A COMPARATIVE EVALUATION OF CORONALLY ADVANCED FLAP TECHNIQUE WITH CORONALLY ADVANCED FLAP +HUMAN CHORION MEMBRANE IN THE TREATMENT OF MILLERS CLASS I AND CLASS II GINGIVAL RECESSION- A CASE SERIES.

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ABSTRACT

INTRODUCTION:
Coronally advanced flap (CAF) for treatment of gingival recession was first introduced by Norberg. Various modifications were introduced amongst these techniques but CAF is considered the gold standard in the treatment of gingival recession. Along with CAF various biomaterials have been used as alternatives for treatment of gingival recession. One of the new materials which have also been tried recently includes placental membranes. An amnion chorion membrane is a placenta-derived tissue that has been introduced as a guided tissue regeneration membrane in dentistry. Numerous growth factors, proteins and stem cell reserves in amnion could help in accelerated wound healing and regeneration. The placental membrane includes amnion and chorion which have shown encouraging results in various periodontal surgical procedures.

OBJECTIVE:
Aim of the case series is to evaluate the outcome of CAF as compared with CAF with human chorion membrane in the treatment of Miller’s Class I and class II gingival recession.

METHODOLOGY:
Ten healthy adult patients with Miller's gingival recession Class I and class II were selected for this case series. SRP was done for all patients and they were recalled after 3 weeks for evaluation. Patients maintaining optimum oral hygiene were included in the case series and randomly divided into two groups i.e. CAF(Control Group), CAF+chorion membrane (Test Group). 5 patients in each group were randomly allocated. The defects were surgically treated with CAF in the control group and CAF + chorion membrane for root coverage in the test group. Patients were placed under maintenance phase with regular recall visits. All clinical parameters measured at baseline, 3 months and 6 months were probing depth, relative clinical attachment level, width of keratinized gingiva and recession height in both the groups. Statistical analysis was performed to evaluate treatment outcome at the follow-up intervals.

RESULT:
The result showed statistically significant (p<0.05) improvement in most of the parameters in the test group as compared to the control group. Adequate coverage of the recession site with a decrease in the probing depth and recession height has been noticed in the test group. An increase in CAL was also observed in the test group. Detailed clinical findings will be shared in the presentation.

CONCLUSION:
Favorable root coverage can be obtained using CAF with human chorion membrane in the treatment of Miller’s Class I and class II gingival recession. Chorion membrane have shown to be versatile allograft material to be used in the treatment of root coverage.

REFERENCES: