Surgical Extrusion Technique: Surgical procedure and long term results

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Although a number of techniques have been proposed for clinical crown lengthening, all have some limitations in terms of function and esthetics.

This lecture is based on the results which have been reported in 2004 (Int J Periodontics Restorative Dent 2004:24:412), and presents the clinical and radiographic long-term results of a surgical extrusion technique for clinical crown lengthening.

Atraumatic surgical extrusion using a specially designed instrument (Periotome) was performed in three cases, in which otherwise an extensive resective osseous surgery would have been ne necessary for crown lengthening. Full-thickness mucoperiosteal flaps were raised, and the tooth was carefully luxated and extruded to the desired position without damaging the marginal bone area or root apex. No rigid splint was applied after the surgery. Clinical examinations performed more than 7 years after surgery revealed the probing depths of < 3mm around the teeth at all site without bleeding on probing. The teeth functioned normally, without mobility. Radiographs showed a decent periodontal contour along with new bone formation in the periapical area. Neither the evidence of resorption of root/crestal bone nor the endodontic problem was found in the radiographs. The surgical extrusion technique presented could be an alternative surgical approach to performing crown lengthening, and could also provide clinical advantages over the implant treatment.

Profile

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