# ALTERED PASSIVE ERUPTION: TREATMENT MODALITIES

**DEFINITION:**
Failure of the tissue to adequately recede to a level apical to the cervical convexity of the crown.
(Goldman &Cohen,1968)

## KEY POINTS IN DIAGNOSIS

- Width of keratinized gingiva
- Position of the mucogingival junction
- Alveolar crest location by transgingival probing.

## CLASSIFICATION

**GINGIVAL-ANATOMIC RELATIONSHIPS**

- Type I : The gingival margin is incisal or occlusal to CEJ and the mucogingival junction is apical to the crest of bone and there is a wider gingival dimension than generally accepted as the mean.[given by Bowers(1963)]
- Type II : The gingival dimension is normal. The free gingival margin is incisal or occlusal to the CEJ and the mucogingival junction is positioned at the CEJ.

**ALVEOLAR CREST-CEJ RELATIONSHIPS**

- Subgroup A: The alveolar crest is located 1.5 -2 mm from the CEJ
- Subgroup B: The alveolar crest is coincident with the CEJ.

| CONDITION | TREATMENT |
|---|---|
| Type I-A | Gingivectomy |
| Type I- B | Gingivectomy or scalloped inverse beveled flap to the CEJ,positioned (unrepositioned) flap and osseous resection |
| Type II-A | Apically positioned flap |
| Type II-B | Apically positioned flap with osseous resection |

**Two patients reported to the Department of Periodontics, PGIDS, Rohtak with a chief complaint of "gummy smile".**

**Objective: To improve the aesthetics in patients with altered passive eruption**

**Materials and methods:**

**In case I, upon clinical and radiographic examination, a gingival display of 10mm, short clinical crown length of 8 mm, and hyperplastic upper lip were observed. External bevel gingivectomy and lip repositioning were done under local anaesthesia.**

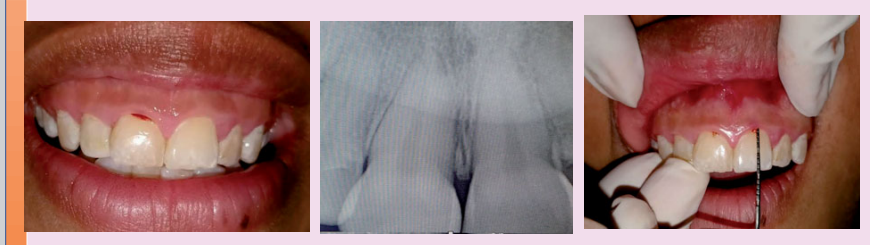
**In case II, clinical and radiographic examination revealed a gingival display of 9 mm, crown length 8mm with normal lip length and maxillary position and a positive frenal pull. Internal bevel gingivectomy with osseous reduction and frenectomy were performed under local anaesthesia.**

**Results: In both the cases, 10mm of clinical crown length was achieved. At 1 ,3, at 6 months' follow up, the crown length was maintained and a proper smile line was achieved.**

**Conclusion: Periodontal plastic surgery led to successful treatment of altered passive eruption. Correct case selection is of paramount importance for the positive outcome of the treatment.**

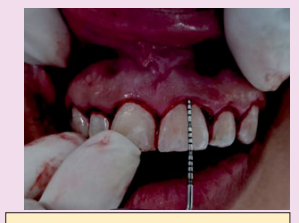
## CASE I- GINGIVECTOMY WITHOUT OSSEOUS RESECTION

**PRE OPERATIVE –**

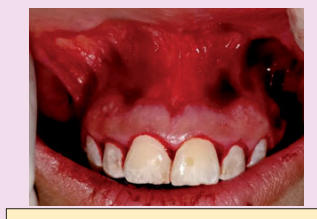


Pre-operative crown length 8mm

**INTRA OPERATIVE –**

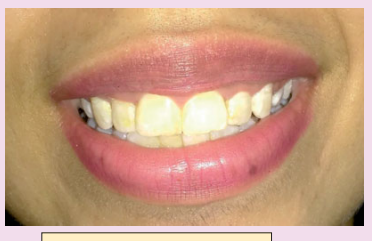


Crown length 10mm after gingivectomy



Layer of epithelium and connective tissue removed

**POST OPERATIVE –**

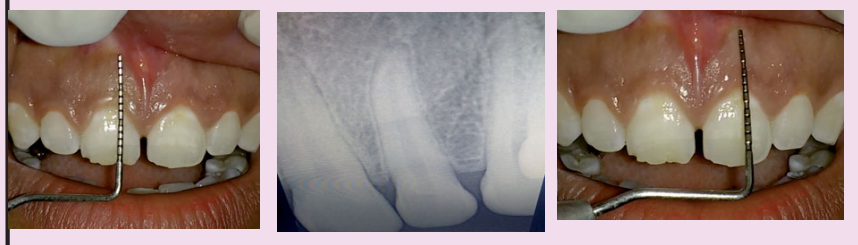


After 3 months

After 6 months

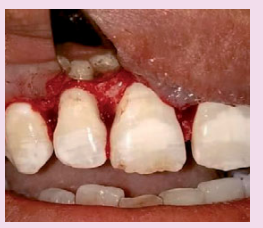
## CASE II- GINGIVECTOMY WITH OSSEOUS RESECTION

**PRE OPERATIVE –**

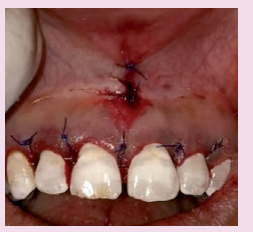


Pre-operative crown length 8 mm.WKG # 11= 8 mm and # 21 = 7mm

**INTRA OPERATIVE –**

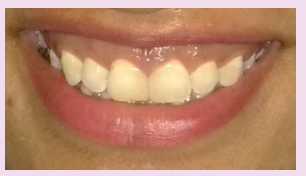


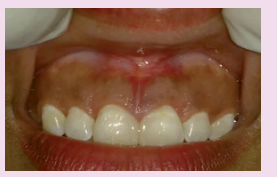
Internal bevel gingivectomy along with osseous resection done



Frenectomy done. 5-0 polypropylene sutures placed.

**POST OPERATIVE –**





Crown length of 10mm achieved along with closure of diastema with composite restoration