
Manejo_del_tejido blando_Periimplantar
Rodrigo De Nardo
perioteam


Fenotipos periodontales y periimplantares.
Consideraciones clínicas.
Técnicas quirúrgicas.
Conclusiones.
SAP
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FOUNA
perioteam
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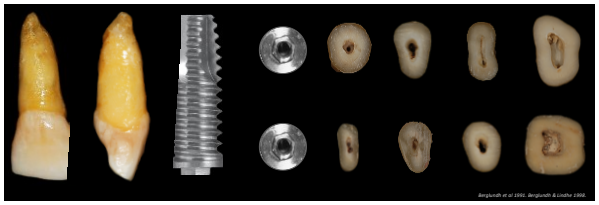
Periodoncia
Periodontology 2000
experiencia & evidencia
Sackets et al. Medicina basada en la evidencia. Ed. Harcourt. 2001. Madrid. España.


diferencias_anatómicas



diferencias_ *histológicas*

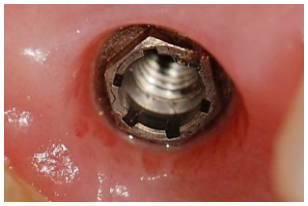
- *Epitelio de Unión debajo de la unión Implante-intermediario protético.*
- *Epitelio de unión largo. Con pocas células.*
- *Disposición de fibrosa (paralelas y circulares).*
- *Ausencia de inserción supracrestal.*
- *Surco periimplantar más profundo.*

Abrahamson et al J. Clin. Periodontol 1997.- Berglundh et al 1991. Berglundh & Lindhe 1998.

diferencias_ *histológicas*

Soft tissue wound healing around teeth and dental implants

Journal of Clinical Periodontology

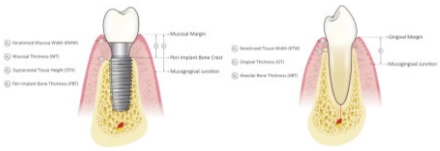


fenotípos_ *periodontales*

Fino festoneado *Grueso festoneado* *Grueso plano*

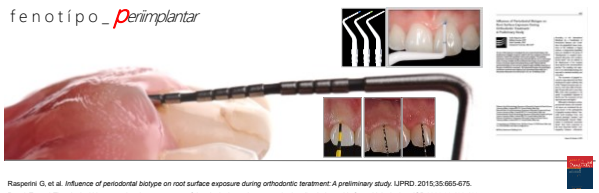
Journal of Clinical Periodontology. 2018 45:219-229.

fenotípo_ periimplantar



fenotípo_ periimplantar

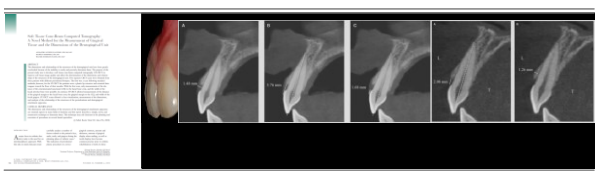
fenotípo_ periimplantar



Rasperini G, et al. *Influence of periodontal biotype on root surface exposure during orthodontic teratment: A preliminary study.* IJPRD. 2015;35:665-675.
Rouck T. et al *The gingival biotype revisted: transparency of the gingival margin as a method to discriminate thin from thick gingiva.* JCP 2009 36:428-433.

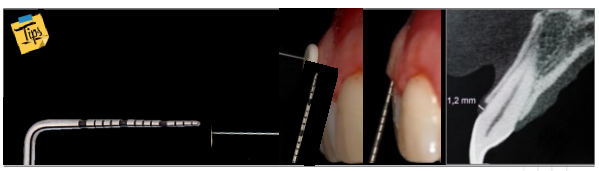
espesores_ gingivales

Onder Gürlek, Sule Sönmez, Pelin Güneri, Nejat Nizam. *A novel soft tissue thickness measuring method using cone beam computed tomography.* J Esthet Restor Dent. 1-7 2018.



espesores_ gingivales

Januário AL, Barriviera M, Duarte WR. *Soft tissue cone-beam computed tomography: a novel method for the measurement of gingival tissue and the dimensions of the dentogingival unit.* J Esthet Restor Dent. 2008;20(6):366-73.



espesores_ gingivales

TIPS

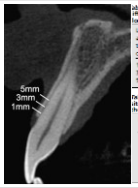
CLINICAL ORAL IMPLANTS RESEARCH

Alexandre Lourenço Januário
Wagner Rodrigues Duarte
Mauricio Kamriviera
Juliana Cristina Mosti
Mauricio Guimarães Araújo
Jan Lindhe

Dimension of the facial bone wall in the anterior maxilla: a cone-beam computed tomography study

22,1168–1171. 2011

espesores_ óseos



able 2. Thickness of the facial bone wall for ifferent categories of tooth sites and locations long the wall

Location apical to the bone crest (mm)	Canine	Lateral incisor	Central incisor
1	0.6 ± 0.3	0.7 ± 0.3	0.6 ± 0.3
3	0.6 ± 0.6	0.7 ± 0.4	0.6 ± 0.4
5	0.6 ± 0.4	0.5 ± 0.4	0.5 ± 0.3

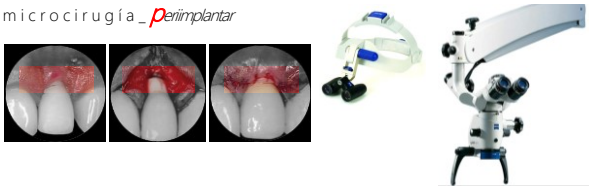
Table 3b. Frequency (%) distribution of tooth sites with varying amarno-enamel distances to the bone crest

Range (mm)	Canine	Lateral incisor	Central incisor
> 0.5–<1	0	1	0
≥ 1–<1.5	4	6	30
≥ 1.5–<2	5	27	54
≥ 2–<2.5	15	39	11
≥ 2.5–<3	28	23	2
≥ 3	51	4	3

Zuhr O, et al . *The addition of soft tissue replacement grafts in plastic periodontal and implant surgery: critical elements in design and execution.* JCP. 2014; 41:123-142.

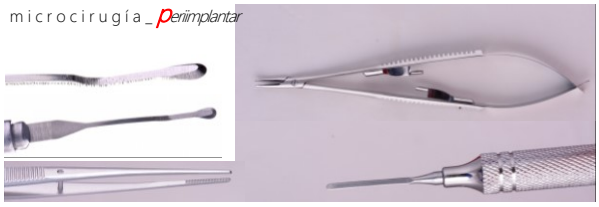
Zuhr O, et al . *The addition of soft tissue replacement grafts in plastic periodontal and implant surgery: critical elements in design and execution.* JCP. 2014; 41:123-142.

microcirugía_ periimplantar



Kahn S, Díaz A, Rodrigues W, Santana R. *Microcirugía plástica periimplantar: Revisión de la literatura.* Rev. Bras. Implant. 2010. (16):10-12.

microcirugía_ periimplantar



Protesistas.....10,6 Estudiantes.....9,9
Cirujanos.....9,2 Ortodoncista.....7,6

Table 1. Variables of the pink esthetic score

Variables	0	1	2
Mesial papilla	Shape vs. reference tooth	Absent	Incomplete	Complete
Distal papilla	Shape vs. reference tooth	Absent	Incomplete	Complete
Level of soft-tissue margin	Level vs. reference tooth	Major discrepancy >2 mm	Minor discrepancy 1-2 mm	No discrepancy <1 mm
Soft-tissue contour	Natural, matching reference tooth	Unnatural	Fairly natural	Natural
Alveolar process	Alveolar process deficiency	Obvious	Slight	None
Soft-tissue color	Color vs. reference tooth	Obvious difference	Moderate difference	No difference
Soft-tissue texture	Texture vs. reference tooth	Obvious difference	Moderate difference	No difference

Fürhauser R. et al. *Evaluation of soft tissue around single-tooth implant crowns: the pink esthetic score.* COIR 2005. 16:639-644.

Weinländer M. et al. *Gingivomorphometry-esthetic evaluation of the crown-mucogingival complex: a new method for collection and measurement of standardized and reproducible data in oral photography.* COIR 2009. 20;526-530.

encía_ *Queratinizada*

Existe una mayor recesión del tejido marginal y más pérdida de inserción ósea en los implantes sometidos experimentalmente al efecto de la placa bacteriana cuando éstos están rodeados de mucosa no queratinizada, respecto a aquellos casos que presentaron una banda adecuada de mucosa queratinizada.

Warrer K. Buser D. Lang P. Karring T. *Plaque – induced peri-implantitis in the presence or absence of keratinized mucosa. An experimental study in monkey.* COIR 1995. 4:81-86. 1994

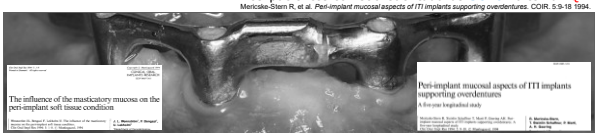
encía_ *Queratinizada*

El collar de encía insertada que rodea a los implantes dentales es considerado una barrera crítica para la protección del hueso de anclaje.

encía_ *Queratinizada*

39 pacientes sanos **69%** no tenía *EQ* apreciable
Wennstrom JL, et al. *The influence of the masticatory mucosa on the peri-implant soft tissue condition.* COIR. 5:1 1994.

69 pacientes con sobredentaduras **50%** no tenía *EQ*
Mericske-Stern R, et al. *Peri-implant mucosal aspects of ITI implants supporting overdentures.* COIR. 5:9-18 1994.



encía_ *Queratinizada*

- Objetivo

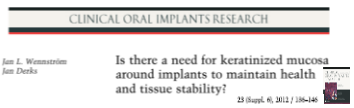
Revisión de la literatura con respecto a la necesidad de mucosa queratinizada alrededor de los implantes para mantener la salud y la estabilidad de los tejidos.

- M&M

17 estudios en humanos y 2 en animales. Evaluaron: salud periimplantaria, higiene, cambios en la posición de la encía y hueso, paciente.

- Conclusión

Indica que la evidencia es limitada.



- Recomendaciones

✓ **Maximizar los esfuerzos para preservar la mucosa queratinizada durante los procedimientos.**

✓ **En pacientes que experimentan dolor y malestar durante la higiene, en tales casos se podría considerar un procedimiento de injerto para establecer una zona de la m. queratinizada.**

encía_ *Queratinizada*

Ausencia

- ✓ Hiperplasia gingival.
- ✓ Mucositis.
- ✓ Movilidad del margen gingival.
- ✓ Molestias durante el cepillado.

Ventajas

- ✓ Previene recesiones gingivales.
- ✓ Favorece la eliminación del biofilm.
- ✓ Facilita el procedimiento quirúrgico.
- ✓ Impide la movilidad del margen gingival.

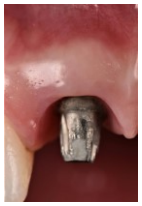
encía_ *queratinizada*

The Significance of Keratinized Mucosa on Implant Health: A Systematic Review

Guo-Hao Lin, DDS*, Hom-Ling Chan, Adjunct Clinical Assistant Professor, DDS, and Hom-Lay Wang, Program Director and Professor, DDS, PhD†

- Conclusión

En base a la evidencia actual, la ausencia o no adecuada cantidad de tejido queratinizada alrededor de los implantes está asociada con más acumulo de placa e inflamación, mayor recesión y perdida de inserción.



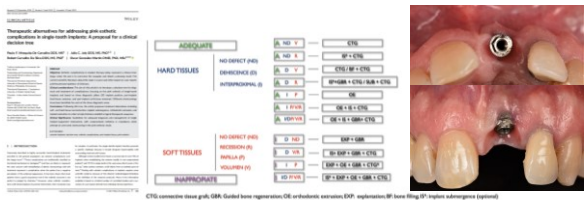
encía_ *queratinizada*

Soft Tissue Augmentation Procedures for Mucogingival Defects in Esthetic Sites

Robert A. Levine, DDS, FCPP[1]/Gay Huynh-Ba, DDS, Dr Med Dent, MS[2]/ David L. Cochran, DDS, MS, PhD, MMSci, Dr hc[3]

Statements on Soft Tissue Augmentation Prior to Implant Placement

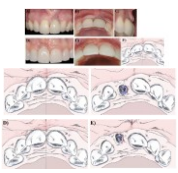
1. Evaluation of the site needs to be analyzed on a case-by-case basis for soft tissue augmentation.
2. Consideration for soft tissue augmentation would be based on the quantity and quality of the keratinized gingiva present, which may be reflected as a thin or thick gingival biotype. A minimum of 3 mm of keratinized gingiva in the esthetic zone is recommended to allow for the biologic width to rebuild with a minimal gingival thickness of 2 mm.
3. The main goals when treating the extraction socket in the esthetic zone is to preserve as much as possible existing soft and hard tissue volume. To effectively limit the loss of the thin friable buccal plate, the avoidance of a buccal gingival flap is recommended for socket preservation procedures. This can be a palatal epithelized free gingival graft or ("socket seal" which is sutured meticulously with microsurgical sutures for tight adaptation of the CTG to the marginal soft tissue walls of the socket. No documented success in achieving these goals.



CTG: connective tissue graft; GBR: Guided bone regeneration; OE: orthodontic extrusion; EXP: esplantation; EP: bone filling; IS*: implan submergence (optional)

Classification of facial peri-implant soft tissue dehiscence/deficiencies at single implant sites in the esthetic zone

Giovanni Zucchelli[1] | Lorenzo Tavelli[2] | Martina Stefanini[1] | Shayan Barootchi[2] | Claudio Mazzotti[1] | Guido Gori[1] | Hom-Lay Wang[2]



Clases

I & II

III

IV

Classification of facial peri-implant soft tissue dehiscence/deficiencies at single implant sites in the esthetic zone

Giovanni Zucchelli[1] | Lorenzo Tavelli[2] | Martina Stefanini[1] | Shayan Barootchi[2] | Claudio Mazzotti[1] | Guido Gori[1] | Hom-Lay Wang[2]

Subclases

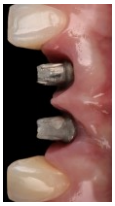
A B C

Manejo_del_tejido blando_Periimplantar

Objetivos

- ✓ Ajustar en espesor del tejido.
- ✓ Crear, preservar o aumentar el tejido queratinizado.
- ✓ Mejorar la estética.
- ✓ Mejorar el perfil de emergencia de la corona.

Mombelli A, Lang NP. *Clinical parameters for the evaluation of dental implants.* Periodontology 2000. 4:81-86. 1994



Manejo_del_tejido blando_Periimplantar

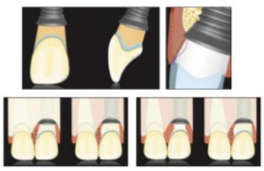
Manejo_del_tejido blando_Periimplantar

Protésico

Reiser GM. et al. *Iniciating restorative procedures at the first-stage implant surgery with a positional index: a case report.* IJPRD.1992. 12:279-93.

Manejo_del_tejido blando_Periimplantar

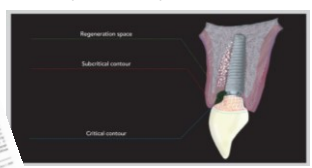
Protésico



2010

Manejo_del_tejido blando_Periimplantar

Protésico



2020

Manejo_del_tejido blando_Periimplantar

Protésico

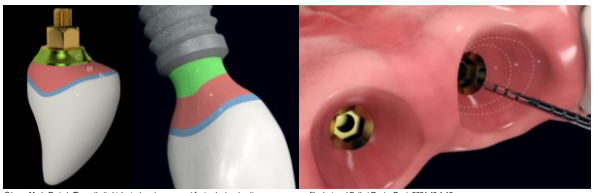
2020

González-Martín O.et al. *Contour Management of Implant Restorations for Optimal Emergence Profiles: Guidelines for Immediate and Delayed Provisional Restorations.* IJPRD 2020;40:61-70.

Manejo_del_tejido blando_Periimplantar

Protésico

2021



Gómez-Meda R.et al. *The esthetic biological contour concept for implant restoration emergence profile design.* J Esthet Restor Dent. 2021.40:1-12.

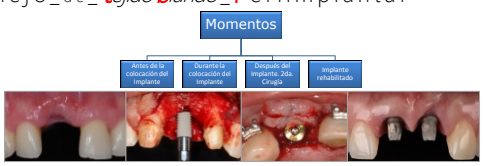
Manejo_del_tejido blando_Periimplantar

Quirúrgico

- ✓ Biotipo Periimplantar.
- ✓ Cantidad y calidad de tejido blando.
- ✓ Profundidad del vestíbulo.
- ✓ Diseño del implante.
- ✓ Defectos óseos.
- ✓ Límites anatómicos.
- ✓ Diseño de incisiones y colgajos.

Planificación quirúrgica

Manejo_de_tejido blando_Periimplantar

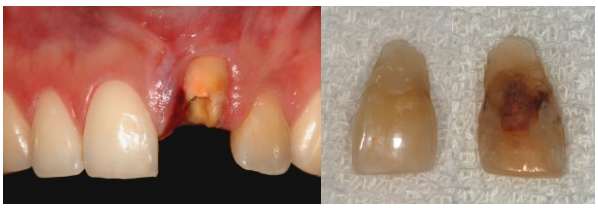


Hurzeler M. Dietmar W. *Peri-implant tissue management: Optimal timing for an aesthetic result.* Pract Periodont Aesthet Dent. 1996. 8:857-69.

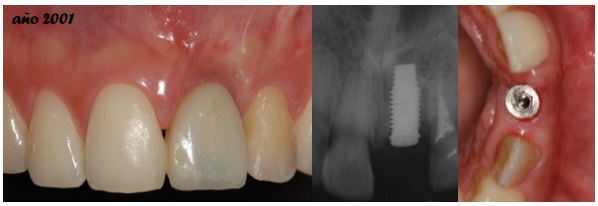
Antes_del_implante

año 2000

Hurzeler M. Dietmar W. *Peri-implant tissue management: Optimal timing for an aesthetic result.* Pract Periodont Aesthet Dent. 1996. 8:857-69.

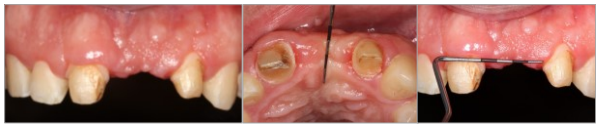



3 meses
1 mes
3 meses

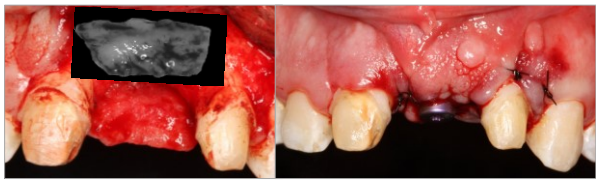

año 2001

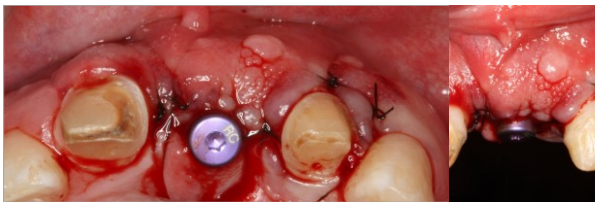

2 cirugías periodontales

Durante_la_colocación_del_*implante*



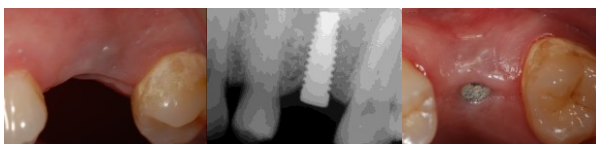
Hurzeler M. Dietmar W. *Peri-implant tissue management: Optimal timing for an aesthetic result.* Pract PeriodontAesthet Dent. 1996. 8:857-69.



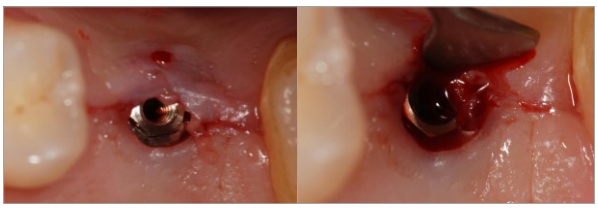


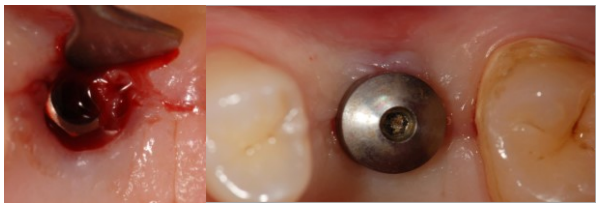
Después_del_*implante*

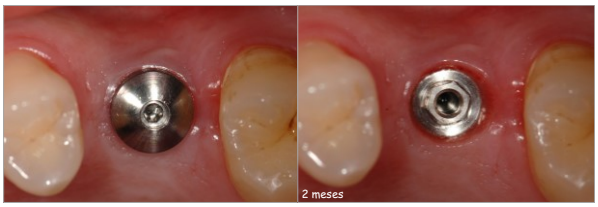
Exposición de la **t**ipa

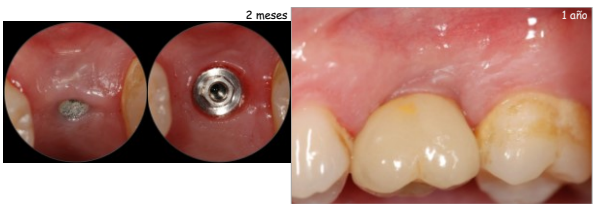


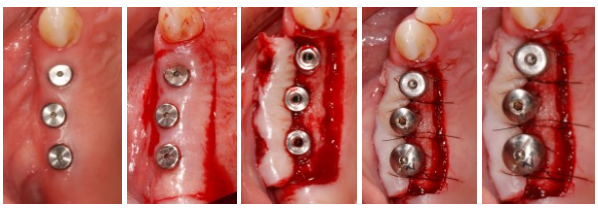
Hurzeler M. Dietmar W. *Peri-implant tissue management: Optimal timing for an aesthetic result.* Pract PeriodontAesthet Dent. 1996. 8:857-69.











Después_del_*Implante*

Objetivos

- ✓ Localización del implante.
- ✓ Evaluar la onseointegración.
- ✓ Colocar el pilar protésico.
- ✓ Realizar maniobras quirúrgicas para mejorar la estética.

Sin exposición de la tapa
2da. Cirugía

Hurzeler M. Dietmar W. *Peri-implant tissue management: Optimal timing for an aesthetic result.* Pract Periodont Aesthet Dent. 1996. 8:857-69.

Punch

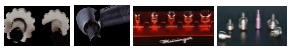
Ventajas

- ✓ Menos trauma sobre los tejidos.
- ✓ Técnica fácil y rápida.
- ✓ Menor tiempo de cicatrización.

Desventajas

- ✓ No puedo acceder al tejido óseo.
- ✓ Limitado control de adaptación de pilares.
- ✓ Imposibilidad de correcciones estéticas.

Instrumental



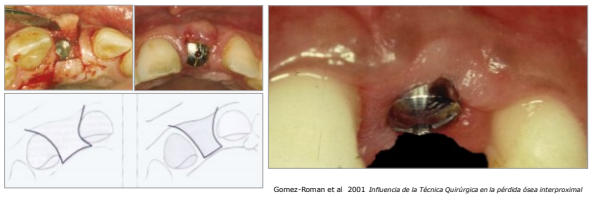
Colgajo

Ventajas

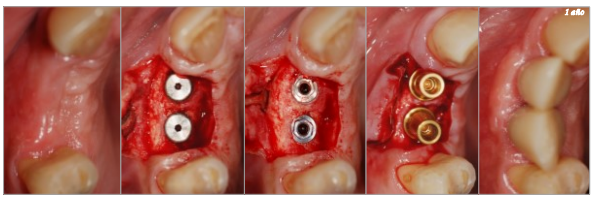
- ✓ Mejorar la estética.
- ✓ Aumentar la encía queratinizada.
- ✓ Acceder al tejido óseo.
- ✓ Controlar la adaptación de los pilares.

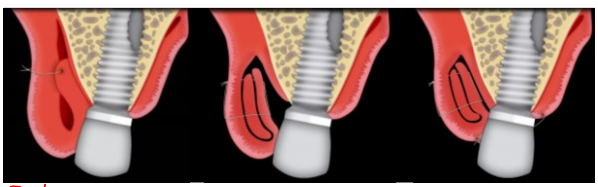
Desventajas

- ✓ Técnica más traumática.
- ✓ Mayor tiempo de maduración de los tejidos.
- ✓ Mayor tiempo quirúrgico.



Gomez-Roman et al 2001 *Influencia de la Técnica Quirúrgica en la pérdida ósea interproximal*





Roll technique

Abrams L. *Augmentation of the residual edentolous ridge for fixed prosthesis.* Comp Cont Dent Educ. 1980. 1:205-214.

Roll technique

Abrams L. *Augmentation of the residual edentolous ridge for fixed prosthesis.* Comp Cont Dent Educ. 1980. 1:205-214.

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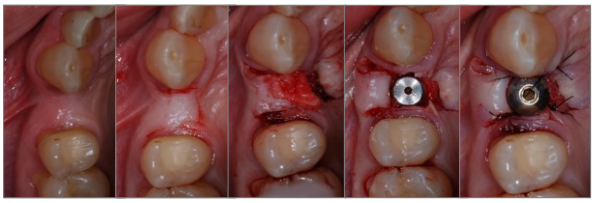

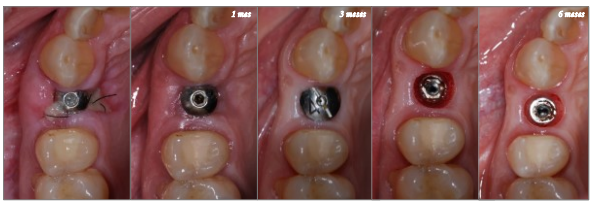

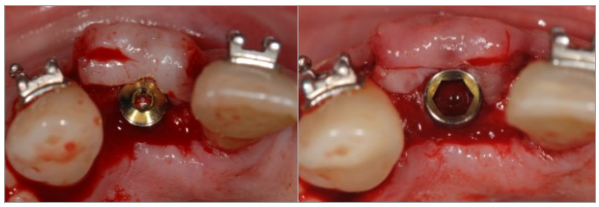

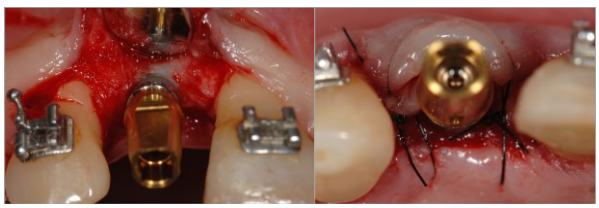

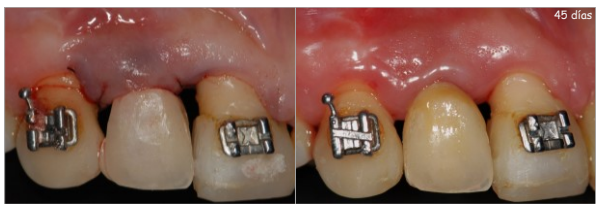
45 días


3 meses
6 meses


5 años

Periodontology 2000, Vol. 47, 2008, 155–132
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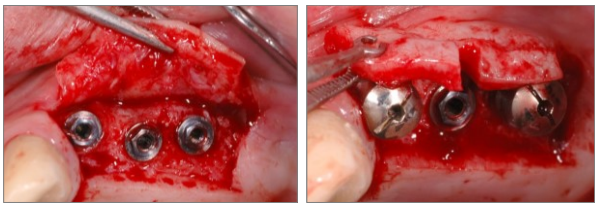
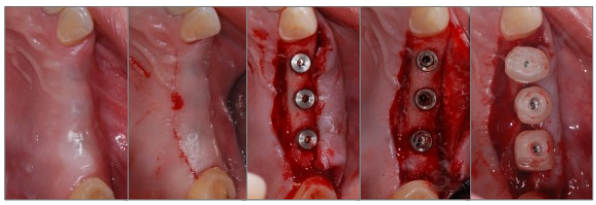
PERIODONTOLOGY 2000

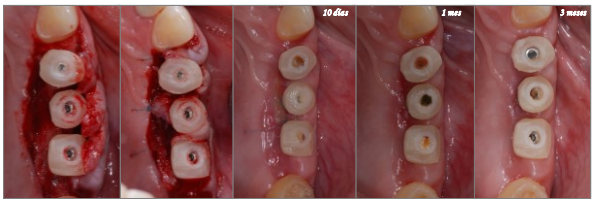
Después_del_*implante*

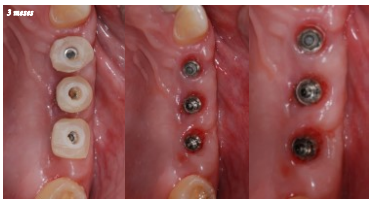
Soft tissue enhancement around dental implants

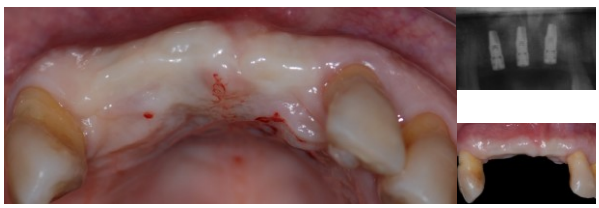
Patrick Palacci & Hessam Nowzari

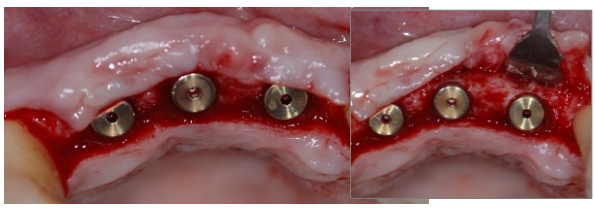


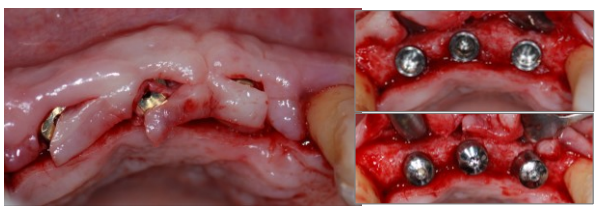


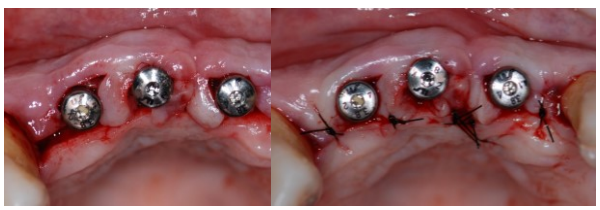

10 días
1 mes
3 meses

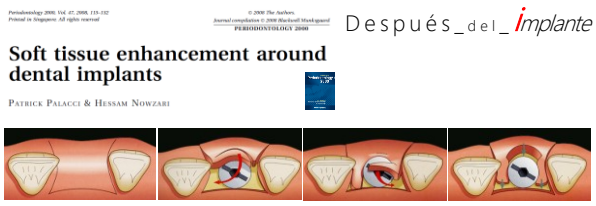

3 meses

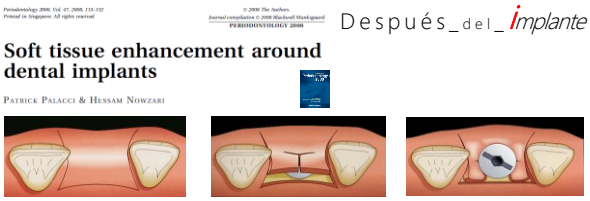









Soft tissue enhancement around dental implants
Patrick Palacci & Hessam Nowzari
PERIODONTOLOGY 2000
Después_del_implante


Soft tissue enhancement around dental implants
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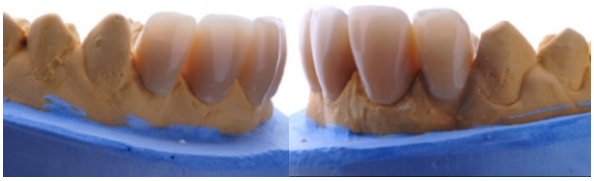
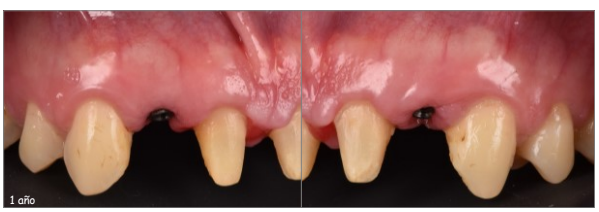
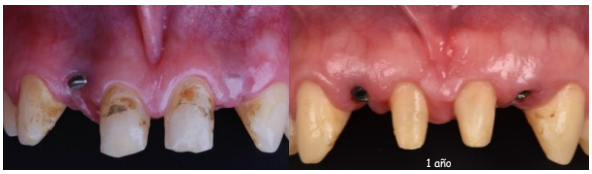


6 meses

1 año

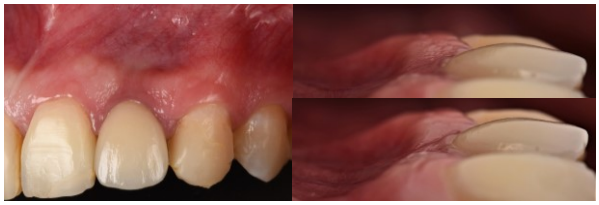


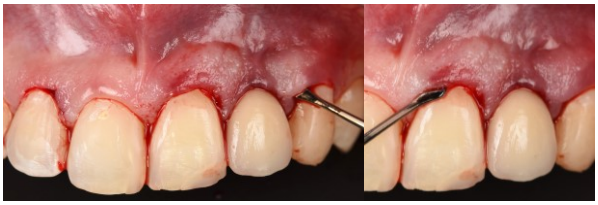


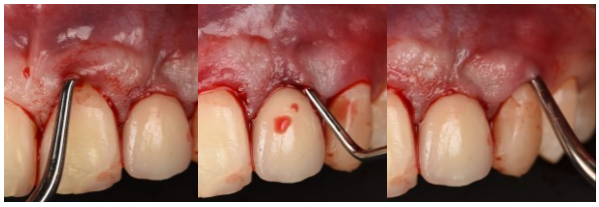
Implante_*rehabilitado*

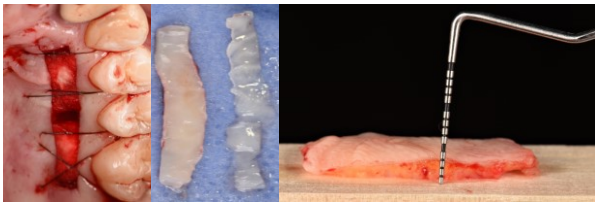
Complicación

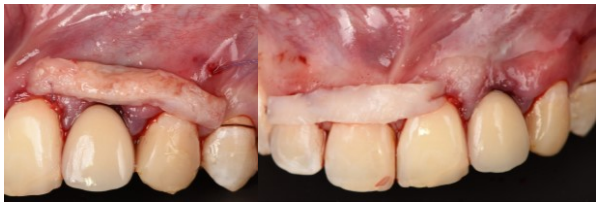
Hurzeler M. Dietmar W. *Peri-implant tissue management: Optimal timing for an aesthetic result.* Pract Periodont Aesthet Dent. 1996. 8:857-69.

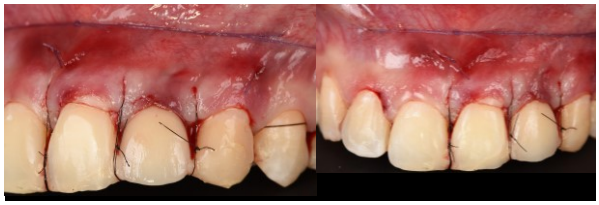


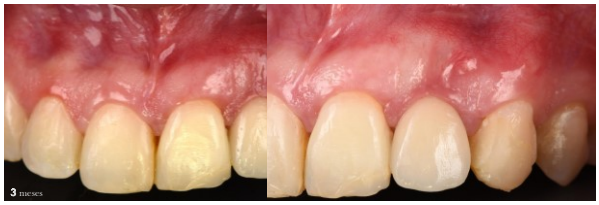




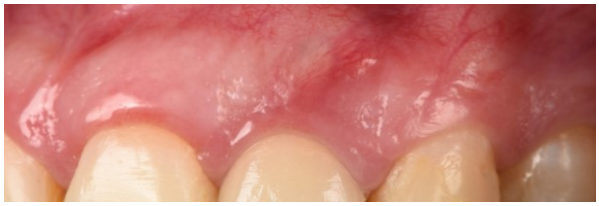








inicial 6 meses



inicial *6* meses

Implante_rehabilitado

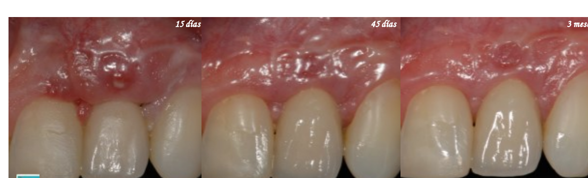
Complicación

Hurzeler M. Dietmar W. *Peri-implant tissue management: Optimal timing for an aesthetic result.* Pract Periodont Aesthet Dent. 1996. 8:857-69.

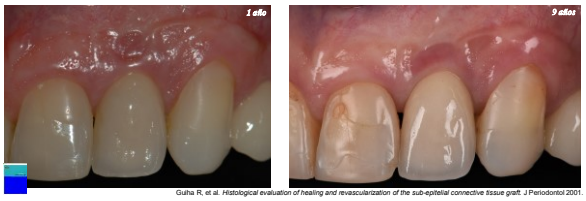
Mazzotti C, Stefanini M, Felice P, Bentivogli V, Mounssif I, Zucchelli G. *Soft-tissue dehiscence coverage at peri-implant sites.* Periodontology 2000 2018;77:256-272.

Mazzotti C, Stefanini M, Felice P, Bentivogli V, Mounssif I, Zucchelli G. *Soft-tissue dehiscence coverage at peri-implant sites.* Periodontology 2000 2018;77:256-272.

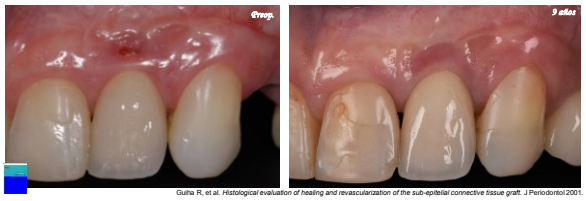
Mazzotti C, Stefanini M, Felice P, Bentivogli V, Mounssif I, Zucchelli G. *Soft-tissue dehiscence coverage at peri-implant sites.* Periodontology 2000 2018;77:256-272.



Guiha R, et al. *Histological evaluation of healing and revascularization of the sub-epitelial connective tissue graft.* J Periodontol 2001.



Gulha R, et al. *Histological evaluation of healing and revascularization of the sub-epitelial connective tissue graft.* J Periodontol 2001.



Gulha R, et al. *Histological evaluation of healing and revascularization of the sub-epitelial connective tissue graft.* J Periodontol 2001.

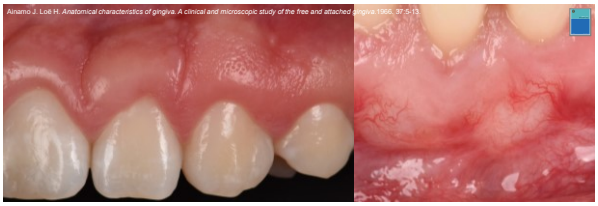
Gulha R, et al. *Histological evaluation of healing and revascularization of the sub-epitelial connective tissue graft.* J Periodontol 2001.

injertos gingivales

Björn H. Sverige Tandl Tidning 1963; 22: 684-689
Nabors J. Periodontics 1966; 4:243-245
Sullivan & Atkins. Periodontics 1968; 6:152-159
Langer & Langer. J. Periodontol 1985; 56:715-720
Raetzke P.B. J. Periodontol 1985; 56: 397-402
Nelson S W. J. Periodontol 1987; 58: 95-102

Definición

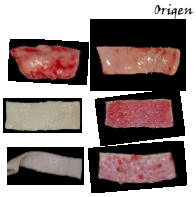
Es la extracción de tejido blando en forma completa de la zona dadora para ser colocada en un sitio receptor diferente al original.....



Clasificación

Origen

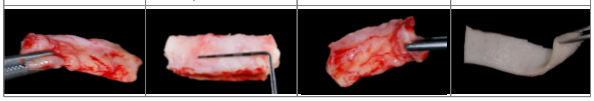
- **Injertos Autogénicos**
  1- injerto de tejido conectivo subepitelial *(ITCSE)*
  2- Injerto gingival libre o injerto de mucosa masticatoria palatina *(IGL- IMMP)*
  3- Injerto de periostio
- **Injertos Alogénicos**
  1- Injerto de Matriz Dérmica Acelular *(Alloderm, Dermis)*
- **Injertos Xenogénicos**
  1- Injerto colágeno tipo I (100%). Piel de porcinos *(Bio- Gide, Mucograft)*
  2- Injerto colágeno tipo I (100%). Tendón de bovinos *(Biomend)*



Clasificación

Composición

Conectivos	Epitelizados	Mixtos	Dérmicos



autoinjertos

Zonas

1. Paladar
2. Espacio desdentado
3. Retromolar

Dallavia C, Ricci MD, Pettinari L, Allievi C, Grizzi F, Gagliano N. *Human palatal and tuberosity mucosa as donor sites for ridge augmentation.* IJPRD 2014;34:179-186.

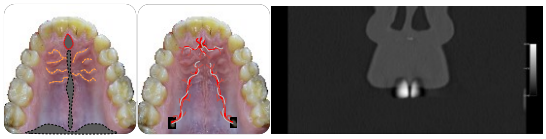
ITCS

Edel A. *Clinical evaluation of free connective tissue grafts used to increase the width of keratinised gingiva.* J Clin Periodontol 1974;1:185-196.

Langer B, Calagna L. *The subepithelial connective tissue graft.* J Prosthet Dent. 1980 ;44:363-367

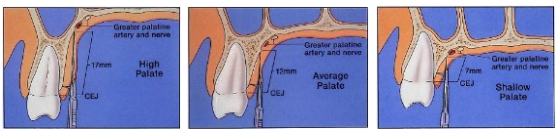
Langer B, Calagna L. *The subepithelial connective tissue graft. A new approach to the enhancement of anteriror cosmetics.* IJPRD. 1982; 2(2):23-33.

Paladar Consideraciones



Reiser GM, Bruno JF, Mahan PE, Larkin LH. *The subepithelial connective tissue garft palatal donor site: anatomic considerations for surgeons.*. IJPRD 1996 Apr;16(2):130-137.

Paladar Consideraciones



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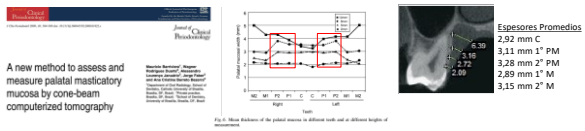
Paladar

Consideraciones



Espesores Promedios
2,92 mm C
3,11 mm 1° PM
3,28 mm 2° PM
2,89 mm 1° M
3,15 mm 2° M

Barriviera M, Rodrigues Duarte W, et al. *A new method to assess and measure palatal masticatory mucosa by cone-beam computerized tomography.* J Clin Periodontol 2009;36:564 568.

Paladar

Consideraciones

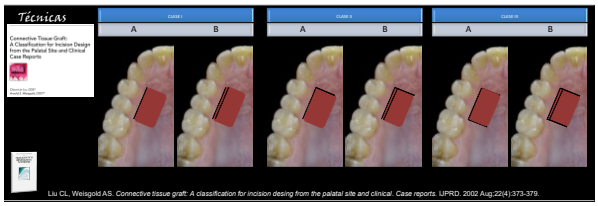
Pacientes con periodonto delgado presentan menor espesor de la mucosa palatina, mientras que los paladares con mucosa más voluminosa corresponden a pacientes con biotipos periodontales gruesos.

Müller HP, et al. *Masticatory mucosa in subjects with different periodontal phenotypes.* J Clin Periodontol. 2000 Sep;27(9):621-626.

injerto de tejido conectivo subepitelial

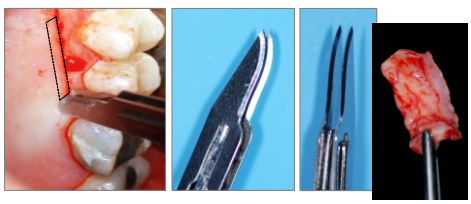
Edel A. *Clinical evaluation of free connective tissue grafts used to increase the width of keratinised gingiva.* J Clin Periodontol 1974;1:185-196.

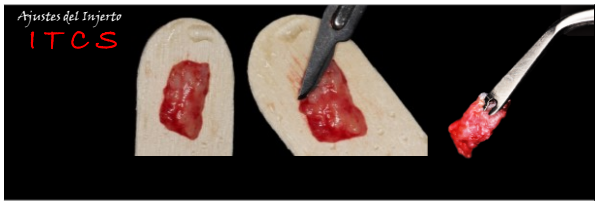
Langer B Calagna L. J Prosthet Dent. 1980 ;44:363-367 **Langer & Langer.** J Periodontol 1985; 56:715-720 **Raetzke P B.** J Periodontol 1985; 56: 397-402
Nelson S W. J Periodontol 1987; 58: 95-102. **Bruno JF.** IJPRD 1994;14:126-137.



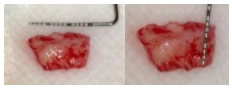
Liu CL, Weisgold AS. *Connective tissue graft: A classification for incision desing from the palatal site and clinical. Case reports.* IJPRD. 2002 Aug;22(4):373-379.

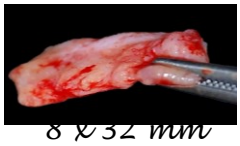
Incisión doble
double balde





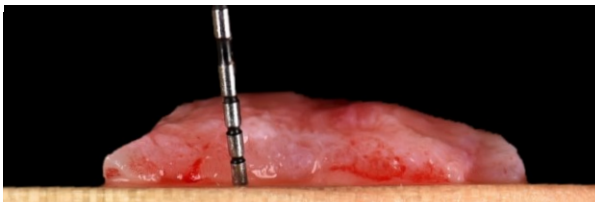
Dimensiones
ITCS





8 X 32 mm

Monnet-Corti V, et al. *Connective tissue graft for gingival recession treatment: assessment of the maximum graft dimensions at the palatal vault as a donor site.* J Periodontol. 2006 May;77(5):899-902.



Espesor
ITCS

1 a 1,5 mm

Zucchelli G, et al. *Does the dimension of the graft influence patient morbidity and root coverage outcomes? A randomized controlled clinical trial.* J Clin Periodontology 41 (7) 708-716. July 2014.

Implante_*rehabilitado*

Complicación

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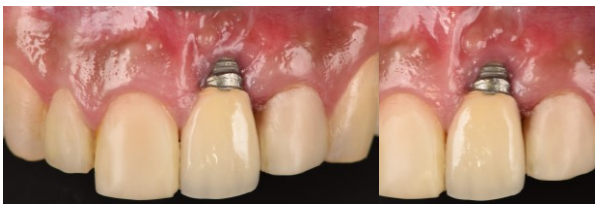
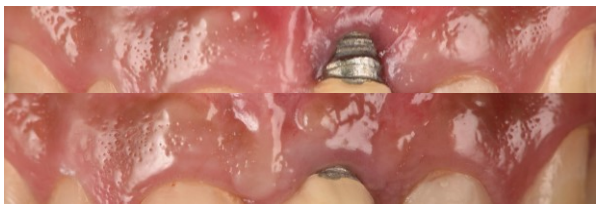
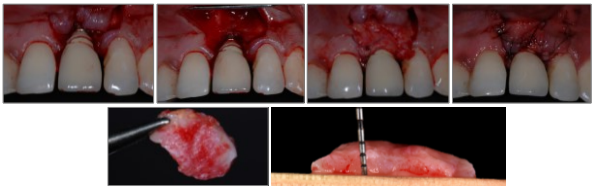
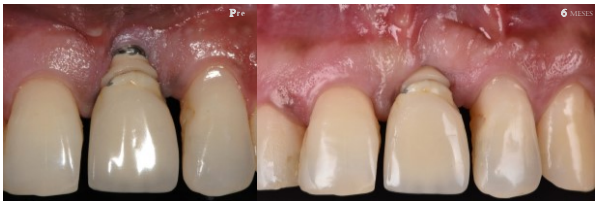


Mazzotti C, Stefanini M, Felice P, Bentivogli V, Mounssif I, Zucchelli G. *Soft-tissue dehiscence coverage at peri-implant sites.* Periodontology 2000 2018;77:256-272.

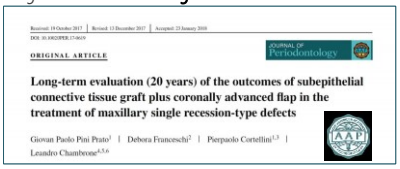
Mazzotti C, Stefanini M, Felice P, Bentivogli V, Mounssif I, Zucchelli G. *Soft-tissue dehiscence coverage at peri-implant sites.* Periodontology 2000 2018;77:256-272.







injerto de tejido conectivo subepitelial

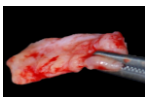


ORIGINAL ARTICLE

JOURNAL OF Periodontology

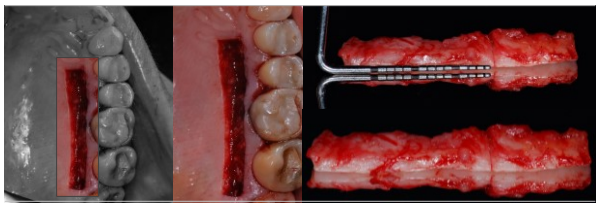
Long-term evaluation (20 years) of the outcomes of subepithelial connective tissue graft plus coronally advanced flap in the treatment of maxillary single recession-type defects

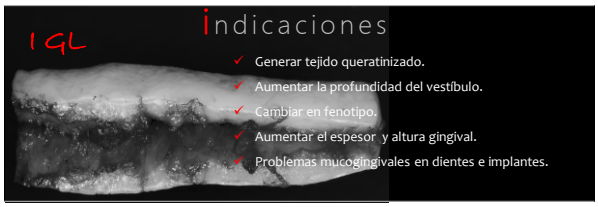
Giovan Paolo Pini Prato[1] | Debora Franceschi[2] | Pierpaolo Cortellini[1,3] | Leandro Chambrone[4,5,6]

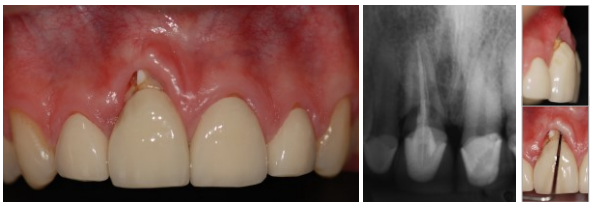


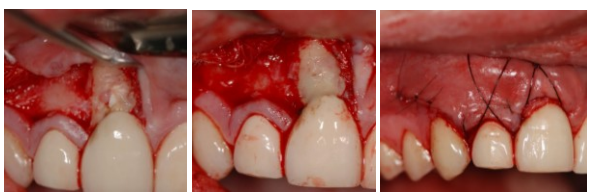
injerto gingival libre

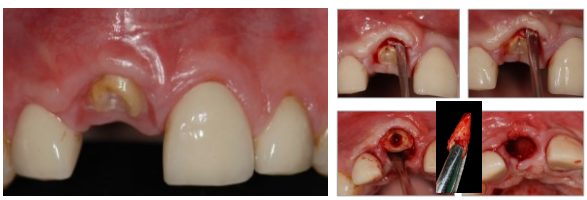
Björn H. Sverige Tandl Tidning 1963; 22: 684-689 **Nabors J.** Periodontics 1966; 4:243-245 **Sullivan & Atkins.** Periodontics 1968; 6:152-159.
Edel A. J Clin Periodontol 1974;1:185-196.

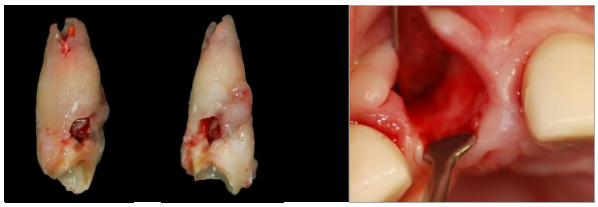


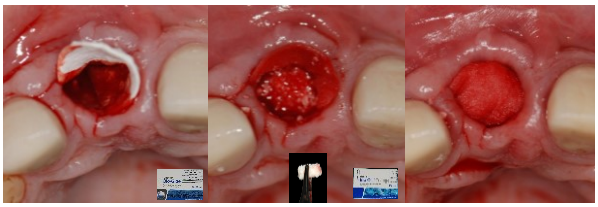

IGL
Indicaciones
Generar tejido queratinizado.
Aumentar la profundidad del vestíbulo.
Cambiar en fenotipo.
Aumentar el espesor y altura gingival.
Problemas mucogingivales en dientes e implantes.

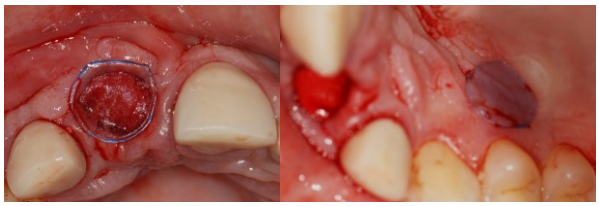


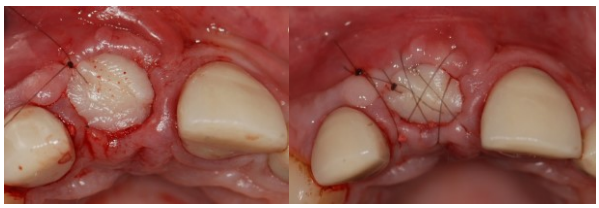


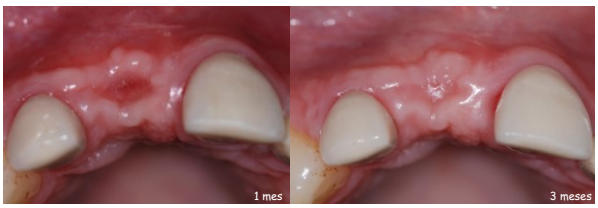




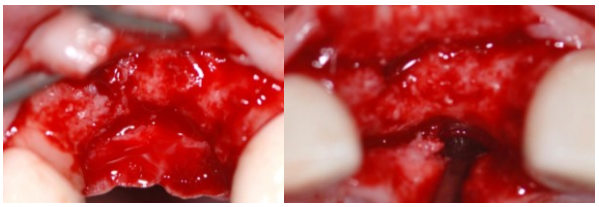


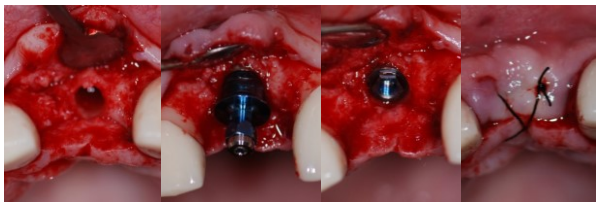




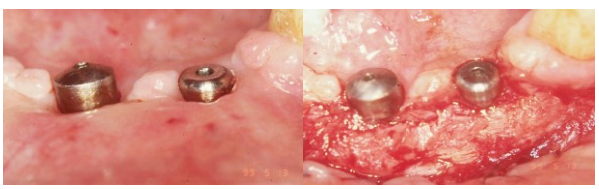

1 mes
3 meses

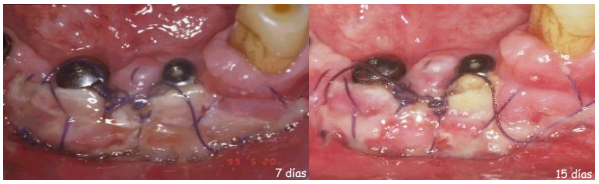

1 mes
3 meses

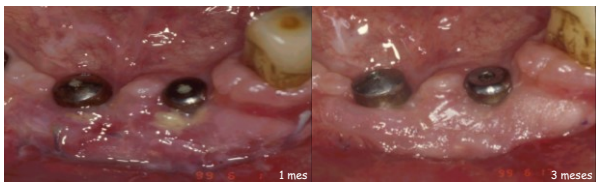





3 meses



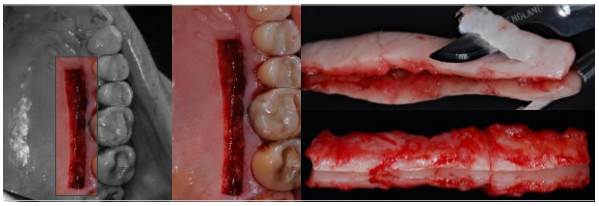


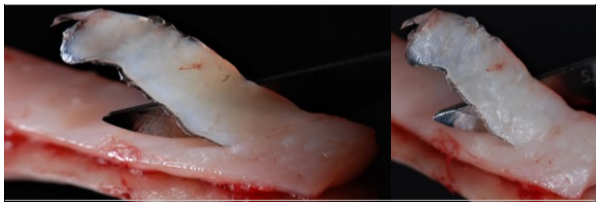


injerto gingival libre *d-e*

Zucchelli, G. et al. *Bilaminar techniques for the treatment of recession-type defects. A comparative clinical study.* J Clin Periodontol 2003 30, 862–870.

Zucchelli G, Mele M, Stefanini M, et al. Patient morbidity and root coverage outcome after subepithelial connective tissue and de-epithelialized grafts: a comparative randomized-controlled clinical trial. J Clin Periodontol 2010;37:728-738.





Video

IGL-de

IGL-de

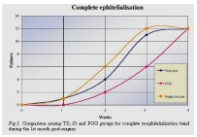
Indicaciones

- ✓ Generar tejido queratinizado.
- ✓ Tratar recesiones múltiples.
- ✓ Cambiar en fenotipo.
- ✓ Aumentar el espesor y altura gingival.
- ✓ Tratar.defectos mucogingivales en implantes.

Paladar

ITCS

Cicatrización

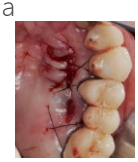


Harris RJ, Miller R, Miller LH, Harris C. *Complications with surgical procedures utilizing connective tissue grafts: A follow-ap of 500 consecutively treated cases.* IJPRD. 2005 ;25:449-459.

Paladar

ITCS

Sutura



Maino GNE, Valles C, Santos A, Pascual A, Esquinas C, Nart J. *Influence of suturing technique on wound healing and patient morbidity after connective tissue harvesting. A randomized clinical trial.* J Clin Periodontol 2018; 45:8:895-1013.

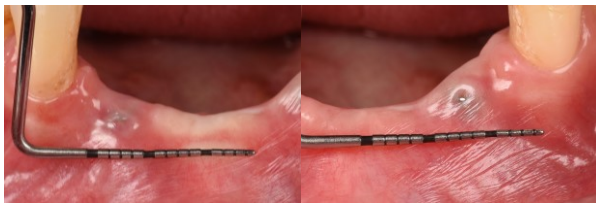
Pacientes

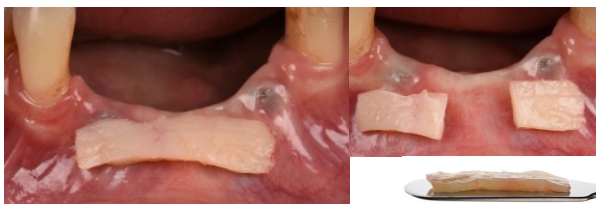
Paladar

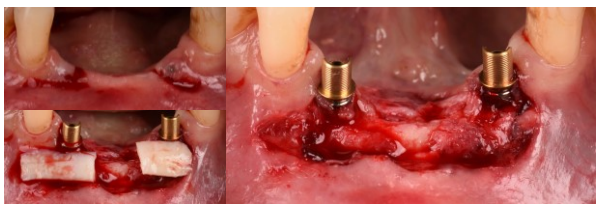
ITC IGL-de

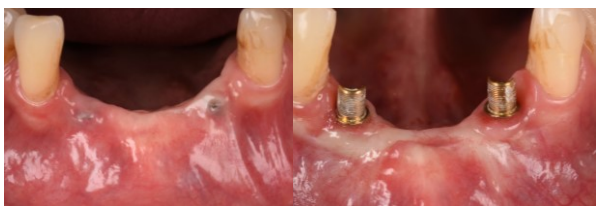
Patient morbidity and root coverage outcome after subepithelial connective tissue and de-epithelialized grafts: a comparative randomized-controlled clinical trial

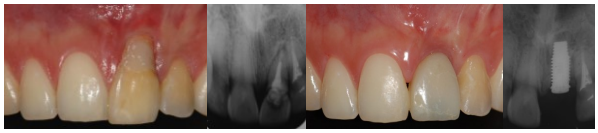
- ✓ Ninguna diferencia en la incomodidad y sangrado
- ✓ Mejores resultados en cuanto a la masticación y el stress a favor del ITCS.
- ✓ Las 2 fueron efectivas en la cobertura de recesiones.
- ✓ Se logro mayor aumento del tejido cuando se uso el ITC





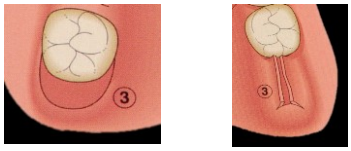


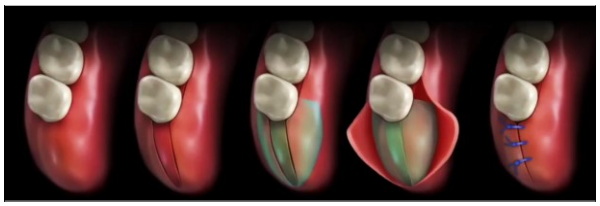


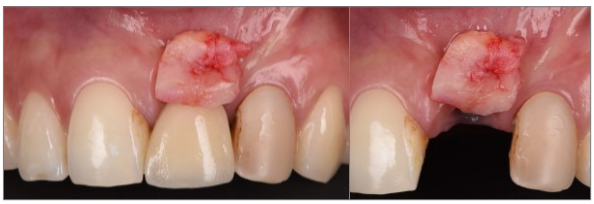


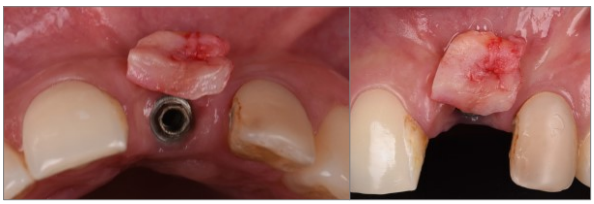
año 2000 año 2001

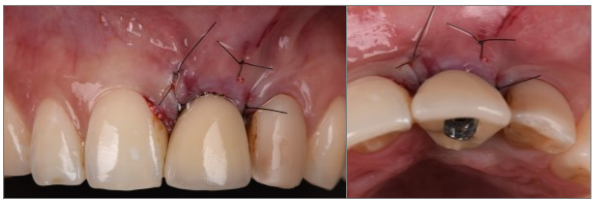
injerto de tejido de la tuberosidad












10 DIAS


21 DIAS
3 MESES
Mazzotti C, et al. Soft-tissue dehiscence coverage at peri-implant sites. Periodontol 2000 2018;77:256-272.


6 MESES
1 AÑO


1 AÑO

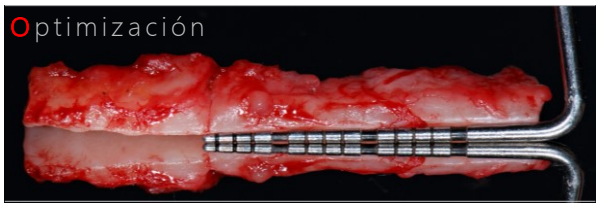
CLINICAL PERIODONTOLOGY
Journal of Clinical Periodontology WILEY

Soft tissue stability around dental implants after soft tissue grafting from the lateral palate or the tuberosity area – A randomized controlled clinical study

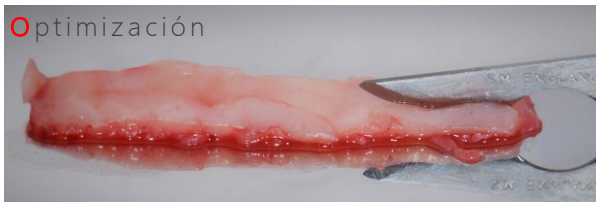
Ernest Rojo | Giorgio Stroppa | Ignacio Sanz-Martin | Oscar Gonzalez-Martin | Jose Nart

- Conclusión: La *estabilidad de los tejidos* alrededor de los implantes posteriores a los *12 meses fue similar con ambos procedimientos*, no se observaron diferencias estadísticamente significativas en los 2 grupos. Sin embargo se observó una mayor *ganancia y estabilidad del KT* con el uso de injerto de tuberosidad.

Optimización



Optimización



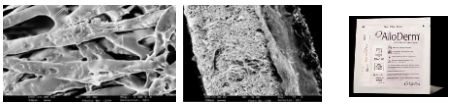
Optimización

Alogénicos & Xenogénicos

definición

AlloDerm

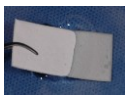
Es un preparado de tejido conectivo ácelular, biocompatible hecho a partir de dermis humana de cadáveres.



Cummings LC. et al *Histologic evaluation of autogenous connective tissue and acellular dermal matrix grafts in human.* J Periodontol 2005;76:178-186.

Presentación

AlloDerm



Dimensiones:

10 x 10 mm
10 x 20 mm
10 x 40 mm
20 x 40 mm

Espesor: 0,89 a 1,65 mm

Ventajas

AlloDerm

- Cantidad disponible.
- Elimina el sitio dador.
- Fácil de usar y muy buena adaptación.
- Buena integración tisular.
- Buena estética.

Conclusiones

- ✓ Conocimiento anatómico,
- ✓ Obtener la mejor evidencia científica disponible.
- ✓ Respetar los procesos biológicos de cicatrización.
- ✓ Elegir la técnica adecuada a la situación.
- ✓ Diagnosticar y tratar con una planificación integral.
- ✓ Controles posoperatorios.
- ✓ Saber resolver las complicaciones.

RODRIGO DE NARDO