JBR Journal of Interdisciplinary Medicine and Dental Science

ISSN: 2376-032X

Agrawal and Sope, J Interdiscipl Med Dent Sci 2016, 4
— 10e4172/2376-032X.1000197

Research Article

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Figure 4: Preparation of recipient site to receive free gingival autograft.

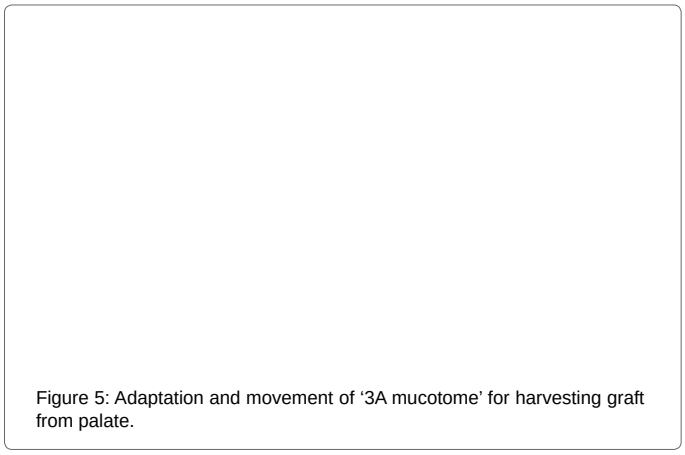

Figure 5: Adaptation and movement of '3A mucotome' for harvesting graft from palate.

while moving through the tissues. Another way to judge the thickness is by the faint grayish color of the blade observed beneath the tissue. Smooth pass of the razor blade through tissue produces gra of uniform thickness with smooth cut undersurface. At times a slight jiggling/see-saw movement may be required for smooth movement of the blade. Borders of gra have long internal bevel due to curvature of blade. e better the blade curvature adapted to the curvature of the palate, the shallower will be the beveled margin. e edges can be le beveled or if desired can be trimmed with a scissor to obtain a butt joint. In case a butt joint is desired, the size of the gra should be slightly larger than the template size. Trimming the margins of gra would provide a butt joint without compromising the required gra size (Figure 6).

Gra s obtained with thick areas, uneven surfaces or with fatty or glandular tissues attached can be corrected easily using the same instrument to trim the undersurface of the gra . For this, one end of the gra is held tightly with a tissue forceps and cutting edge of blade of mucotome is placed on raw surface and moved away from tissue forceps to other end aiming to remove the excess unwanted tissues. Failure to remove this fat and glandular tissue will result in the gra that is totally movable when probed. e fat and glandular tissues inhibit the gra take by reducing plasmatic di usion.

Citric acid root conditioning prior to FGG coverage of denuded roots may increase the likelihood of reattachment, but controlled studies to determine the va3(wa)9(n)112(ur)-29(valh)3(arden(J 0.285 11 .e)9(.e)9([rfd r)13(o)(n)112(ur)-27o)(n)112(urc)ur 9(d)]TJ u

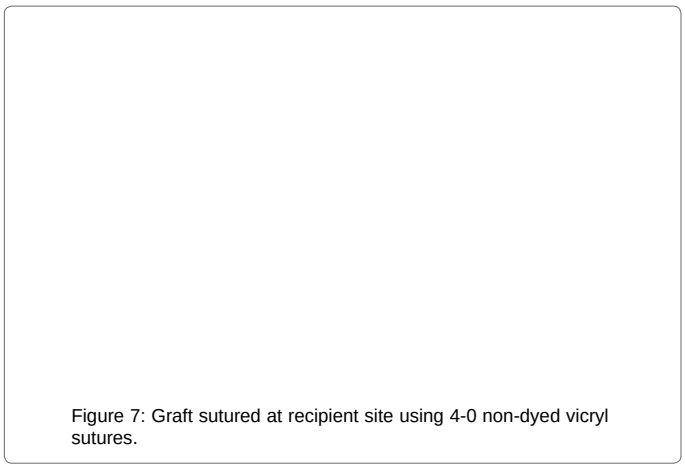

Figure 7: Graft sutured at recipient site using 4-0 non-dyed vicryl sutures.

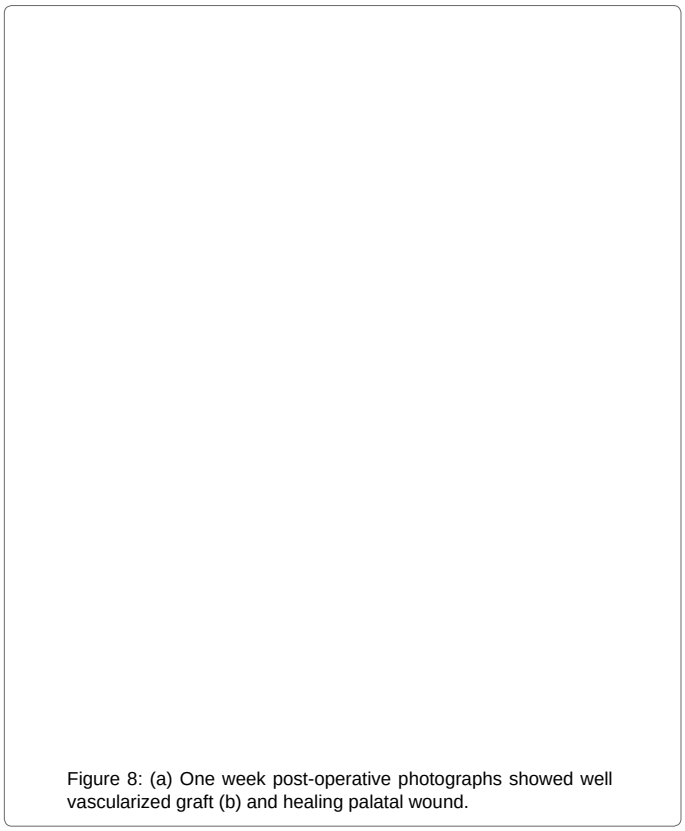

Figure 8: (a) One week post-operative photographs showed well vascularized graft (b) and healing palatal wound.

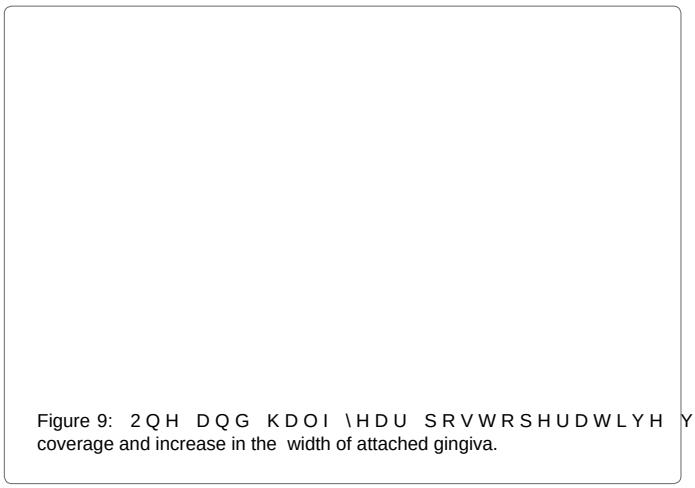

Figure 9: 2QH DQG KDOI \HDU SRVWRSHUDWLYH YLHZ coverage and increase in the width of attached gingiva.

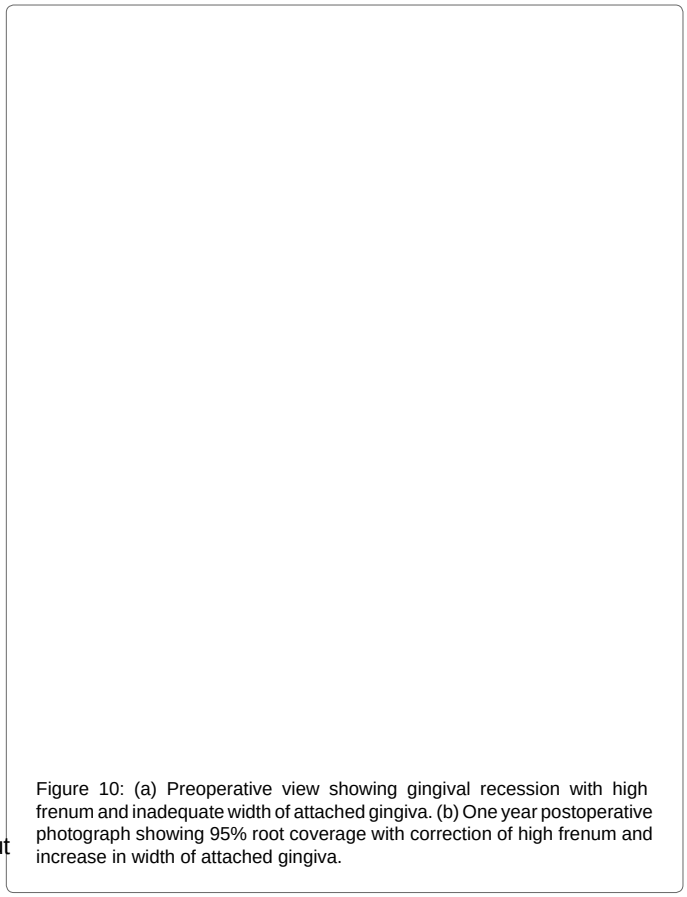

Figure 10: (a) Preoperative view showing gingival recession with high frenum and inadequate width of attached gingiva. (b) One year postoperative photograph showing 95% root coverage with correction of high frenum and increase in width of attached gingiva.

d. Procured gra s are of relatively uniform thickness and without macrolacerations.

e. e gra margins have shallow bevels which can be used as it is or trimmed to obtained butt margins.

intermediate thickness (0.55 mm) showed excellent clinical healing of the donor and recipient site. However, Borghetti and Gardella [12] used thick gingival gra s (1.8 mm) to treat gingival recession. ey obtained 85.2% root coverage. ick gra s yield a higher percentage of root coverage than thin gra s. Even, Holbrook and Ochsenbein [13] modi ed Miller's technique. ey did not use citric acid and held the thickness of their gra s to about 1.5 mm and got good results. A general belief is that thin, or intermediate-thickness gra (.5-.75 mm) are ideal for increasing the zone of keratinized attached gingiva and undergo minimal primary contraction because of the amount of elastic