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Groupe's modification of lateral pedicle graft: Case series

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Gingival recession is the most common mucogingival deformity and should be treated at its earliest detection. Exposed root surfaces are more likely to develop root sensitivity and root caries and pose esthetic problems. The most significant factors causing gingival recession are considered to be periodontal disease and improper oral hygiene measures; along with some predisposing factors such as thin gingiva, a prominent root surface, bony dehiscences, abnormal tooth position, frenal pull, mechanical trauma caused by tooth brushing, and iatrogenic factors such as faulty restorations or uncontrolled orthodontic movement of teeth. Among various procedures, laterally positioned pedicle graft (LPG) is widely used successfully to cover Miller's class-I and Class-II recession defects. The main advantages of the laterally positioned pedicle graft are that it is relatively easy and not time-consuming, it produces excellent esthetic results and no second surgical site is involved for donor harvesting. In 1966, Groupe modified the lateral pedicle technique using sub-marginal incision at the donor site so that no denuded osseous surfaces would be created. The laterally positioned pedicle graft is indicated in single-site recessions, with an adequate width of keratinized oral tissue in the donor site. It should not be used in areas with a shallow vestibule, multiple adjacent recessions, and insufficient amount of keratinized tissue. The present case series describes Groupe's modification of lateral pedicle graft done in various patients in the isolated gingival recession areas.

Biography

Junima Rajkarnikar has completed her BDS from Manipal University in 2006-07 and MDS in Periodontics from Kathmandu University in 2011. Currently she is working as an Assistant Professor in the Department of Periodontics in Nepal Medical College and Teaching Hospital in Nepal. For the past 5 years, she has been teaching the undergraduates and practicing periodontal surgeries.

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