VESTIBULOPLASTY WITH PRF: (CASE REPORT)

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ABSTRACT

Introduction: Vestibuloplasty should be performed in case of shallow vestibule. There are different techniques of vestibuloplasty. A number material are used as graft in vestibuloplasty like gingival graft or PRF. Objectives: Vestibuloplasty was a technique, originally used to increase the zone of attached gingiva at the same time that the vestibule was being deepened, eliminate the muscle insertion, reposition the mucosa and recession. The intended use PRF on vestibuloplasty procedure to help the healing process and substitute gingival graft. Case: Patient, female 39 years old with bad oral hygiene, recession class 3 (miller) in lower anterior and shallow vestibule performed maintenance with vestibuloplasty used as a single technique or as the preliminary step in preparing a rigid recipient bed for PRF. Examination reveals the mucogingival junction close or at gingival margin. Case Management: In these case report we have done initial therapy (scalling and rootplaning) and vestibuloplasty procedure single technique with PRF. Conclusion: After initial therapy and vestibuloplasty procedure performed, oral hygiene to be good, no gingival inflammation detected, PRF can help healing process and maintains postoperative vestibular depth

Key words: Vestibuloplasty, deepened vestibule, single technique, PRF
CASE REPORT: VESTIBULOPLASTY WITH PRF

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INTRODUCTION

Vestibuloplasty should be performed in case of shallow vestibule. There are different techniques of vestibuloplasty. A number material are used as graft in vestibuloplasty like gingival graft or PRF.

OBJECTIVES

Vestibuloplasty was a technique, originally used to increase the zone of attached gingiva at the same time that the vestibule was being deepened, eliminate the muscle insertion, reposition the mucosa and recession. The intended use PRF on vestibuloplasty procedure to help the healing process and substitute gingival graft.

HISTORY OF CASE REPORT

A female 39 years old with bad oral hygiene, recession class 3 (miller) in lower anterior and shallow vestibule performed maintenance with vestibuloplasty used as a single technique or as the preliminary step in preparing a rigid recipient bed for PRF. Examination reveals the mucogingival junction close or at gingival margin.

CLINICAL PROCEDURE

A. PRF-making procedure
1. Put the tourniquet in upper arm. do with asepsis swab alcohol and take blood 10 cc/ml for making PRF

2. Put the blood in falcon tube 15 cc/ml

After Scaling and Rootplaining
Pull the tube and remove the blood from PRF

Put PRF in PRF box and press it

B. Vestibuloplasty Procedure
1. Local Anaesthetic with infiltration technique infiltration in mucobuccal fold between 32-31, 41-42 and lingual part in region 32-31, 41-42

2. Incise the mucogingival junction horizontally into connective tissue but not to bone, stopping at periosteum. Laterally, extend this incision into an area with an adequate band of attached gingiva.

3. Use thumb pressure through open the gauze sponges (blunt dissection) to extend or pouch out the oral vestibule. The tendinous and muscular fibers are thus torn from their attachment to the periosteum. This is allows the periosteum to remain attached to the periosteum. This is allows the periosteum to remain attached to the bone.

4. Examine the periosteum for residual fibrous attachment to the lip. With scissors, sever these fibers at the periosteum pull on the periosteum. Only the dense white fibrous connective tissue of the periosteum is left covering the bone to the extent that the mucobuccal fold is to be deepened. Residual pockets may be treated by curettage gingivectomy or gingivoplasty. With the rounded side of a rounded knife scrape the periosteum away from the bone to create a horizontal band about 2 to 3 mm wide (periosteal fenestration) in the region of the root apices, slightly coronal to the anticipated vestibular depth.
5. Irrigation until cleaned in surgical area with NaCl 0.9%. Dried an cleaned the surgical area with steril gauze. Suture the horizontal lip incision (former mucogingival junction) to the periosteum along the apical border of the periosteal fenestration, use black silk 5,0.

6. Placed PRF membrane along the open area in the periosteum.

7. Sutured PRF membrane horizontally for fixation membrane.

8. Application pack periodontal (periodontal dressing) in the post surgical area.

AFTER SURGERY

Controlled 1 week, periodontal pack still in placed.

Controlled 2 weeks pack had been removed and suture take out (STO).
CONCLUSION
After initial therapy and vestibuloplasty procedure performed, oral hygiene to be good, no gingival inflammation detected, PRF can help healing process and maintain postoperative vestibular depth.

REFERENCES