

# Journal of Clinical Periodontology

## EuroPerio11

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### ABSTRACTS of EuroPerio11



# Journal of Clinical Periodontology

Official journal of the  
European Federation of Periodontology

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**Outcomes:** Complete root coverage was achieved in the grafted area, with gains in keratinised mucosa measuring 4, 5, and 5 mm for teeth #31, #41, and #42, respectively. The patient is attending regular follow-up appointments and reports no complaints.

**Conclusions:** This case report demonstrates that free gingival graft, with an appropriate indication, is an effective treatment option for both complete coverage of exposed root surface and support of keratinised gingiva.

#### PC246 | Gum Recontouring in Case of Maxillary Lateral Incisor Hypodontia

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**Background:** Maxillary lateral incisor hypodontia is the most frequently congenital gap in the dental arch, particularly noticeable when it affects the symmetrical aesthetics of the front teeth, leading to a variety of dental and orthodontic complications, including misalignment, spacing issues, and altered smile aesthetics. By reshaping the gum line around the existing teeth, we create a more balanced appearance following the loss of the incisors. This is particularly important for the maxillary anterior region, where aesthetics is a primary concern for both patients and dental professionals. In cases where dental implants, bridges, or other prosthetic solutions are planned, gum recontouring may be necessary to ensure that the gum tissue is healthy and appropriately contoured to support these restorations. Proper contouring helps in achieving better integration and aesthetic harmony with the adjacent dental structures.

**Description of the procedure:** We did minimally invasive surgical technique for gingival recontouring including usage of Er:YAG dental laser in 38years old healthy female patient with absence of left maxillary lateral incisor. On the left side of the upper arch we also did laser assisted gum lining into the premolar area, while on the opposite one, open approach crown lengthening was necessary. Lithium disilicate crowns and bridge was the final prosthodontic solution.

**Outcomes:** When planning for gum recontouring in patients with maxillary lateral incisor hypodontia, several factors should be considered: Age and Development, Orthodontic treatment and Prosthetic choice. The final choice of prosthetic restoration (implants, bridges, etc.) should be considered when designing

the gum contour to ensure compatibility with future restorations and long-term functionality.

**Conclusions:** By utilizing minimally invasive surgical techniques, clinicians can provide patients with improved outcomes and satisfaction. Overall, successful gum recontouring enhances not only the aesthetic appeal of the smile but also contributes to the overall dental health and well-being of patients with hypodontia.

#### PC247 | Treatment of Multiple Adjacent Gingival Recessions With the Modified Coronally Advanced Tunnel Technique and a Hydrated Porcine Dermal Matrix

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<sup>3</sup>Center for Advanced Dental Education, Dallas, United States

**Background:** A hydrated porcine dermal matrix (HPDM) has been shown to significantly enhance migration and proliferation of oral fibroblasts and osteoblasts and to serve as a carrier for slow release of various growth factors responsible for soft and hard tissue regeneration. The aim of this case series was to clinically evaluate the outcomes following surgical coverage of single or multiple adjacent Class 1 and 2 recessions by means of the modified coronally advanced tunnel (MCAT) and HPDM.

**Description of the procedure:** Eleven systemically healthy non-smoking patients (8 females) presenting multiple adjacent Class 1 and 2 recessions were consecutively treated with MCAT HPDM. Before reconstructive surgery and at 12 months post-operatively, the following parameters were assessed: Complete (CRC) and mean root coverage (MRC), probing depths (PD), clinical attachment level (CAL), plaque and bleeding scores.

**Outcomes:** Healing was uneventful in all cases. At 12 months, statistically significant ( $p < 0.001$ ) recession coverage was obtained in all patients and recessions while CRC was obtained in 1 out of the 11 patients.

**Conclusions:** The present findings have shown that MCAT and HPDM represent a valuable treatment option for multiple adjacent Class 1 and 2 recessions.

#### PC248 | The Surgical Exposition of an Envelope Connective Tissue Graft. A Novel Technique to Create Keratinised Tissue Around Implants

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**Background:** An adequate band of keratinised tissue might may prevent biological complications around implants (Ramanauskaitė et al. 2022).

The most predictable way to increase KT is the free gingival graft (Montero et al. 2022). However soft tissue shrinkage is higher than on teeth (Golmayo et al. 2022). Moreover in order to fix a FGG and apical reposition flap is recommended with an apical position of the graft to rest in vital tissue.

# Journal Of Clinical Periodontology impact factor, indexing, ranking (2025)

## Aim and Scope

The **Journal Of Clinical Periodontology** is a research journal that publishes research related to **Dentistry**. This journal is published by the **Blackwell Munksgaard**. The ISSN of this journal is **1600051X, 03036979**. Based on the Scopus data, the **SCImago Journal Rank (SJR)** of journal of clinical periodontology is **2.407**.

Also, please check the following important details about journal of clinical periodontology: Publisher, ISSN, Ranking, Indexing, Impact Factor (if applicable), Publication fee (APC), Review Time, and Acceptance Rate.

According to Clarivate's JCR, journals indexed in [SCIE/SSCI](#) have an impact factor.

## Journal Of Clinical Periodontology Ranking

Impact Factor: 5.8

5-Year JIF: 9.9

SJR (SCImago Journal Rank): 2.407

Quartile: Q1

The latest Impact Factor list (JCR) was released in June 2024.

The Impact Factor of Journal Of Clinical Periodontology is 5.8.

The impact factor (IF) is a measure of the frequency with which the average article in a journal has been cited in a particular year. It is used to measure the importance or rank of a journal by calculating the times its articles are cited.

The [impact factor](#) was devised by Eugene Garfield, the founder of the Institute for Scientific Information (ISI) in Philadelphia. Impact factors began to be calculated yearly starting from 1975 for journals listed in the Journal Citation Reports (JCR). ISI was acquired by Thomson Scientific & Healthcare in 1992, and became known as Thomson ISI. In 2018, Thomson-Reuters spun off and sold ISI to Onex Corporation and Baring Private Equity Asia. They founded a new corporation, [Clarivate](#), which is now the publisher of the JCR.

## Important Metrics

Journal Title:	Journal of Clinical Periodontology
Publisher:	Blackwell Munksgaard
ISSN:	1600051X, 03036979
Type:	journal
Journal Scope:	Dentistry
Country:	Denmark
H-Index:	169
SJR:	2.407
Quartile:	Periodontics (Q1)

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# Indexing

The **journal of clinical periodontology** is indexed in:

- [UGC CARE](#)
- [Scopus](#)
- **Web of Science (SCIE)**
- [PubMed](#)
- [Embase](#)

An **indexed journal** means that the journal has gone through and passed a review process of certain requirements done by a journal indexer.

The Web of Science Core Collection includes the Science Citation Index Expanded (SCIE), Social Sciences Citation Index (SSCI), Arts & Humanities Citation Index (AHCI), and Emerging Sources Citation Index (ESCI).

## Journal Of Clinical Periodontology Impact Factor 2025

The latest impact factor of journal of clinical periodontology is **5.8** which was recently updated in June, 2024.

**The impact factor (IF)** is a measure of the frequency with which the average article in a journal has been cited in a particular year. It is used to measure the importance or rank of a journal by calculating the times it's articles are cited.

**Note:** Every year, The Clarivate releases the Journal Citation Report (JCR). The JCR provides information about [academic journals](#) including impact factor. The latest JCR was released in June, 2024. The JCR 2025 will be released in the June 2025.

## Quartile

The latest Quartile of journal of clinical periodontology is **Q1**.

Each subject category of journals is divided into four quartiles: Q1, Q2, Q3, Q4. Q1 is occupied by the top 25% of journals in the list; Q2 is occupied by journals in the 25 to 50% group; Q3 is occupied by journals in the 50 to 75% group and Q4 is occupied by journals in the 75 to 100% group.

## Journal Publication Time

The publication time may vary depending on factors such as the complexity of the research and the current workload of the editorial team. Journals typically request reviewers to submit their reviews within 3-4 weeks. However, some journals lack mechanisms to enforce this deadline, making it difficult to predict the duration of the peer review process.

The review time also depends upon the quality of the research paper.

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- Designing the paper.
- Make your manuscript publication worthy.
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- Mind your references.

## Acceptance Rate

**Acceptance rate** is the ratio of the number of articles submitted to the number of articles published. Researchers can check the acceptance rate on the journal website. Alternatively, they can contact the editor of the journal.

## Final Summary

- The **impact factor** of journal of clinical periodontology is **5.8**.
- The journal of clinical periodontology is a reputed research journal.
- It is published by **Blackwell Munksgaard**.
- The journal is indexed in **UGC CARE, Scopus, SCIE, PubMed, Embase**.

- The (SJR) SCImago Journal Rank is 2.407.

Sources: [journal of clinical periodontology](#).

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