tissue volume

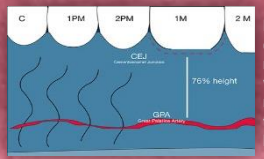


Fig. 2- A consensus measurement where the GPA may be at 76% of the global palatal height.

Fig. 3 - The step by step of an SCTG harvesting from the palate.

Harvesting techniques:

1. SCTG from the anterior palate

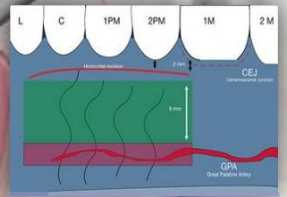


Fig. 4 - The first horizontal incision 2 mm below the gingival margin and the 8 mm (the size of the No 15 blade) immediately below those 2 MMS is the security or comfort zone where the SCTG can be harvested.

2. SCTG from the posterior palate

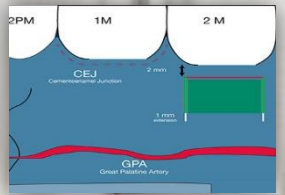


Fig. 5 - The first horizontal incision 2 mm below the gingival margin and the 8 mm (the size of the No 15 blade) immediately below those 2 MMS is the security or comfort zone where the SCTG can be harvested.

3. SCTG from the lateral palate with a free gingival graft that is de-epithelialized extra-orally

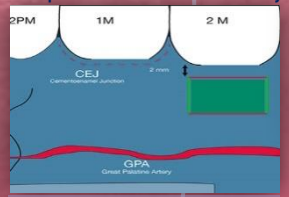


Fig. 6- The masticatory mucosa's rectangle or square surface is delimited with the blade and removed. After the graft is prepared, extraoral, where the epithelium is removed.

4. SCTG from the maxillary tuberosity

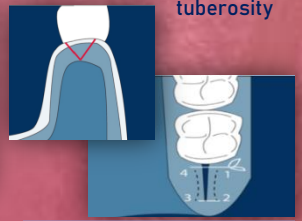


Fig. 9- Converging incision with a"V" shape at the tuberosity is a reliable and easy approach to get a nice amount of connective tissue to graft.

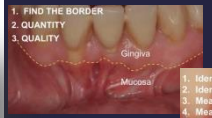
Bed preparing:

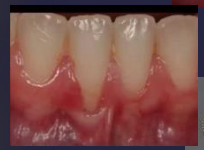
conclusion:

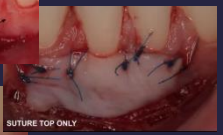
PROPER CHOICE OF DONOR SITE AND THE MOST ACCURATE APPROACH ALLOW PREDICTABLE AND LONG-TERM RESULTS OF THIS STANDARD PROCEDURE CONSIDERED THE GOLD STANDARD.

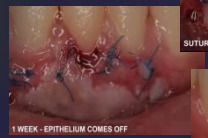
case presentation:

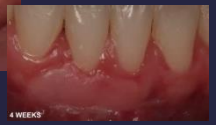
WE USED FGG (RECTANGULAR GRAFT WITH THICKNESS OF 1,5MM) HARVESTED FROM THE LATERAL PALATE AND ITS PLACING OVER THE DEFECT IN THE ANTERIOR MANDIBLE IN 40-YEAR-OLD SYSTEMICALLY HEALTHY FEMALE PRESENTED WITH DENTIN HYPERSENSITIVITY AND DISCOMFORT WHILE BRUSHING ON TWO ADJACENT RECESSION TYPE 2 OF 7-MM DEPTH WITH A NARROW BAND OF KERATINIZED TISSUE IN THE LOWER INCISORS.











Bruno Nikolovski
nikolovskibruno@gmail.com
https://www.facebook.com/brunonikol/
https://www.linkedin.com/in/bruno-nikolovski-a7648831/
https://www.instagram.com/brunonikol/