



# GUM RECONTOURING IN CASE OF MAXILLARY LATERAL INCISOR HYPODONTIA

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## Background:

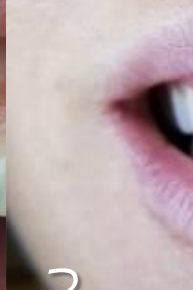
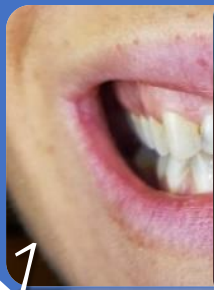
Maxillary lateral incisor hypodontia is the most frequently congenital gap in the dental arch, particularly noticeable when it affects the symmetrical aesthetics of the front teeth, leading to a variety of dental and orthodontic complications, including misalignment, spacing issues, and altered smile 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.

## 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.



## Description of the procedure:

We did minimally invasive surgical technique for gingival recontouring including usage of Er:YAG dental laser in 38 years old healthy female patient with absence of left maxillary lateral incisor.

On the left side of the upper arch we did laser assisted gum alining into the premolar area, while on the opposite one, open approach crown lengthening was necessary.

A wavelength of 2940 nm, 80 mJ/pulse at 20 Hz panel setting was used, by emitting short pulses of energy that target the water molecules in the tissue. Following gingivectomy, the level of the underlying alveolar bone was examined by bone sounding. Lithium disilicate crowns and bridge was the final prosthodontic solution.

## Photo description:

1. & 2. Preoperative view
3. Open flap crown lengthening
4. Postoperative view
5. Gum alining
- 6 & 7. Symmetry achieved
8. Teeth preparation
- 9 & 10. Final prosthodontic construction