

## GUM VENEER

\*BETSY S THOMAS, MDS AND \*\*KM BHAT, MDS

### INTRODUCTION

Gingival recession of the teeth has always been a challenge to the dentist. Mucogingival surgical techniques have evolved to a point where predictable root coverage can be obtained in cases of isolated marginal gingival tissue recession.<sup>1,2</sup> But when the gingival recession is of a generalized nature it creates a difficult situation especially in the anterior region as the loss of interdental gingival papillae leaves unsightly black triangles between the teeth. In such situations a viable alternative can be a prosthetic appliance like gum veneer.<sup>3</sup> This is a removable gingival prosthesis, which is adapted to the labial aspect of the teeth and provides an excellent functional, phonetic<sup>4</sup> and esthetic results. Various synonyms used to describe this appliances are gingival mask,<sup>5</sup> party prosthesis and gingival slips.

### CASE REPORT

A 42-year-old female schoolteacher reported to the Department of Periodontics, College of Dental Surgery, Manipal with complaints of bleeding from the gums, mobility and labial migration of the teeth. On examination, she was diagnosed to be suffering from chronic generalized periodontitis. The initial treatment plan included scaling and root planning. In areas where the residual pocket depth was more than 5mm periodontal flap surgery was done. Although the periodontal disease was successfully treated and the pockets eliminated the surgical treatment resulted in considerable apical movement of gingival margin and consequent exposure of the roots. The resultant long

tooth appearance after surgery worried her, as she is a teacher. The lateral incisor, which was labially placed due to pathologic migration, was resting on the lower lip and constant muscular force from lip was found to be aggravating the existing situation. Incisal reduction of lateral was carried out to eliminate these forces and at the same time bring the incisal edge of the tooth to the normal level. During the subsequent visits of the patient for treatment as well as maintenance, her compliance was found to be good and she was maintaining her oral hygiene very well. This prompted us to device a veneer to take care of esthetics.

### CONSTRUCTION

A labial acrylic custom tray was prepared on a cast from a preliminary alginate impression. The tray extended into the labial sulcus without over extension in order to create a good peripheral seal in the final prosthesis and it extended distally to the distal embrasures of the second premolar. The custom tray was tried in the mouth and adjusted so that it could be fully seated.



Fig 1: Before treatment



Fig 2: After treatment

\* Associate Professor, Department of Periodontics, Manipal College of Dental Sciences, Manipal-576104, Karnataka, India, [e-mail: betsythomas99@hotmail.com](mailto:betsythomas99@hotmail.com)

\*\* Professor and Head, Department of Periodontics, Manipal College of Dental Sciences, Manipal-576104, Karnataka, India

Impression was taken using a rubber impression material with a high resistance to tearing such as Impregum. After setting, the tray was carefully removed from the mouth taking great care not to tear the interdental tags, which represent the embrasure spaces. Cast was made in hard stone and the proposed extension of the prosthesis was drawn on it. These areas were then waxed up. The surface of the mask is given its final appearance and characterization at this stage because once the material has been processed contouring and polishing are no longer possible. This was then flaked, dewaxed and then acrylised with veined acrylic. On completion of the curing cycle prosthesis is removed from the flask and the sharp margins and edges are rounded off. The patient was shown how to insert and remove the mask and was given printed instructions on the use and maintenance of the mask.

## DISCUSSION

Post surgical exposure of the root surface of upper anteriors may be aesthetically unacceptable to patients. Even with tremendous advances in periodontal therapy there is no predictable solution for these problems. In such cases an acrylic veneer may be made use of to conceal the unsightly appearance.<sup>6</sup> Poor plaque control, unstable periodontal health and high caries activity contra indicate this form of treatment. Inappropriate usage of acrylic veneers can cause patient discomfort, damage to the epithesis and pain on removal and insertion:<sup>7,8</sup> Smoking and frequent drinking of tea, coffee and wine should also be discouraged since they accelerate discoloration. It is recommended that gingival extensions to be replaced two or three times each year.<sup>9,10</sup>

When periodontal tissue loss occurs patients may experience aesthetic, phonetic and psychological problems, especially if there is a high lip line. The gum veneer, which is seldom designed to fulfill aesthetics will provide a satisfactory answer in most cases of generalized recession in the anterior region. This simple yet very versatile appliance is unfortunately often overlooked and underrated. It gives excellent results which enables the patient to smile again with confidence.

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