

The Features of Gingivectomy for Removing Gingiva

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Editorial Note

Gingivectomy is a surgical procedure where a dentist or an oral surgeon removes gingiva (gum tissue). It is the oldest surgical approach in periodontal therapy and, this is typically the improvement of aesthetics or prognosis of teeth. By removing the pocket wall, gingivectomy provides visibility and accessibility for complete calculus removal and thorough smoothing of the roots, creating a favorable environment for gingival healing and restoration of a physiologic gingival contour [1]. The procedure can be applied in the order that access to sub-gingival caries or crown margins is allowed. A common aesthetic reason for gingivectomy may be a gummy smile because of gingival overgrowth.

Gingivectomy is the primary treatment method available in reducing the depths of patients. In a retrospective comparison between different treatment approaches to periodontitis management supported the initial and final gingival health, conventional gingivectomy was proven to be more successful in reducing depths and inflammation compared to non-surgical treatments in pockets measured 3 mm or more. The elimination of suprabony (a periodontal pocket with a base coronal to the alveolar bone) deep pockets will allow better visibility and access for the removal of calculus. As a result, this provides an appropriate environment for the healing of the gingiva, and the physiological contour of the gingiva can be restored. In cases of gingival enlargement induced by drugs, surgery through a gingivectomy proved to be an effective method, with most patients showing no clinical sign of recurrence after one year. Even though it's the one method of treatment, it is preferred when growth is severe [2].

Another explanation for gingival enlargement would be a genetic disease referred to as gingival fibromatosis (a rare disorder characterized by a benign, non-hemorrhagic, fibrous gingival overgrowth that can appear in isolation or as part of a syndrome). The extensive overgrowth of gingival tissue is typically treated with a gingivectomy because it produces good aesthetic results. However, recurrence in these cases is unpredictable, which means that those affected face the likelihood of undergoing repeated procedures. A gingivectomy also can be done to extend the clinical crown height of teeth. This is suitable in treatment planning for teeth with inadequate tissue for retention of prosthetic restorations as a result of subgingival carious lesions or coronal fractures [3]. The Surgical treatment resets

the margin while maintaining the biological width and clinical attachment up to 3 mm of gingival display when smiling is described to be cosmetically acceptable. Similar to subgingival crevices margins, gingivectomy to extend the crown height is often performed to supply better aesthetics and gingival architecture to scale back postoperative pain for the patient the surgery should be traumatic because the surgeon can make it. If the procedure has been administered carefully, the patient's post-operative pain is minimized then the pain could also be experienced initially following the procedure, but this could subside within a couple of days and may be appropriately controlled with drugs to alleviate the pain. The patient should be advised to avoid using the area where the surgery was performed when chewing during the initial healing stage [4].

Adequate plaque control is vital in ensuring long-term results from the procedure. If post-operative infection control levels are maintained then, the patient should be ready to keep a healthy periodontium. However, the result of the procedure can be affected by other general factors like the systemic status of the patient. If patients don't maintain acceptable oral hygiene levels and post-operative care, then it's inevitable that the disease will return. Patients may not perform self oral hygiene initially after the surgery, so regular visits for professional tooth cleaning are necessary. Immediately after the surgery, patients need to rinse with an appropriate anti-plaque agent.

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