

Surgical Techniques and Management of Gingival Graft Associated with Implant: A Case Report

Luth Savy de França Costa ^{1,*}, Gustavo Vieira Fontenele ², Jessica Castro Costa ³, Julhana Alves ⁴, Fernanda Lemos Sperandio ⁵, Juliany Rocha Syed ⁶, Ana Caroline Justo Bellafronte Rique ⁷, Nereida Manuela Silva Pacheco ⁸, Jonas Nogueira Ferreira Maciel Gusmão ⁹

- ¹ Sacred Heart University, Bauru, SP, Brazil.
- ² Nilton Lins University, Manaus, AM, Brazil.
- ³ Cruzeiro do Sul University, São Paulo, SP, Brazil.
- ⁴ Tuiuti University of Paraná, Curitiba, PR, Brazil.
- ⁵ Saint Francis of Assisi University, Santa Teresa, ES, Brazil.
- ⁶ Pará State University Center, Belém, PA, Brazil.
- ⁷ University of Grande Rio, Duque de Caxias, RJ, Brazil.
- ⁸ Federal University of Bahia, Salvador, BA, Brazil.
- ⁹ Federal University of Ceara, Fortaleza, CE, Brazil.

* Correspondence: jonasnfmgusmao@gmail.com.

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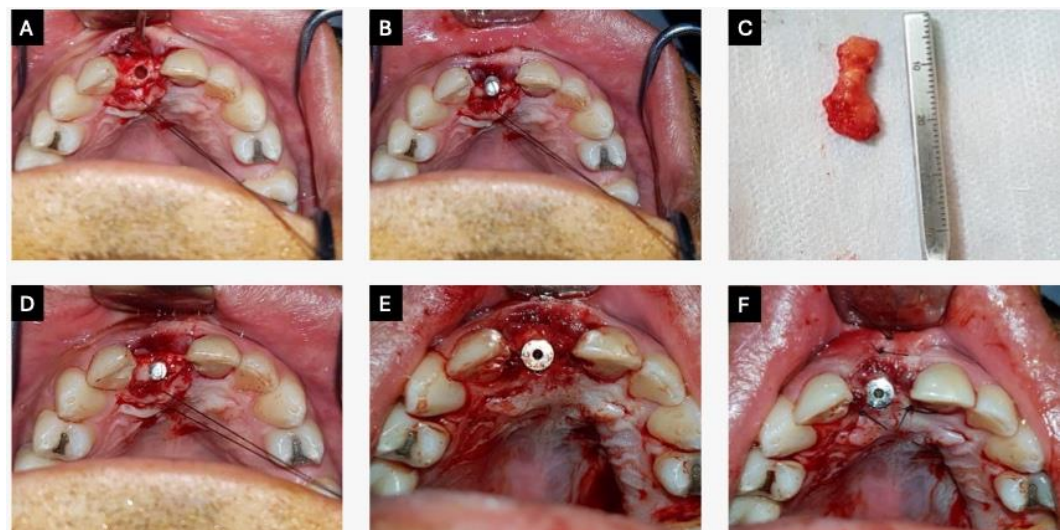


Figure 1: A. Radiographic image showing bilateral bifid mandibular canal. This variation in the mandibular canals underscores how intricate and diverse mandibular canal structures can be. B. The cone beam computed tomography (CBCT) image highlights the bifid mandibular canals. C. On the right side of the image, red arrows clearly point out the three distinct branches of the bifid mandibular canal. On the left side, black arrows indicate the three branches of the bifid mandibular canal, providing precise identification of each branch. D. An orthoradial slice on the right side of the mandible displaying a trifurcated root canal. The image clearly reveals three distinct branches of the root canal, indicating a complex anatomy.



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Oral rehabilitation with implants has become an increasingly common practice in modern dentistry, offering patients a quick and effective solution for replacing missing teeth [1]. However, the aesthetics and health of the peri-implant tissues are challenges that require special attention. Gingival graft in conjunction with implants is a strategy aimed at ensuring the aesthetics and integrity of the tissues surrounding the implant, preventing gingival recessions and improving the integration between the implant and the soft tissue [2].

A 55-year-old non-smoking patient with no history of systemic diseases was referred for the rehabilitation of a missing upper central incisor due to trauma. During the clinical examination, the absence of the tooth with good remaining bone condition was observed, suggesting viability for the implant. The treatment plan, which included the installation of the implant with a gingival graft, was discussed and approved (Figure 1). The surgery was performed under local anesthesia. The implant was precisely positioned, followed by the placement of an autogenous gingival graft harvested from the patient's own palate. The graft was sutured around the implant to maximize the aesthetics and stability of the gingival tissue.

The literature indicates that the placement of gingival grafts in association with implants can significantly improve the aesthetics and health of peri-implant tissues. According to recent studies, the preservation of the gingival contour and the prevention of recessions are crucial for the long-term success of implants [3]. In this case, the technique used proved effective in maintaining the aesthetics and function of the peri-implant tissue [4]. Postoperative follow-up included weekly visits during the first month, followed by monthly visits to monitor the healing and integration of the graft and the implant. No complications were observed, and the patient reported a high degree of satisfaction with the aesthetic results [5].

The success of treatment with gingival grafts in implants, as demonstrated in this case, reinforces the importance of detailed surgical planning and rigorous postoperative follow-up. The aesthetic and functional integration of the peri-implant tissues is essential for the longevity of the implant and patient satisfaction. This case report contributes to the literature by illustrating an effective approach to soft tissue management in implant procedures.

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