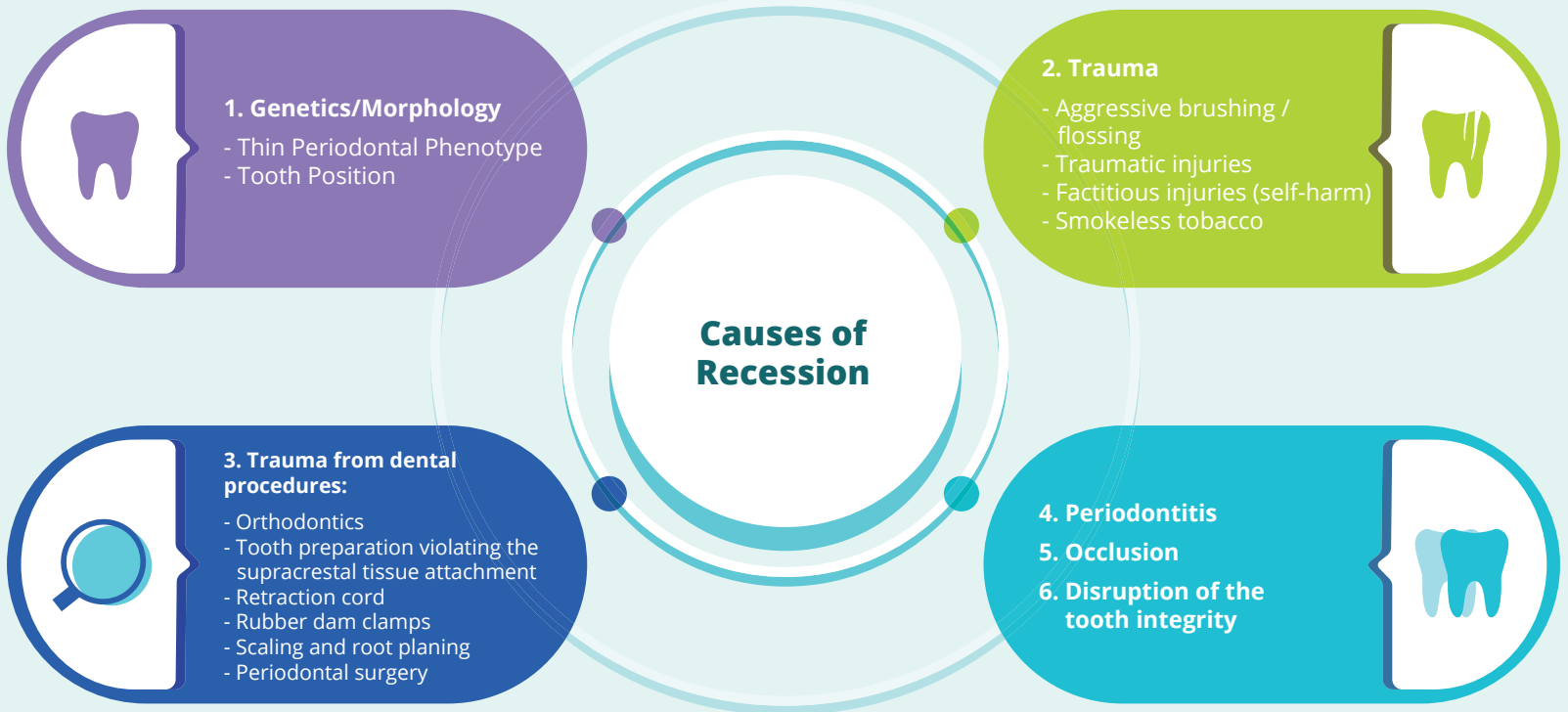




Gingival Recession

“Minimum amount of keratinized tissue is NOT needed to prevent attachment loss when good conditions are present. A lack of keratinized gingiva IS, however, considered a predisposing factor for the development of gingival recession and inflammation.”



Discussing Recession with Patients

Depending on a patient's situation you might discuss:

- Cosmetics
- Sensitivity
- Decay Prevention
- Preventing Further Bone Loss
- Comfort
- Health

Mucosal (loose, movable) tissues do not attach to bone and don't provide protection.

Recession is bone loss.



Classification of Recession

Miller's Classification



Class I: Marginal tissue recession which does not extend to the mucogingival junction (MGJ) and is not associated with alveolar bone loss in the interdental area. 100% root coverage is obtainable.



Class II: Marginal tissue recession which extends to or beyond the MGJ and is not associated with alveolar bone loss in the interdental area. 100% root coverage is obtainable.



Class III: Marginal tissue recession which extends to or beyond the MGJ and is associated with alveolar bone loss in the interdental area. Partial root coverage is obtainable.



Class IV: Marginal tissue recession which extends to or beyond the MGJ and is associated with gross alveolar bone loss in the interdental area with exposure of more than one proximal root surface. Root coverage is not expected.

Cairo Classification



RT1: Gingival recession with no loss of interproximal attachment. Interproximal CEJ was clinically at both mesial and distal aspects of the tooth.



RT2: Gingival recession associated with loss of interproximal attachment. The amount of interproximal attachment loss (measured from the interproximal CEJ to the depth of the interproximal pocket) was less than or equal to the buccal attachment loss (measured from the buccal CEJ to the depth of the buccal pocket).



RT3: Gingival recession associated with loss of interproximal attachment. The amount of interproximal attachment loss (measured from the interproximal CEJ to the depth of the interproximal pocket) was higher than the buccal attachment loss (measured from the buccal CEJ to the depth of the buccal pocket).

Indications for Gingival Grafting

- Inability to Control Inflammation • Increasing Recession • Cosmetics • Pre-orthodontics
- Pre-restorative • Sensitivity • Preventive/Prophylactic



Dr. James G. Wilson is a board-certified specialist in periodontology and dental implant surgery with over 25 years of experience. Patients benefit from his proficiency, health, well-honed technique, and commitment to their care.

Receive CE credit for today's study club by joining the AAP Dental Hygienist Recognition Program.

Start your learning adventure today!



AAP Dental Hygiene Engagement Initiative
©2023 American Academy of Periodontology. All rights reserved.