

SCIENCE FLASH

RECUBRIMIENTO DE LA RECESIÓN CON STRAUMANN® EMDOGAIN

Fuente científica

McGuire M K, Nunn M. J Periodontol August 2003: Evaluation of Human Recession Defects Treated with Coronally Advanced Flaps and Either Enamel Matrix Derivative or Connective Tissue. Part 1: Comparison of Clinical Parameters.

Diseño del estudio

- Estudio randomizado, controlado y de dos ramas realizado en un solo centro
- 20 pacientes con recesiones faciales clase II de Miller en incisivos/premolares (17 pacientes completaron el estudio)
- Recesión ≥ 4 mm y ≥ 3 mm de ancho. Dientes con $\leq 2,5$ mm de tejido queratinizado
- Mediciones al inicio y a los 6, 9 y 12 meses

Resultados

Injerto de tejido conjuntivo (CTG) + CAF

Emdogain + CAF

Caso por cortesía del Dr. M. McGuire

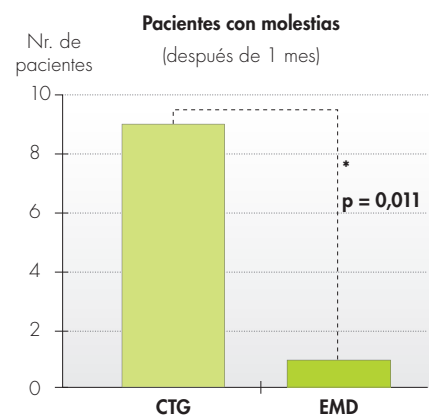
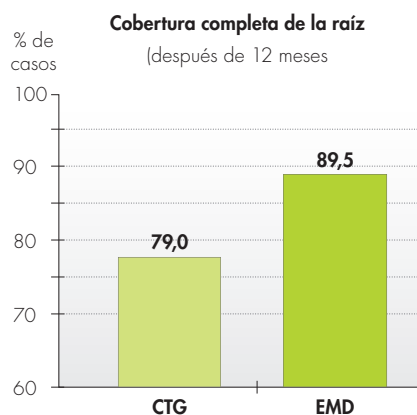
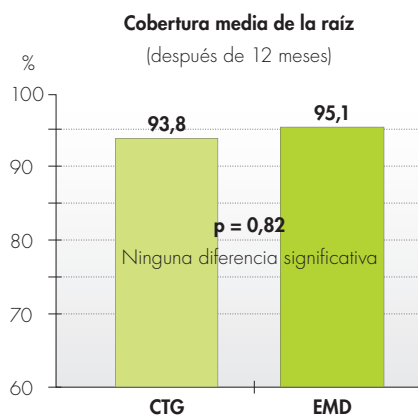


Inicio

12 meses más tarde

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Conclusión

- 95,1 % de cobertura media de la raíz después del tratamiento con Emdogain
- Cobertura completa de la raíz en el 89,5 % de todos los tratamientos con Emdogain
- Un número notablemente superior de pacientes informaron de molestias después de 1 mes con injerto de tejido conjuntivo (CTG)
- Los lugares tratados con Emdogain cicatrizan mucho antes que los tratados con CTG
- Aumento significativo en el tejido queratinizado para ambos métodos de tratamiento

ABSTRACT

Evaluation of Human Recession Defects Treated with Coronally Advanced Flaps and Either Enamel Matrix Derivative or Connective Tissue. Part 1: Comparison of Clinical Parameters

Michael K. McGuire and Martha Nunn

Background: Recession defects around teeth have been treated with a variety of surgical techniques. Most of the literature suggests that the subepithelial connective tissue graft has the highest percentage of mean root coverage with the least variability. Previous studies have demonstrated that enamel matrix derivative (EMD) has the ability to improve clinical parameters. The purpose of this study was to compare the clinical efficacy of enamel matrix derivative placed under a coronally advanced flap to subepithelial connective tissue placed under a coronally advanced flap in patients with recession type defects.

Methods: Twenty patients with incisors or premolars presenting with a facial recession of >4 mm in contralateral quadrants of the same jaw were treated; 17 patients completed the study. One tooth in each patient was randomized to receive either a coronally advanced flap with a subepithelial connective tissue graft (control) or a coronally advanced flap with EMD (test). Clinical parameters measured at baseline and at 6, 9, and 12 months included amount of recession; width at the coronal extent of the gingival defect; width of keratinized tissue; probing depth; clinical attachment level; inflammation score; plaque score; plaque index; alveolar bone level; tissue texture and color; and patient perception of pain, bleeding, swelling, and sensitivity.

Results: Results for both the test and control groups were similar for all measured clinical parameters with the exception of early healing, self-reported discomfort, and the amount of keratinized tissue obtained. The coronally advanced flap with EMD was superior to the subepithelial connective tissue graft with regard to early healing and patient-reported discomfort, whereas the subepithelial connective tissue graft demonstrated greater amount of keratinized tissue during the 12-month evaluation period. However, both the test and control showed a significant increase in the amount of keratinized tissue at 9 and 12 months compared to baseline. No significant difference in the amount of root coverage was found between the test and control groups ($n = 19$; $P = 0.82$). On average, a gain of 4.5 mm (range 4 to 8 mm) tissue covering the previously exposed root surfaces was achieved with both treatment groups. The average percentages of root coverage for control and test groups were 93.8% and 95.1%, respectively. One hundred percent root coverage was obtained 89.5% of the time with the coronally advanced flap with EMD and 79% of the time with the subepithelial connective tissue graft.

Conclusion: Based on the results of this investigation, the addition of EMD to the coronally advanced flap resulted in root coverage similar to the subepithelial connective tissue graft but without the morbidity and potential clinical difficulties associated with the donor site surgery. *J Periodontol* 2003; 74:1110-1125.

Usado con el permiso del Journal of Periodontology

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