



BEFORE ADM



AFTER ADM



REFRAMING YOUR SMILE

Successful treatment for the receding gum line

BE AWARE THAT YOUR GUMLINE IS AS IMPORTANT AS TOOTH FORM IN ESTABLISHING YOUR IDEAL SMILE

Gingival (gum) recession is more common than people realize – unless they have it. Recession – especially around front teeth – leaves some of the teeth’s root surfaces exposed, giving a “long-in-the-tooth” appearance. This can make anyone self-conscious.

Studies suggest over 50% of adults aged 18-64 worldwide have some recession; numbers rise with age, and approach 90% for those 65 and older. While recession is most common around the upper permanent first molars, it’s most noticeable around front teeth, and may lead to other potentially serious dental problems, including root hypersensitivity and increased susceptibility to root decay. Teenagers can have recession with or without orthodontic treatment; recession is the primary reason dentists refer teens to periodontists.

Causes of Recession

Like any disease or condition,

recession has multiple causes. Because your recession may be a first sign of periodontal disease, start by meeting with your dentist. Improper techniques such as vigorous toothbrushing, using the wrong toothbrush, and aggressive flossing are common causes of recession. Your dental team can help optimize your brushing and flossing protocol. Nighttime clenching and grinding (bruxism) can also contribute to recession, so that’s important to address as well.

Some people also exhibit a thin gum biotype – this means their normal gum tissues are thinner (less than a millimeter in some cases), increasing recession risk, even with correct flossing and brushing. Thinner gums are more vulnerable to everyday trauma and the all-important threat of inflammation from bacterial plaque (biofilm). Recession can begin in adolescence, especially with a thin gum biotype, if permanent teeth come in too far toward the outside (facially), and erode supporting bone and gum. So, buffering or thickening such gum tissue can reduce your risk of recession.

Orthodontic tooth movement can also cause—and complicate—recession, especially if you’re a

thin biotype. Tipping the teeth facially may thin the supporting bone along with the gum. Orthodontic patients aged 12 and up often have thin gums around the incisors, where recession is common. It’s better to treat recession proactively—before orthodontic treatment starts.

Introducing Your Periodontist

As periodontists, we’re the first line of treatment for recession – with or without periodontal disease – so visiting the periodontist is a pivotal step. Early recession treatments involved autogenous (patient’s own tissue) gingival grafts, cut from existing gums and sewn over the recession defects; these often caused bleeding, pain, scarring, poor color matches, and a patched appearance. Connective tissue (CT) grafts transfer a portion of the underlying tissue layer of the palate to the recession site. While successful in covering exposed roots, considerable pain and discomfort at the donor site, longer healing, and the tongue-teasing “crater” left by the graft, have reduced their popularity. Autogenous grafts are also limited in size, necessitating multiple surgeries when many teeth are involved.

21st Century Recession Solutions

Recession’s outlook has improved. In our practice, we treat recession with a conservative process called allogenic grafting – with a purified collagen-containing human skin product called acellular dermal matrix (ADM). ADM grafting can prevent root decay, relieve sensitivity, and eliminate recession by providing a biological framework in which your body can build new tissue. ADM’s larger size allows 12 or more teeth to be covered in one visit.

Using minimally invasive techniques similar to those of plastic surgery, your periodontist performs the procedure with high magnification, smaller and fewer incisions, smaller instruments designed for minimal tissue trauma, and extremely fine sutures to secure the graft. The ADM is woven over the recession defects and through “tunnels” under layers of your own gum tissue, which is then stretched over it and sutured in place, maintaining good color and texture match while thickening the tissue. This culminates in less discomfort than autogenous gingival or CT grafts, much faster healing, no scarring, and better overall surgical outcomes. Usually, you’ll have only 24-48 hours of swelling and minor discomfort – easily managed with over-the-counter anti-inflammatory drugs.

Framing Your Smile With a Healthy, Attractive Gumline

Once you lose gum tissue, it’s difficult to recapture. If your teeth need moving, increasing the volume of existing gums before beginning orthodontics can actually prevent recession. Your dentist or orthodontist will usually send you to the periodontist to Plan a gum graft, proactively, establishing a “buffer” for the root surface, thickening the gumline and making it more resilient during tooth movement. This is especially critical for thin gum biotypes.

Be aware that your gumline is as important as tooth form in establishing your ideal smile. Cosmetic smile makeovers, like crowns or ceramic veneers on the upper six front teeth – the all-important-and-visible “social six” – must address recession. Periodontists can create a more ideal gumline for the restorative dentist. Your periodontist will cover those exposed roots with ADM, bulk up your gums, and harmonize their margins to complement your new crowns or veneers, for a more natural-looking smile all around.

So, if you’re embarking on a new smile, make sure your restorative dentist knows you’re having ADM graft recession coverage. That way, he or she can preserve ideal form, symmetry, and length of your teeth, and avoid a “long-tooth” appearance by matching the margin heights on those new veneers or crowns with your restored gumline and lipline.

Maintaining your restored gumline is critical as part of your overall periodontal health. Your own continued good oral hygiene must emphasize avoiding habits that originally caused recession, along with controlling inflammation. Collaborate with your dentist, hygienist, and periodontist via ongoing, regular, shared follow-up visits at frequencies appropriate for you. **IMAGE**