ISSN 0303 – 6979

VOLUME 49, SUPPLEMENT 23, JUNE 2022

Journal of Clinical Periodontology

EuroPerio10

An EFP initiative

JUNE 15-18 | 2022

COPENHAGEN

ABSTRACTS of EuroPerio10

WILEY

Journal of Clinical Periodontology

Official Journal of The European Federation of Periodontology

Founded by the British, Dutch, French, German, Scandinavian, and Swiss Societies of Periodontology

VOLUME 49 • SUPPLEMENT 23 • JUNE 2022

Abstracts of EuroPerio10
Copenhagen, Denmark
15-18 June 2022

Disclaimer

This abstract book has been produced using authors-supplied copy. Editing has been restricted to some corrections of spelling and style where appropriate. No responsibilty is asumed for any claims, instructions, methods or drug dosages contained in the abstracts: it is recommended that these are verified independently.

WILEY

JohnWiley & Sons A/S
1 Rosenørns Allé
DK-1970 Frederiksberg C
Denmark

ISSN1600-051X

Journal of Clinical Periodontology

The articles in this supplement have
been reviewed by the guest editor.

Contents

This journal is available online. Visit wileyonlinelibrary.com/journal/jcpe to search the articles and register for table of contents e-mail alerts.

This journal is abstracted or indexed in: Abstracts on Hygiene and Communicable Diseases, Botanical Pesticides Abstracts, CABAbstracts, Chemical Abstracts, Chemical Industry Notes, Cinahl: Cumulative Index to Nursing & Allied Health Literature, Current Abstracts, Current Contents, Current Titles in Dentistry, Dental Abstracts, Excerpta Medica. Abstract Journals, Forestry Abstracts, Global Health, Horticultural Science Abstracts, Index Medicus, Index to Dental Literature, Index to Scientific Reviews, Index Veterinarius, MEDLINE, Nutrition Abstracts and Reviews, Review of Aromatic and Medicinal Plants, Review of Medical and Veterinary Mycology, Rural Development Abstracts, Science Citation Index, SciSearch, SCOPUS, Soybean Abstracts,Tropical Diseases Bulletin,Veterinary Bulletin, Veterinary Science Database

Printed in Singapore

prepared on the vestibular surface of the defective area. An appropriate donor site is selected at the palate or in the area of the maxillary tubercle, and a free epithelial-connective tissue graft is harvested. If enlargement of the ridge height is not required, the epithelial surface of the graft is placed with the surrounding epithelium. The graft is sutured all over the tissue at the recipient site. The temporary bridge is positioned to serve as a reference when estimating the amount of tissue needed to fill the defect.

Outcomes: The newly formed granulation tissue during healing will make a border between the graft and the adjacent tissue, smooth and properly epithelialized. Edema, which occurs postoperatively, will help contour the ridge.

Conclusions: Class III ridge defects are a major challenge for the dentists, as the ridge needs to be enlarged in both vertical and horizontal dimensions. The combined procedures can be used successfully in such situation.

PC245: The clinical outcomes of coronally advanced flap versus bilaminar technique for treatment of multiple gingival recessions: A split-mouth case report with 5 years follow-up

D. Veljanovski[1], V. Spirov[2], D. Baftijari[3], Z. Susak[4], S. Tosevska[5], D. Krstevski[6], A. Atanasovska Stojanovska[7]

[1]Department of Oral Surgery, Oral Surgery Clinic "Hami Optimum", Skopje, North Macedonia, [2]Department of Oral Surgery, University Clinic for Oral Surgery, Skopje, North Macedonia, [3]Department of Maxillofacial Surgery, Dental Clinic "Vita Dent", Tetovo, North Macedonia, [4]Department of Periodontology, Dental Clinic "Dentoria", Ohrid, North Macedonia, [5]Dental Clinic "Periodent", Periodontology, Skopje, North Macedonia, The Republic of, [6]Department of Prosthodontics, Dental Clinic "Stela", Skopje, North Macedonia, [7]Department of Peridontology and Oral Medicine, University "Ss. Cyril and Methodius", Skopje, North Macedonia

Background: The aim of this split mouth case presentation was to compare the clinical outcomes in terms of complete root coverage and buccal soft tissue thickness between the coronally advanced flap technique and bilaminar technique at 5 years follow up.

Description of the procedure: A periodontally healthy patient presented with multiple gingival recessions (Cairo RT-1) in the both sides of the maxilla due to inadequate oral hygiene habits. On the one side the recessions were treated with coronally advanced envelope flap, whereas on the contralateral side an autogenous connective tissue graft from the palate was also used in a bilaminar technique manner. The graft was extra-orally de-epithelized, adapted and stabilized to the root surfaces using 6.0 PGA sutures. The flap on the both sides was coronally advanced and secured using coronal sling 6.0 polypropylene sutures.

Outcomes: The patient reported minimal postoperative discomfort at suture removal 2 weeks postoperatively. The first follow up examination was 3 months postoperatively, after which the patient failed to show up until 5 years later. At this timepoint, professional oral hygiene procedure was done and clinical measurements were taken: recession depth and probing depth at mid-buccal side. Clinical attachment level was also calculated. Clinical outcomes were evaluated by comparison of these to the baseline parameter values. In the CAF side, the baseline mean gingival recession was 2.5 mm, while in the final mean gingival recession was 0.8 mm. In the bilaminar side the baseline gingival recession was 3.0 mm, while the final gingival recession was 0.4 mm. A better coronal improvement without apical relapse of the gingival margin was observed in the bilaminar side. This side showed greater buccal gingival thickness.

Conclusions: The conclusion limited to this split – mouth case presentation was that the clinical outcomes are better in the bilaminar technique side than the CAF side at 5 years follow up.

PC246: A novel biopsy technique for lesions involving interproximal soft tissues

M. Montevecchi[1], G. Zucchelli[1]

[1]Periodontology, School of Dentistry - DIBINEM - University of Bologna, Bologna, Italy

Background: Biopsy of soft tissues around teeth can cause periodontal deficiency with several side effects. When the neoformation involves frontal areas biopsy often induces an aesthetic impairment, particularly critical when the interdental papilla is entailed.

Description of the procedure: A new surgical approach to treat lesions involving interdental tissues is described. The flap design is characterized by a sub-marginal scalloped incision, possibly confined into the keratinized tissue at the vestibular side. The incision starts 1 mm above the lesion, in the midline between the two confining teeth. With a parabolic shape, the incision reaches the gingival margin at the distal line angle of the distal tooth. Hence, another parabolic incision is performed connecting the starting point with the marginal mesial line angle of the mesial tooth. After this step, two options are applied depending on the lesion extension. When the lesion is confined coronally to the line connecting the gingival margin zeniths of the two adjacent teeth, oblique linear incisions are performed till to the gingival margin zeniths. Otherwise, when the lesion extends beyond this line, two parabolic incisions are performed on both adjacent teeth, till to the distal and mesial line angle respectively. Specific anatomic measurements rule up the incisional design. For the palatal/lingual side, the incision follows the principles of a general excisional procedure. Intrasulcular incisions are then made and the lesion with surrounding tissues are collected for examination. Both full-thickness and split-thickness are used for the buccal flap elevation. De-epithelized the adjacent anatomic papillae, two sling sutures are used to stabilize the entire flap to the most feasible coronal position. Generally single sutures are used for the palatal side and the eventual graft.

Outcomes: All 9 cases treated so far have ever shown an esthetically satisfying outcome without recurrence or adverse events.

Conclusions: This technique allows clinician to restore gingival health preserving aesthetics and function.