



Guest Editorial *The Value of Periodontal Plastic Surgery—Root Coverage*

The predictability of root coverage has been remarkably improved with sophisticated periodontal plastic surgery techniques. Today, root coverage is a common and consistent surgical result. Its value to patients and periodontists is enormous.

The restoration of the gingival form and function through these procedures may modify the patient's sense of well-being. The old adage "long in the tooth" has often been perceived as a sign of the normal aging process. Restoring the normal-appearing gingival tissues at or near the cemento-enamel junction (CEJ) reverses this "aging" sign and provides a positive and reassuring benefit to the patient. It definitely enhances the health of the tooth and periodontium, and potentially prolongs the life of the tooth.

Contemporary patients are demanding cosmetic procedures to change their figures and appearance through liposuction, breast augmentation, Botox injections, facial surgery, skin polishing, and other plastic surgical procedures, so it is only natural that similar requests be made of the dental profession. The return of the gingival tissue margin to its normal location on a tooth significantly improves the esthetic appearance of the dentition and the patient's smile and is the periodontist's contribution to this public demand.

Exposure of root surfaces usually is followed, with time, by abrasion of the cervical root/enamel surface. These deep, unsightly notches or grooves in the root are often sensitive to touch by the toothbrush or other hygiene aids. The placement of a large cervical restoration frequently behaves as an irritant to the marginal tissue, causing further inflammatory response, and it may contribute to additional apical migration of the attachment apparatus. In addition, the shade, shape, and form of these restorations are not necessarily a cosmetic complement, but are often disfiguring. Over the life of these restorations, staining, discoloration, and possibly leakage are common occurrences necessitating replacement and additional tooth destruction as new restorations are required.

Placement of a restoration in a deeply abraded root surface occasionally causes pulpal irritation that may become irreversible and subsequently result in the need for endodontic therapy. Coverage of the root surface with gingiva by the appropriate technique is a much more favorable and value-oriented approach than placement of a cervical bonded or veneered restoration.

A periodontal plastic surgical procedure devoted to root coverage is one of the few accomplishments in periodontics that brings instant gratification and reward to both patient and periodontist. Pocket reduction therapy, implant placement, and regenerative care are all important to the patient's well-being and assist in the retention of the teeth or their replacement, but root coverage is immediate. Since the predictability of some root coverage is extremely high and complete root coverage is accomplished in more than 80% of cases, the results are the most gratifying experience for all parties involved.

The financial value of these procedures to both patient and periodontist must not be overlooked. The restoration of the gingival margin to the CEJ enhances the patient's sense of well-being and self-esteem, thereby curtailing the signs of aging, all *priceless* values to the patient. An enormous return on a minimal investment is realized when one adds the immediate gratification perceived by the patient and periodontist and the elimination of the need for cervical restorations and potential endodontic problems.

To the periodontist, periodontal plastic surgery has become a financially rewarding part of present-day practice. The satisfaction and joy received by the patient for these services further enhances the periodontist's sense of accomplishment as a health care professional. Periodontists of today should hold their heads high with respect and dignity when they present to the patient the case for root surface coverage through periodontal plastic surgery. It is truly a value for all concerned.

J. Gary Maynard, DDS

In Memoriam

We are sorry to report that Mr Peter Sielaff died on November 14, 2003. He has been Production Manager of *The International Journal of Periodontics & Restorative Dentistry* since its inception more than 20 years ago, and his skillful management of its color images has helped to set the publication apart. He worked diligently over these years with many contributing authors to enhance their manuscripts. He joined the Quintessence Berlin staff in 1972. We are deeply saddened by his loss, and we will miss his hard work and dedication to the journal. He is survived by his wife and two sons.