28. PERIIMPLANT SOFT TISSUES MANAGEMENT IN CASE OF DEFICIENCY OF THICKNESS AND WIDTH OF KERATINIZED TISSUE AT THE STAGE OF DENTAL IMPLANTS UNCOVERING. CLINICAL CASE

Author: Nuca Dumitru

Co-author: Nuca Maria, Sîrbu Dumitru

Scientific adviser: Dumitru Sîrbu, MD, Associate Professor, *Arsenie Gutan* Department of Oral and Maxillofacial Surgery and Oral Implantology, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova.

Introduction. Mucogingival surgery in the case of keratinized soft tissue deficiency is indicated to optimize the volume of the peri-implant soft tissue to reduce the risk of further complications (peri-implantitis, mucositis, peri-implant recession). A number of surgical methods for peri-implant soft tissue management are proposed, which makes it difficult to choose the optimal one for specific clinical situations.

Aim of the study. Evaluation of surgical methods for peri-implant soft tissue management.

Methods and materials. Clinical case presentation, patient F / 39 year old was rehabilitated with an implant-prosthetic in the dental clinic "Omni Dent" in the period 2021-2022. The patient had a deficiency of width of the keratinized soft tissue (LGK) as well as the thickness of the keratinized soft tissue (GGK). The stage of mucogingival surgery was decided to be performed after implant osseointegration. At the stage of uncovering the implants 14, 15, 24, 36, 3 mucogingival surgical methods were used: 1) at the level of the implants 14, 15 the apical positioned flap technique; 2) at the level of the implant 25 the pouch roll technique; 3) at the level of the implant 36, the free gingival graft from the palate. Study criteria: keratinized soft tissue width, thickness, trauma morbidity, complications. Dynamic monitoring 2-14 days, one month and 3 months - postoperatively.

Results. The patient was monitored postoperatively in dynamics to evaluate 3 methods performed simultaneously comparing them according to the proposed criteria. Method 1: preoperative LGK - 3 mm, postoperative LGK - 6 mm; GGK pre- 1.5 mm, GGK post- 3 mm; moderate edema; moderate pain; difficult and long time to perform. Method 2 LGK pre- 4 mm, LGK post- 7 mm; GGK pre-2 mm, GGK post-4 mm; edema, insignificant pain; simple and short time to perform. Method 3 LGK pre- 3 mm, LGK post- 8 mm; GGK pre-2 mm, GGK post-4 mm; moderate edema; moderate pain in the donor and recipient area; difficult and long time to perform. Postoperative complications were not present. The choice of methods used in the study should be based on the analysis of several criteria and individualized to the clinical case despite the advantages and disadvantages.

Conclusion. The technique of rotating flap (method 2) proved to be the method with the best results according to the established criteria, being followed by the technique of free gingival grafting from the palate (method 3), a good result but with more sacrifice. The last method with the apical positioned flap (method 1) did not show high efficiency obtaining minimum thickness difficult work and long time to perform, it is a method that requires a higher training and precision to perform.