



Dealing with gingival recession associated with non-carious cervical lesion

Gingival recession is a very common problem and can affect 100% of the individuals older than 50 years. Almost 50% of these cases, gingival recession is associated with a noncarious cervical lesion and together, they form a combined lesion that requires multidisciplinary approach to properly deal with this condition.

When the combined lesion is treated by only a restorative procedure, the position of the gingival zenith is kept more apically due to the persistence of the gingival recession, which would lead to a longer tooth and consequently to a possible esthetic disharmony in case of recession greater than 2 mm. On the other hand, if the surgical procedure for root coverage is individually performed, the coronal portion of the non-carious cervical lesion may not be covered with the periodontal flap after the healing period. It happens because, in most cases, the non-carious cervical lesions affect the enamel above of the cemento-enamel junction, and this zone of the tooth crown cannot be covered, which gives the impression that the procedure was unsuccessful.

In order to overcome these limitations, some randomized clinical trials evaluated the clinical outcome of different multidisciplinary approaches that combined restorative materials, such as resin-modified glass ionomer and composite resin, with periodontal surgical techniques for root coverage. These approaches restored the entire length of the cervical lesion and placed the flap/graft on top of it. After a healing period, good clinical outcome was achieved; the root zone of the restorative

material was coverage by a healthy soft tissue, and good esthetic outcome could be observed.

However, questions began to arise: What if the restoration fail? Do we need to reopen the flap and do it all over again? Despite some studies showed good clinical outcome after some years, other therapeutic options need to be tested. Some case reports suggested that partial restorations of the cervical lesion (just the coronal zone) may be a valid option. However, clinical trials are needed to test this option. In addition, no guideline that takes in account the anatomy of the cervical lesions is available. Ergo, we are still evolving our knowledge regarding the best way to deal with this combined lesion and clinicians should be aware of what will come next.

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