Amount of tooth substance gained by crown lengthening: A SYSTEMATIC REVIEW



Presented by: Dr. Syeda Mahvash Hussain

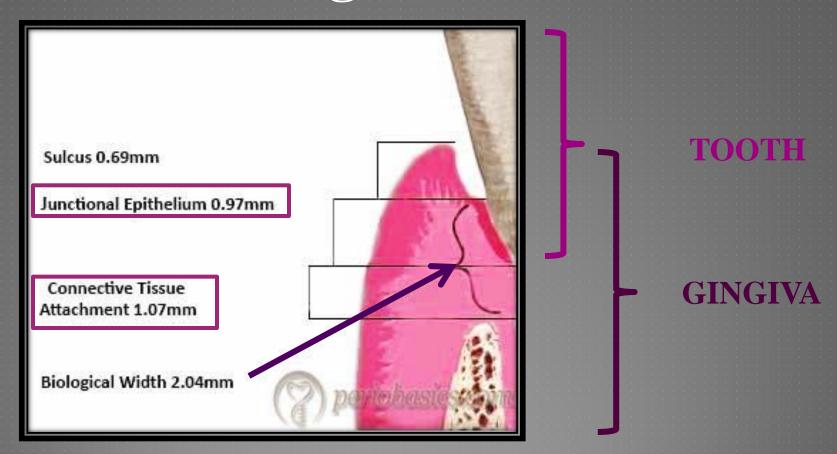
Resident Operative Dentistry

Aga Khan University Hospital Karachi

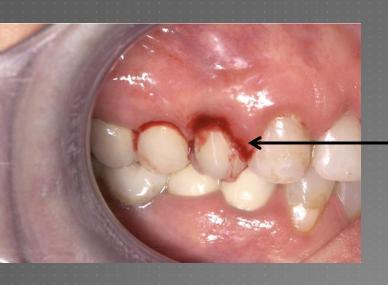
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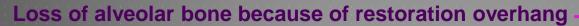
Biologic Width



Takei, HH; Azzi, RR; Han, TJ: Preparation of the Periodontium for Restorative Dentistry. In Newman, MG; Takei, HH; Carranza, FA; editors: *Carranza's Clinical Periodontology*, 9th Edition. Philadelphia: W.B. Saunders Company, 2002. page 945.

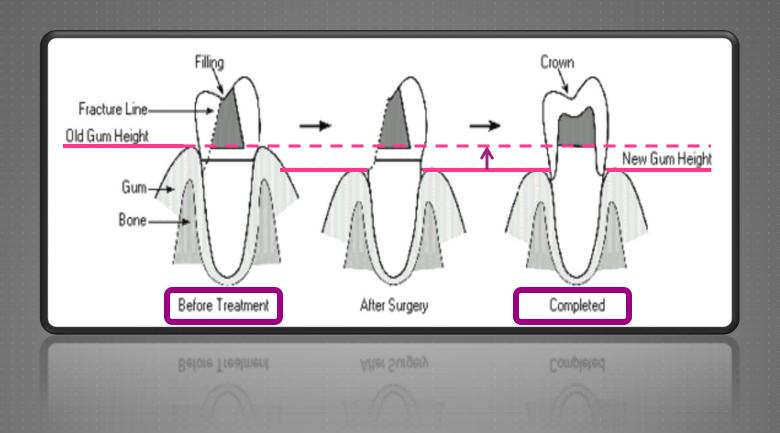


Chronic inflammation and bleeding





Crown Lengthening



Indications



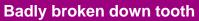
Sub-gingival Fracture



Inadequate ferrule









Excessive gingival display



Methods

- Gingivectomy/ gingivoplasty
 - Surgical blade
 - Electro cautery
 - Lasers







- Apical repositioning of flap
 - ► With osseous reduction
 - Without osseous reduction
- Orthodontic extrusion
- **▶** Combination



Review

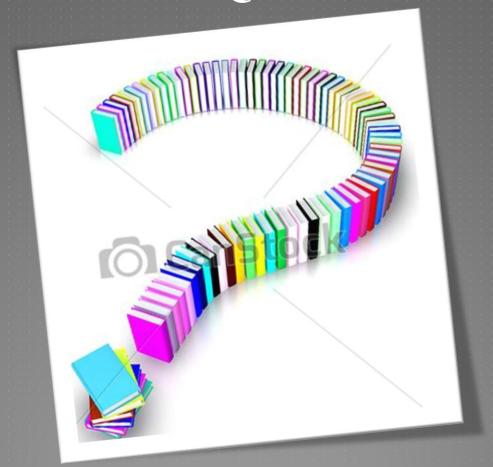
The most common technique for crown-lengthening surgery is <u>APF with osseous surgery</u>





Padbury Jr A, Eber R, Wang H-L. Interactions between the gingiva and the margin of restorations. J Clin Periodontol 2003; 30: 379–385

Review Question



Amount of tooth substance gained by crown lengthening

PICO

Outcome(s):

Amount of tooth structure gained

Patient /population:

Human, mature permanent teeth

Comparison of the intervention:

Comparing the different methods

Intervention:

Different methods of crown lengthening

Registration of Review



PROSPERO

International prospective register of systematic reviews

NHS National Institute for Health Research

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Inclusion criteria

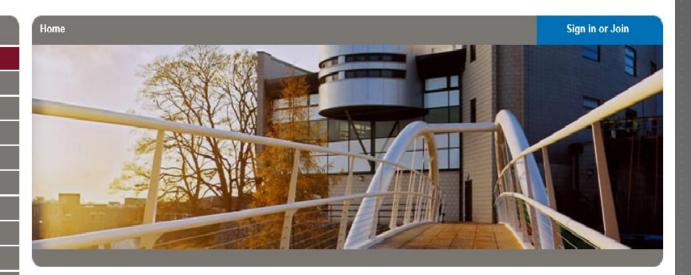
Help with registration

Support for PROSPERO

References and resources

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PROSPERO latest news

Evaluation of utility of PROSPERO at one year: results published

Booth A, Clarke M, Dooley G, Ghersi D, Moher D, Petticrew M, Stewart L. PROSPERO at one year: an evaluation of its utility. Syst Rev 2013;2:4.

Scope for eligibility expanded to include:

Systematic reviews of reviews

Register your review protocol details

Registration is free and open to anyone undertaking systematic reviews of the effects of interventions and strategies to prevent, diagnose, treat, and monitor health conditions, for which there is a health related outcome.

Register your review when the protocol (or equivalent) has been completed but before screening studies for inclusion begins. Simply:

Registration No: CRD42014013266

Search Strategy

Literature search

- Google scholar
- PubMed(NLM)
- CINAHL Plus (Ebsco)

key terms

"Gingivectomy" or "Gingival cautery" or "Gingivoplasty" or "Gum resection"

AND

"Tooth gain" or "Tooth exposure" or "Crown lengthening" or "Ferrule"

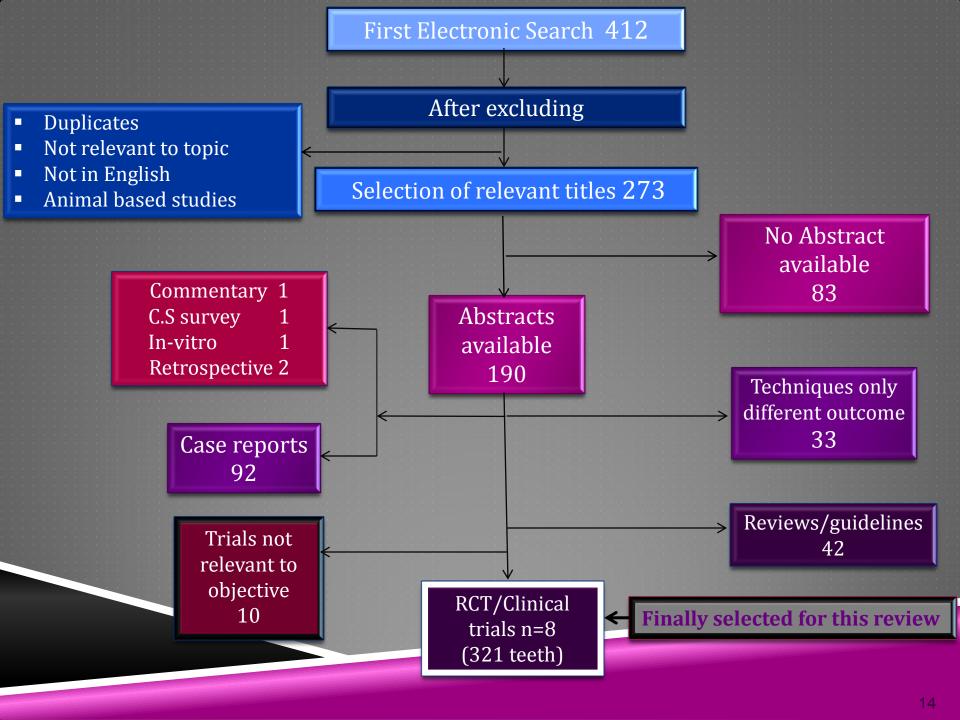
Study Selection

Inclusion Criteria:

- Studies-Human permanent mature teeth where CLS was done
- ► **Outcome**-Amount of tooth gained

Exclusion Criteria:

- Primary teeth
- Immature permanent teeth
- Animal based
- ► *In vitro* studies
- Languages other than English



Data Collect	ion Sneet	Registration No: CRD42
	bstance gained by crown len	
aper		
election or Reject	ion Criteria (must have all 3)	
a) Method of crowr	n lengthening used:	
a. Orthodo	ontic extrusion	Y/N
b. Surgica	I (any one)	Y/N
i.	Electro-cautery/blade/Laser (gi	ingivectomy/gingivoplasty) Y/N
ii.	Apical repositioning of flap with	h bone reduction Y/N
iii.	Apical repositioning of flap with	hout bone reduction Y/N
iv.	Combination of above	Y/N
c. Both		Y/N
o) Outcome - Amou	int of tooth structure gained	Y/N
elect this study?		Y/N
this is Y - complete	e the form	
N must describe w		
<u>tem #1</u> : Clinical e	evaluation: -total number of teeth asse	seed in the study
	-Surgical site (aesthetic or no	• —
Padiogra	,	,
Kaulogia	phic evaluation:	1
em # 2: Charac	cteristics of the teeth treated:	:
Max or man	d	1
Anterior pos	terior	1
Endo-treated		1
Tooth wear		1
 Caries 		1
		1
 Fracture 		
	for crown lengthening:	

Item #4: Intervention:

•	No of methods used for crown lengthening:	1
•	Name(s) of procedure performed	1
•	Initial gain in tooth heightmm	1
•	Endodontic treatment done	Y/N
•	Endodontic treatment done before or after surgical	al procedure:

Groups	Orthodontic extrusion	Electro-cautery/ Laser (gingivectomy/gingivoplasty)	Surgical blade	Apical repositioning of flap with bone reduction	Apical repositioning of flap without bone reduction	Combination
Yes/No						
n =						

- Were there any complications during or after the surgical procedure

 Y/N
- If yes, please mention:

Item#5 Outcome:

AMOUNT OF TOOTH EXPOSED in mm

TIME	ORTHODONTICS	ELECTRO- CAUTERY/ LASER	SURGICAL BLADE	APICAL REPOSITOINING OF FLAP WITH BONE REDUCTION	APICAL REPOSITOINING OF FLAP WITHOUT BONE REDUCTION	COMBINATION
INITIAL						
1 MONTH						
3 MONTHS						
6 MONTHS						
1 YEAR or MORE						

Study Quality level

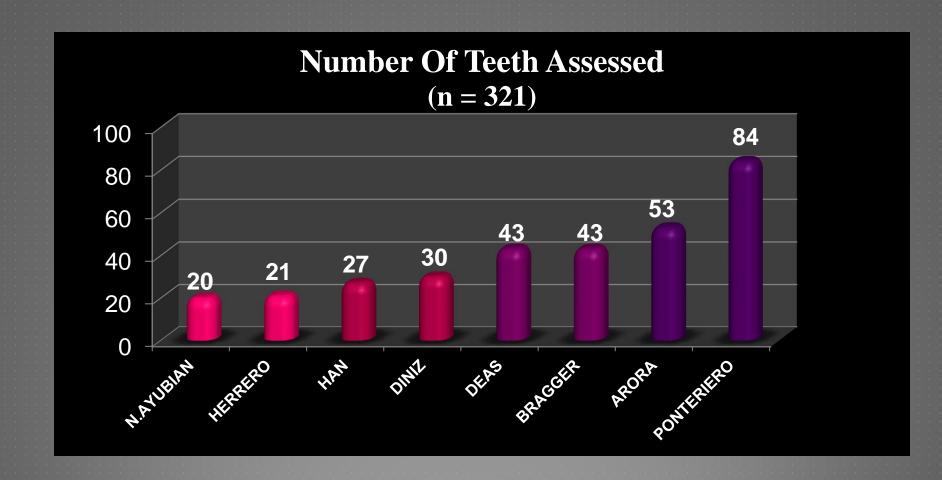
Fair (till 6)

Good (7-12)

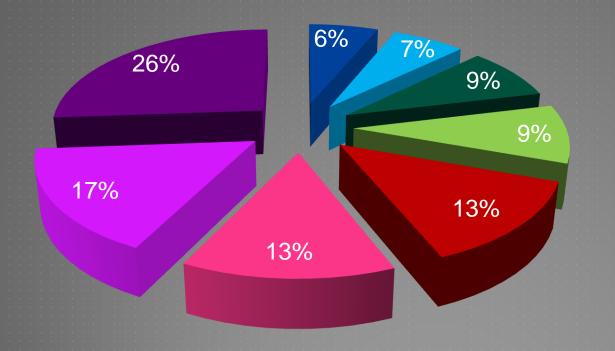
Excellent (13-17)

(5)

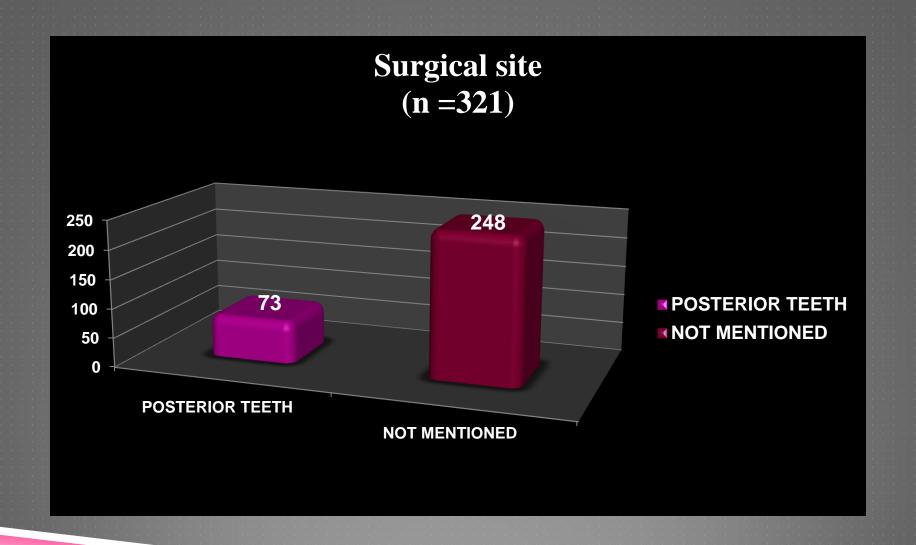


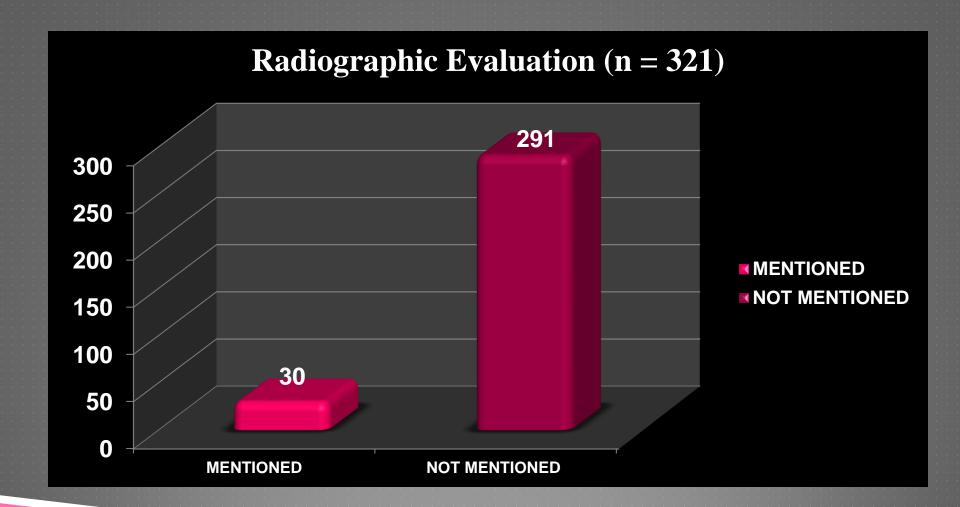


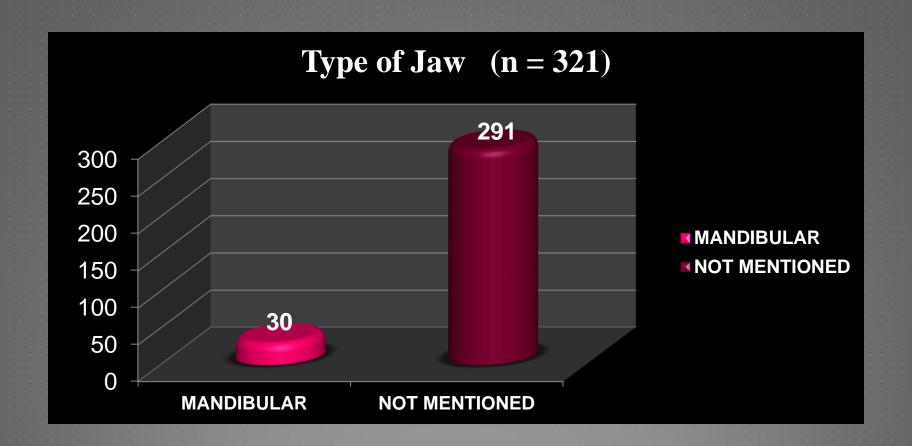
Contribution of Data By Weight

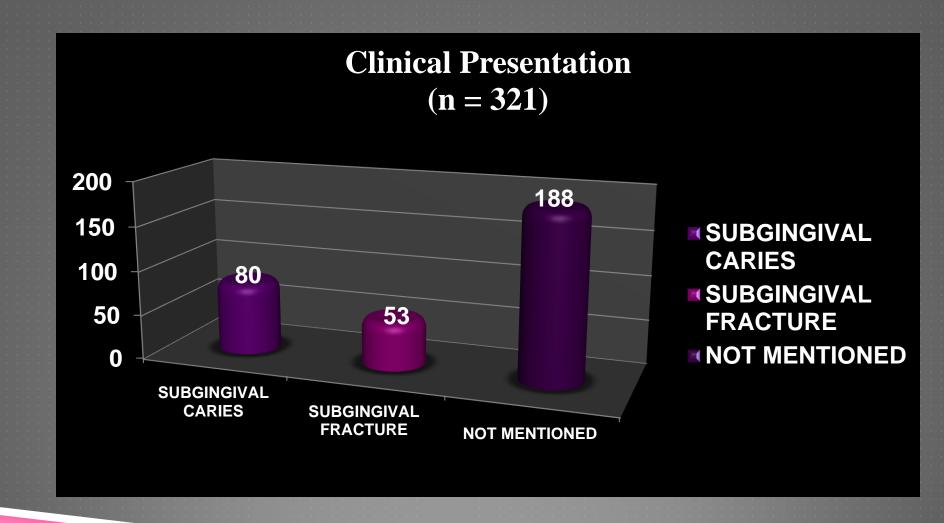


- ❖ N.AYUBIAN n=20
- **♦ HERRERO n= 21**
- **❖ HAN n= 27**
- **❖** DINIZ n= 30
- ❖ DEAS n= 43
- ♦ BRAGGER n= 43
- ⇒ ARORA n= 53
- ❖ PONTERIERO n= 84

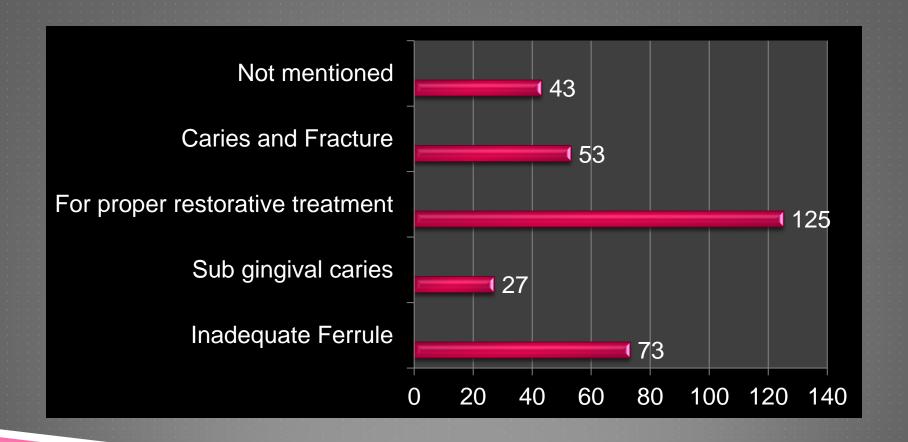








Indication For Crown Lengthening



Tooth Structure Gained By Crown Lengthening

Follow up of CLS	Number of teeth	Minimum (mm)	Maximum (mm)	Mean (mm)	Std. Deviation
Amount of tooth structure gained Initially with APF and bone reduction	300	1.32	4.00	2.46	1.03
Amount of tooth structure gained in 3 months with APF and bone reduction	146	1.60	1.87	1.75	0.13
Amount of tooth structure gained in 6 months with APF and bone reduction	196	1.00	1.80	1.49	0.32



DISCUSSION

AUTHOR	TITLE	SEARCH STRATEGY	SUMMARY
Hempton T.J et al 2010	Contemporary crown lengthening therapy A REVIEW	Pub med Google scholar	Methods of CLS
Sharma A et al 2012	Short clinical crowns (SCC) – treatment considerations and technique	• Pub med	 Methods for CLS The role of restoration margin location Effects of violation of the supracrestal gingivae
			Identified the characteristics of the relevant studies:
AKUH 2014	Amount of tooth substance gained with crown lengthening – A SYSTEMATIC REVIEW	 Pub med Google scholar CINAHL plus (Ebsco) 	 Most commonly used method for CLS Type of study Amount of tooth substance gained Year of Publication



- The number of clinical trials on CLS were limited n = 8 (321 teeth)
- The quality of the studies which report data on CL was mostly inadequate
- APF with bone reduction was the most commonly used technique (7/8 studies) for CLS
- The mean amount of tooth structure gained initially was
 2.46mm which decreased to 1.49mm after 6months



Strengths and Limitations

STRENGTHS

The first ever Systematic review on this topic

LIMITATIONS

- Only three search engines were used
- Studies lacked homogeneity in reporting the outcome
- Only experimental studies were included

RECOMMENDATIONS

- Explore more data through other search engines to expand existing research
- More clinical trials are needed to answer the research question



THANK YOU!