



The Annual Session of the Texas Dental Association

PREVIEW



Q&A with *Dr George Merijohn*

Dr George Merijohn is a well-known periodontist from San Francisco. Recently, he was interviewed by the TDA Council on Annual Session about the program he will present at the TEXAS Meeting in May 2015.

What follows is a summary of that interview.

Q Dr Merijohn, much of your passion in dentistry appears related to prevention and correction of gingival recession. Why is recession considered to be such a problem?

A *Gingival recession is highly prevalent worldwide. Depending on the population surveyed, the percentage of people affected ranges from 30% to 100%, with its prevalence and severity increasing with age. In the United States alone, the prevalence of ≥ 1 mm recession in persons 30 years and older has been reported to be 58%, and averaged 22% teeth per person. What's more, it has been reported in the literature that gingival recession afflicts approximately 85% of dentists and dental students.*

Dentists who treat the esthetic zone are especially frustrated with gingival recession returning after orthodontic tooth movement and/or after porcelain margins are perfectly placed. Clinicians invest substantial time and effort in the esthetic zone both in our continuing education and practice. Check out the abundance of interesting esthetic zone CE offerings at the 2015 TDA program. The seminar and workshop I will be presenting for the TDA are especially designed to enhance esthetic zone clinical outcomes.

Dental hygienists and clinical staff always want to know, "How does one avoid getting gingival recession in the first place, and then after it's treated, how do we keep it from coming back?" The Management and Prevention of Gingival Recession Interactive Seminar addresses these issues and provides evidence-based, practical, and systematic approaches that attendees will be able to use in their practices the next day.

We are all familiar with patient-driven concerns about gingival recession such as when it interferes with comfort, function, and esthetics. Anecdotal evidence suggests that the main reason for gingival recession treatment is the patient raising the issue. Unfortunately, most often it is only the high smile line patients who are concerned and their focus rarely goes beyond the facial aspect of the anterior teeth.

An unfavorable consequence of gingival recession is the exposure of root surfaces to a potentially cariogenic supragingival microbiota. In the United States, the prevalence of root caries experience has been reported to be 55.9% among those aged 75+ years. Of great concern is that the group aged 65 and older, which was 12% of the population in 2000, is expected to exceed 20% by 2030 and root caries is expected to increase along with it.

Nobody likes to have or treat root caries. Yet root caries and gingival recession are on a collision course. Our profession needs to connect the dots and do so quickly. Prevention of gingival recession is an essential element in the primary prevention of root caries. This alone is reason to incorporate practical protocols for management and prevention of gingival recession into daily clinical practice.

“ How does one avoid getting gingival recession in the first place, and then after it's treated, how do we keep it from coming back? ”

Dr George Merijohn's Class Schedule at the Texas Meeting:



*George Merijohn, DDS
Dr Merijohn operated his San Francisco periodontal practice for 28 years and is associate professor for Post Graduate Periodontics UC San Francisco and University of Washington.*

FRIDAY, MAY 8

Management and Prevention of Gingival Recession: The Interactive Seminar

8:00 AM – 11:00 AM

Autogenous Gingival Grafting: The KIWImethod™ Minimally Invasive Non-palatal Approach

1:00 PM – 4:00 PM

SATURDAY, MAY 9

Autogenous Gingival Grafting: The KIWImethod™ Minimally Invasive Non-palatal Approach

8:30 AM – 11:30 AM



Case A. Before



Case A. After

Q What are some of the modifiable conditions that increase the risk of gingival recession?

A *The published scientific evidence demonstrates that there are 14 core modifiable conditions associated with increased risk including damaging oral hygiene methods, damaging oral habits, oral appliances, certain common dental procedures, and orthodontic tooth movement.*

The key thing is that especially for the susceptible patient, decreasing exposure to modifiable conditions will decrease future risk for gingival recession and increase the likelihood of its long-term prevention. Attendees of the seminar will learn how to quickly spot who is susceptible to gingival recession and who is not so susceptible.



Case B. Before



Case B. After

Q What is the difference in a traditional gingival graft compared to your minimally invasive technique?

A Conventional palatal tissue harvesting is often associated with notable disadvantages. Patients fear having tissue peeled off the roof of their mouths; there often is protracted pain at the palatal harvest site; people experience difficulty chewing and talking — with and without wound protection materials; and excessive postoperative bleeding and complications are not unusual. The minimally invasive techniques I teach in KIWImethod® Workshops substantially reduce these disadvantages and as a result, the patient experience is more positive and appreciative. Additionally, the non-palatal gingival harvesting method taught in the workshop often provides superior color and texture match because it is gingiva/gingival connective tissue rather than palatal mucosa/submucosal mixed tissue.

Q What are some of the advantages of using autologous tissue compared to cadaveric dermal tissue?

A There are 3 main advantages:

1. Compared to any other tissue source and/or regenerative materials, over the years our best systematic reviews have repeatedly demonstrated that autogenous tissue is the gold standard for root coverage, reducing recession, gaining clinical attachment, and increasing keratinized tissue.
2. With autogenous tissue, there is zero risk of disease transmission and there are no cadaver skin “yuck factor” objections from patients.
3. With autogenous tissue, the dentist does not have to buy expensive donor tissue or biomaterials.

Q What can the general dentists in your course take home for use when they get back to the office on Monday?

A I strongly recommend that every dentist taking the KIWImethod® Minimally Invasive Gingival Grafting hands-on workshop also take the interactive seminar, Management and Prevention of Gingival Recession.

The seminar Management and Prevention of Gingival Recession is an interactive, fun format for dentists, dental hygienists, all staff members, and dental specialists alike.

SEMINAR

- Learn the 3 major factors associated with increased susceptibility to gingival recession
- Take away practical concepts regarding the recognition and management of risk exposures that can be implemented in the busy clinical setting
- Understand what are essential data to collect and record for monitoring patients
- Practice with chairside clinical decision support tools designed to help the clinician focus on triage, evaluation, planning, and patient communication regarding the prevention and management of gingival recession
- Discover clinical decision-making criteria for when and how to monitor gingival recession, when a patient is a candidate for surgical evaluation or referral to a periodontist, and if surgery is the treatment of choice, what should be considered key surgical outcome objectives

WORKSHOP

- When to consider surgery
- Surgical outcome objectives
- Surgical procedure selection
- Donor tissue options
- Minimally invasive surgical procedures for root coverage and non-root coverage outcomes
- Minimally invasive autogenous donor tissue harvesting;
- Postoperative instructions
- Practical tips on post-operative phase patient management
- When to treat, when to refer