

Parameter on Mucogingival Conditions*

The American Academy of Periodontology has developed the following parameter on the identification and treatment of mucogingival conditions. Patients should be informed of the disease process, therapeutic alternatives, potential complications, expected results, and their responsibility in treatment. Consequences of no treatment should be explained. The consequences of this option may range from no change in the condition to progression of the defect. Given this information, patients should then be able to make informed decisions regarding their periodontal therapy. J Periodontol 2000;71:861-862.

KEY WORDS

Gingival diseases/etiology; gingiva/anatomy and histology; health education, dental; risk factors; patient care planning; disease progression.

CLINICAL DIAGNOSIS

Definition

Mucogingival conditions are deviations from the normal anatomic relationship between the gingival margin and the mucogingival junction (MGJ).

Clinical Features

Common mucogingival conditions are recession, absence or reduction of keratinized tissue, and probing depths extending beyond the MGJ. Anatomical variations that may complicate the management of these conditions include tooth position, frenulum insertions and vestibular depth. Variations in ridge anatomy may be associated with mucogingival conditions.

Examination

Mucogingival conditions may be detected during a comprehensive or problem-focused periodontal examination. The problem-focused examination should also include appropriate screening techniques to evaluate for periodontal or other oral diseases.

Features of a problem-focused examination that apply to mucogingival conditions:

1. A medical history should be taken and evaluated to identify predisposing conditions that may affect treatment or patient management.
2. A dental history including the chief complaint should be taken and evaluated.
3. Relevant findings from probing and visual exam-

inations of the periodontium and the intraoral soft tissues should be collected and recorded.

4. While radiographs do not detect mucogingival problems, appropriate radiographs may be utilized as part of the examination.

5. Mucogingival relationships should be evaluated to identify deficiencies of keratinized tissue, abnormal frenulum insertions, and other tissue abnormalities.

6. Etiologic factors that may have an impact on the results of therapy should be evaluated.

7. Variations in ridge configuration should also be evaluated.

THERAPEUTIC GOALS

Mucogingival therapy is defined as non-surgical and/or surgical correction of defects in morphology, position, and/or amount of soft tissue and underlying bone. The goals of mucogingival therapy are to help maintain the dentition or its replacements in health with good function and esthetics, and may include restoring anatomic form and function. A further goal is to reduce the risk of progressive recession. This may be accomplished with a variety of procedures including root coverage, gingival augmentation, pocket reduction, and ridge reconstruction, as well as control of etiologic factors.

Several mucogingival conditions may occur concurrently, necessitating the consideration of combining or sequencing surgical techniques.

TREATMENT CONSIDERATIONS

1. In order to monitor changes of mucogingival conditions, baseline findings should be recorded.

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2. Depending on the mucogingival conditions, the following treatments may be indicated:

- A. Control of inflammation through plaque control, scaling and root planing, and/or antimicrobial agents;
- B. Gingival augmentation therapy;
- C. Root coverage;
- D. Crown lengthening;
- E. Extraction site grafts to prevent ridge collapse;
- F. Papilla regeneration;
- G. Exposure of unerupted teeth.
- H. Frenectomy;
- I. Surgical procedures to reduce probing depths;
- J. Tooth movement;
- K. Odontoplasty.

3. Vestibular depth alteration.

Treatment options for altering vestibular depth may include gingival augmentation and/or vestibuloplasty.

4. Ridge augmentation.

Ridge defects that may need correction prior to prosthetic rehabilitation can be treated by a variety of tissue grafting techniques and/or guided tissue regeneration.

The selection of surgical procedures may depend on the configuration of the defect, availability of donor tissue, and esthetic considerations of the patient.

OUTCOMES ASSESSMENT

1. The desired outcome of periodontal therapy for patients with mucogingival conditions should result in:

- A. Correction of the mucogingival condition;
- B. Cessation of further recession;
- C. Tissues free of clinical signs of inflammation;
- D. Return to function in health and comfort;
- E. Satisfactory esthetics.

2. Areas where the condition did not resolve may be characterized by:

- A. Persistence of the mucogingival problem;
- B. Persistence of clinical signs of inflammation;
- C. Less than satisfactory esthetics.

3. In patients where the condition did not resolve, additional therapy may be required.

- A. Not all patients or sites will respond equally or acceptably;
- B. Additional therapy may be warranted on a site specific basis.

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