Treatment of Gingival Recession Using OrACELL® Decellularized Dermis

Case performed by: Arnold Sindler, DDS, Periodontist, Westminster, MD, USA

CASE STUDY

Gingival recession, a common dental condition, is often treated with a root coverage procedure.^{1,2} In the past, subepithelial connective tissue grafts (SCTG) have been used to treat gingival recession; however, these grafts require a secondary surgical site that often leads to increased patient morbidity.^{1,2,3} For this reason, acellular dermal matrix allografts have become a popular choice among surgeons to treat gingival recession.^{2,4}

One such allograft, Oracell, is decellularized human dermis that is designed for maxillofacial applications. This matrix of collagen, elastin, and retained endogenous growth factors is designed to be a scaffold for tissue regeneration and to support healing where applied.

The following case presentation involves root coverage procedures for gingival recession using Oracell.

Patient

• 55-year-old Female; Excellent Health

Diagnosis

 Gum recession in lower left and lower right bicuspids and canines (Figure 1)

Treatment

- Changes to tooth brushing technique to eliminate mechanical trauma
- Pre-medicated using Clindamycin, pre-rinsed with chlorhexadine, given ibuprofen prior to procedure.
 Local infiltration with lidocaine and epinephrine
- Roots of teeth planed aggressively and burnished with tetracycline
- Sulcular incisions made tunneling under the facial papillae at the level of the adjacent CEJs from numbers 20-23; Incisions continued as a partial thickness dissection beyond mucogingival junction into the vestibule

- Oracell decellularized dermis used as connective tissue graft to #21 and #22
- Oracell soaked, trimmed, then pulled into position through the space between the teeth and the overlying tissues, and then sutured against the tooth roots with continuous sling suture tied on the lingual
- Buccal flap coronally advanced and sutured over graft
- A periodontal dressing was used to protect graft

Outcome

 Excellent healing at 1 month follow-up, sutures removed (Figures 2-3)



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Figure 1. Pre-operative Root Exposure



Figure 2.1 Month Post-operative Healing

Results from case studies are not predictive of results in other cases. Results in other cases may vary.

References

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