A SUCCESSFUL PERIO-ESTHETIC MANAGEMENT OF SHORT CLINICAL CROWNS –A CASE REPORT

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An esthetically pleasant smile is considered as a symbol of beauty and well-being in the modern society. A myriad factor play a role in achieving an appealing smile, and among them, the form, position, and the gingival tissue level are among the vanguard (1). As facial esthetic awareness of society increases, the demands of dental esthetics become more important to meet the patients’ expectations. The shape, the position, and the color of teeth with the gingival tissues determine the harmony of a smile. Among various smile disharmonies, excessive gingival display that is gummy smile which can be associated with vertical maxillary excess, dentoalveolar extrusion, short upper lip, altered passive eruption (APE), or a combination of these factor (2). To eliminate this condition the biggest challenge lies in the determination of clinical presentation, diagnosis, and knowledge of the periodontal plastic surgical methods. A careful preoperative planning is necessary to avoid complications, enhance postsurgical stability of the gingival margin, and bring about biological harmony. Here we describe, a case reported in our department diagnosed as altered passive eruption (fig 1). A diagnostic cast was made with proper pre-surgical measurements (fig 2). While designing the final gingival margin, the location of gingival zenith per tooth was kept in mind with approximate width/length ratio of the crown. Maintaining the width to length crown ratio, the gingival margin was placed x mm (varying/ per tooth) by positioning it apically. It was made easier by fabricating a thermoplastisised stent and then shaping the level of gingival margin (resembling in stent) to the desired level (fig 3).

Fig 1: Surgical site with short clinical crown

Fig 2: Diagnostic cast showing positioning of final margin of gingiva

Fig 3: Fabrication of thermo plasticised stent

References
