

MIDWEST DENTAL IMPLANTOLOGY

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Artistic Team Building



Recently our office had the opportunity to test our artistic skills at *The Painted Vine* in downtown St. Charles. We had an awesome time and highly recommend checking them out!

Fall Seminar 2017

Invitations will be going out in the mail shortly for our annual fall seminar. This year's course is titled: *"The Art and Science of Implant Provisionalization"* and will feature both a didactic and hands on component. We will review provisionalization techniques for Nobel, Astra, and Hiossen (one-piece) implant systems. Please RSVP to Alexa Poulos at 630.377.4677 to reserve a spot.

Tuesday, September 26th

Monday, October 9th

Wednesday, October 18th

Monday, December 4th

5:30 - 7:30 pm



Uncovering the Hidden Smile with Esthetic Gingival Recontouring

People often present to our office complaining of "small teeth" and or a "gummy smile". A gummy smile can be caused by a number of factors including: vertical maxillary excess, a short upper lip, a hyper-mobile upper lip, plaque, medication, or hereditary induced gingival enlargement.

One of the most common etiologies stems from a condition called ***altered passive eruption***. This is when the gingival tissues (more specifically the attachment apparatus) fails to migrate to its normal position at or just above the CEJ. This causes the teeth to look short and square. It's important to emphasize that there are different groups of altered passive eruption, which dictates the type of treatment a patient can receive (laser vs. surgical).

Following a thorough evaluation to determine the true etiology of the gummy smile, Drs. Crosby, Kolinski, and Trahan are able to perform a procedure called **esthetic crown-lengthening** to expose the hidden teeth and develop a proper gingival frame. How this procedure is performed is dictated by the category of altered passive eruption. Type I-A is treated with gingival recontouring alone. Type I-B is treated with gingival and osseous recontouring. Type II-A is treated using an apically repositioned flap. Type II-B is treated with an apically repositioned flap and osseous recontouring. Below are a couple examples of cases we commonly see.

Recontouring Gingival Asymmetry

As humans, our eyes are drawn to symmetry. By reshaping asymmetrical gingival tissues we can create a beautiful back drop and keep people focused on those straight white teeth. To the right are two patients displaying the results of gingival recontouring. In the lower case crown lengthening was done in conjunction with both implant placement in the #7 position as well as veneers from #6-11.

Gingival Excess Around Orthodontic Brackets

It is not uncommon to have excess gingival tissue during or following orthodontic treatment. The tissue can be reshaped in order to allow for better hygiene during orthodontic treatment and/or to provide the final esthetic backdrop to the newly straightened teeth. On the right is a patient that could no longer perform effective oral hygiene around her braces (A). Notice the overgrowth of tissue up to the brackets (B). Gingival recontouring was performed to approximate the new tissue margin (C). Next, the tissue was reflected revealing excess bone up to the CEJ (D). If the osseous tissue is not addressed the gingival tissue will rebound to pre-surgical levels. The final result at 2 weeks (E) and 4 weeks (F).

Before

After



Before

After

