



باسمه تعالی



انجمن دندانپزشکی ایران
Iranian Dental Association

Surgical considerations on Crown Lengthening procedure

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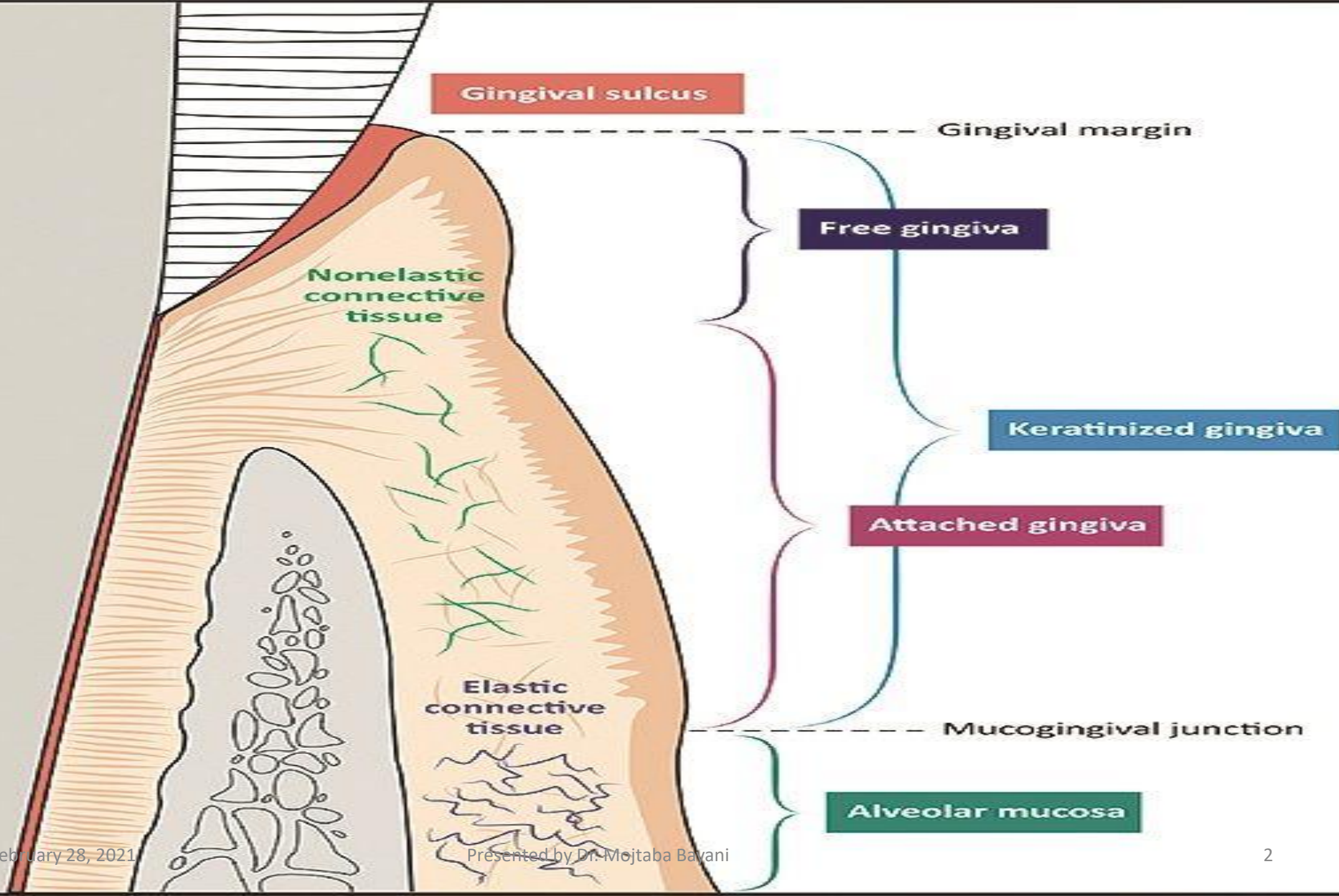
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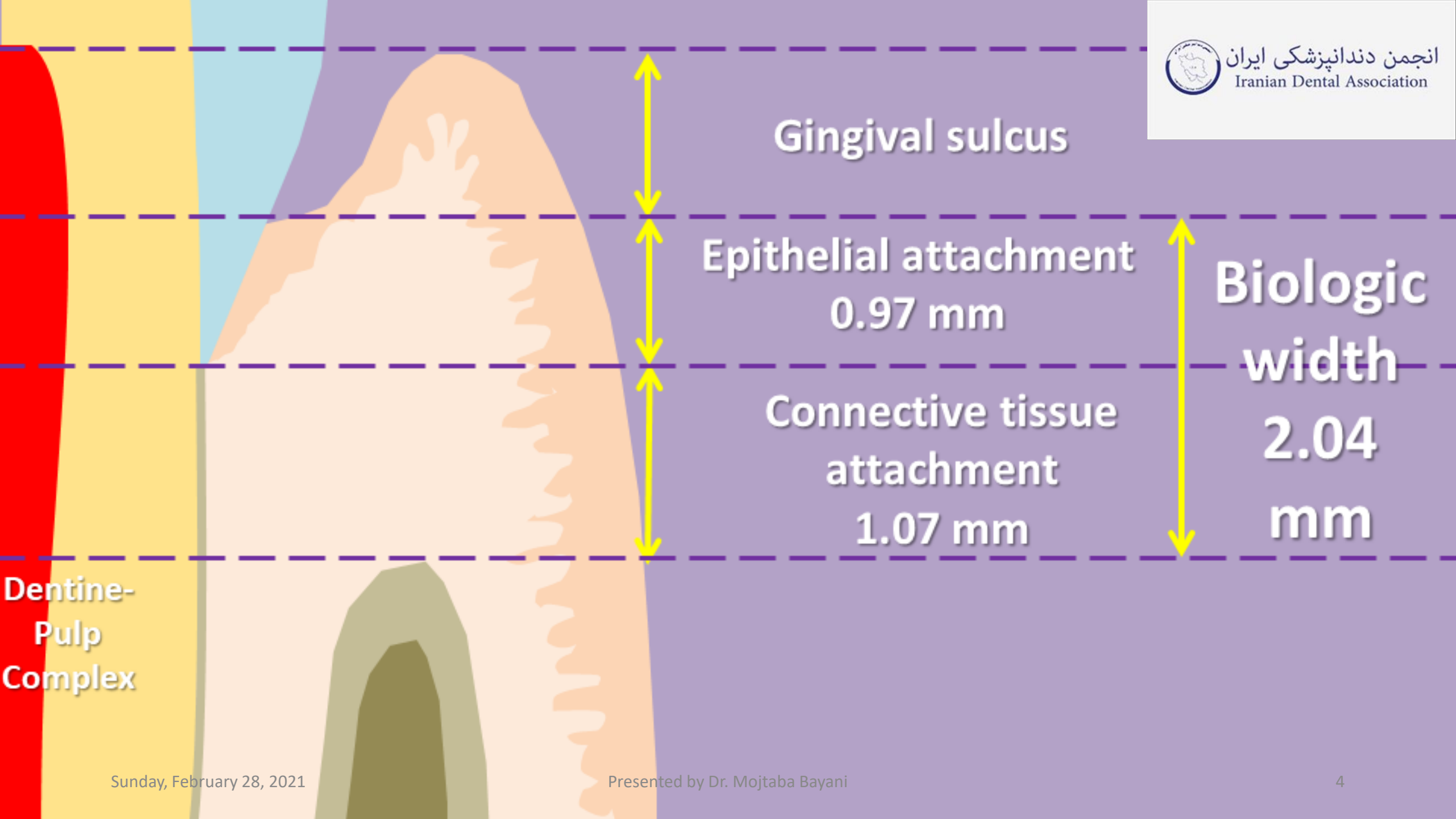
Feb 2021

Sunday, February 28, 2021

Presented by Dr. Mojtaba Bayani



Biological width concept



Dentine-
Pulp
Complex

Gingival sulcus

Epithelial attachment
0.97 mm

Connective tissue
attachment
1.07 mm

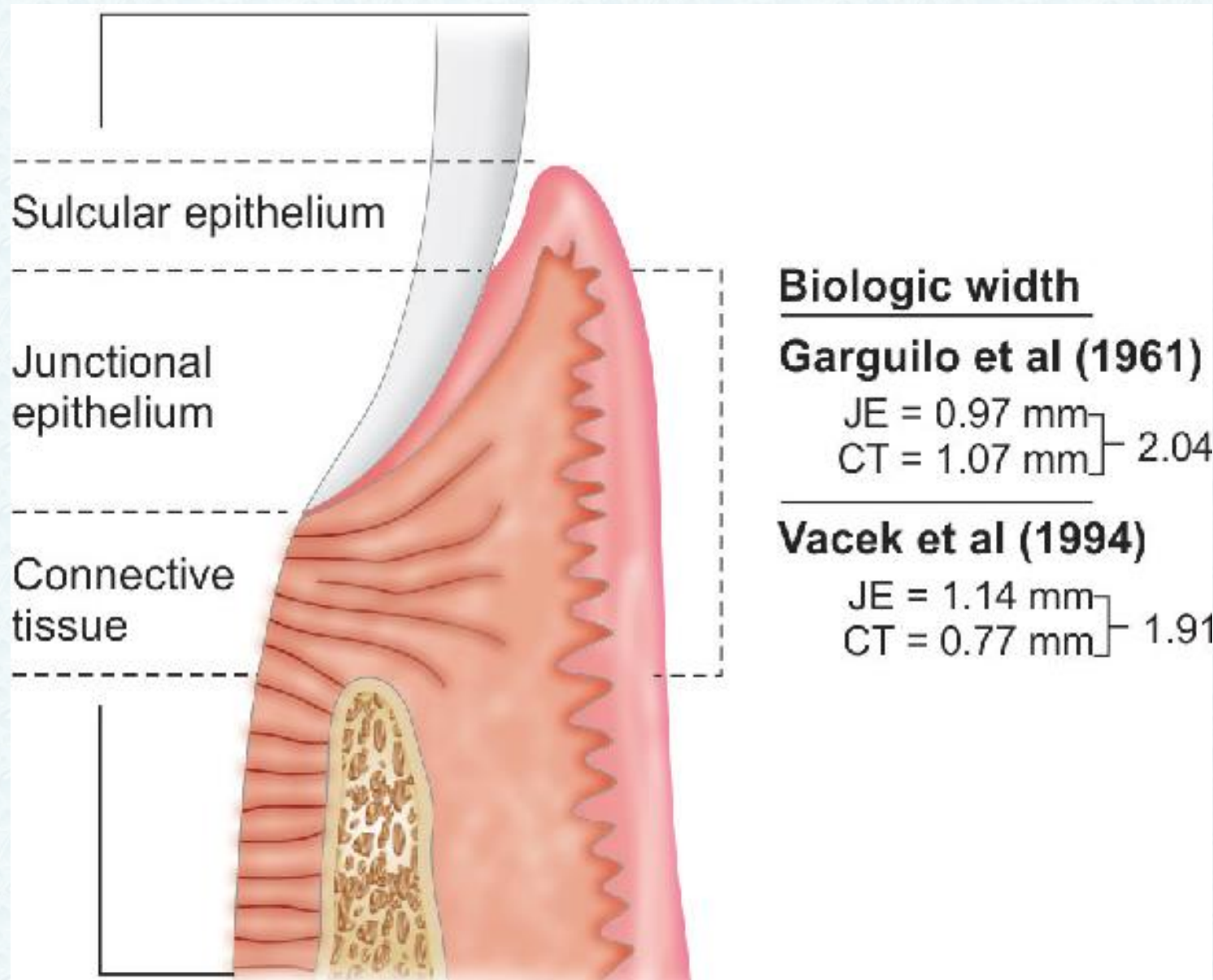
Biologic
width
2.04
mm



SULCUS

BIOLOGIC
WIDTH

epithelial + connective
tissue attachment :
 $0.97 + 1.07 = 2.04\text{mm}$



**IMPORTANT
NOTICE**



Violation of the biologic width leads to ultimate failure of the restoration

CHECK POINT



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Evaluation of biologic width violation:

- Chronic progressive gingival inflammation around the restoration.
- Bleeding on probing.
- Localized gingival hyperplasia with minimal bone loss.
- Gingival recession.
- Pocket formation.
- Clinical attachment loss.
- Alveolar bone loss.
- Gingival hyperplasia

Margin placement - Rules

- If the sulcus probes <2 mm, the restorative margin can be placed in half the depth of the sulcus.
- If the sulcus is >2 mm, gingivectomy could be performed to lengthen the tooth, and create a 1.5 mm sulcus. Then the patient can be treated as per rule 1.

If the margin must be placed subgingival:

- Correct crown contour in the gingival third.
- Correct polishing.
- Rounding of the margins.
- Sufficient zone of the attached gingival.
- No biologic width violation.

A graphic featuring the text "Clinical Cases" in a bold, black, sans-serif font. The text is centered over a series of seven overlapping circles in shades of green, pink, blue, and yellow. The circles are arranged in a horizontal line, with each circle overlapping the one to its left and right. The text is positioned across the middle of these circles. The entire graphic is framed by four overlapping rectangular borders in blue, green, yellow, and pink.

Clinical Cases

- Poor oral hygiene
- Endodontic treatment
- Caries removing
- Muscles destination
- Amount of attached gingiva
- Furcation involvement
- Accessibility
- No maintainability



- Mobility
- Muscles destination
- Amount of attached gingiva
- Future restoration



- Amount of attached gingiva
- Excessive wear
- Future restoration
- Lip line (at rest and smiling)
- Posterior edentulous



- Excessive wear
- Powerful bite force
- Future restoration
- Mobility
- Lip line (at rest and smiling)
- Posterior edentulous





QUESTIONS

- Future restoration
- Leveling of gingiva
- Lip line (at rest and smiling)
- Mobility
- Phenotype of periodontium



- Adjacent teeth
- Accessibility
- Muscles destination
- Amount of attached gingiva
- Furcation position



- Accessibility
- Future restoration
- Furcation position
- Adjacent teeth
- Previous defective restoration
- No maintainability



- Future restoration
- Gingival un leveling
- Lip line (at rest and smiling)
- Phenotype of periodontium



**QUESTIONS
COMMENTS
CONCERNS?**

WE WANT YOUR FEEDBACK!



- Crown root ratio
- Future restoration
- Lip line (at rest and smiling)
- Furcation position
- Mobility
- No maintainability



- Accessibility
- Adjacent teeth
- Future restoration
- Lip line (at rest and smiling)
- Furcation position



- Periodontal supporting tissue
- Crown root ratio
- Future restoration
- Mobility
- Phenotype of gingiva
- Amount of attach gingival
- Abfraction lesion



- Gingival un leveling
- Lip line (at rest and smiling)
- Phenotype of periodontium
- Conservative approach





YOUR OPINION MATTERS

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**THE TISSUE IS THE ISSUE
BUT THE BONE SETS
THE TONE...**

PROF. DR. MANUAL CHANAVAZ



Thank You!

