❖ Miller & Korn Update ❖

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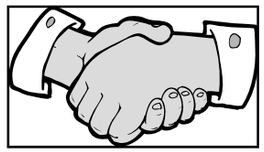
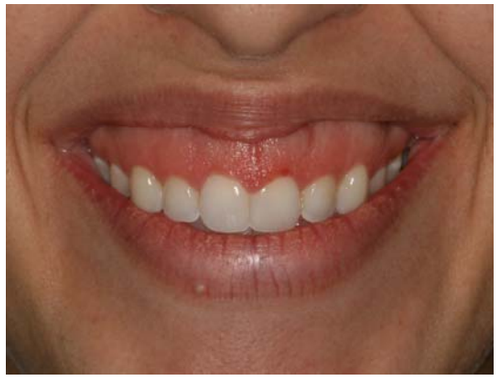
South Florida Periodontics and Implant Solutions

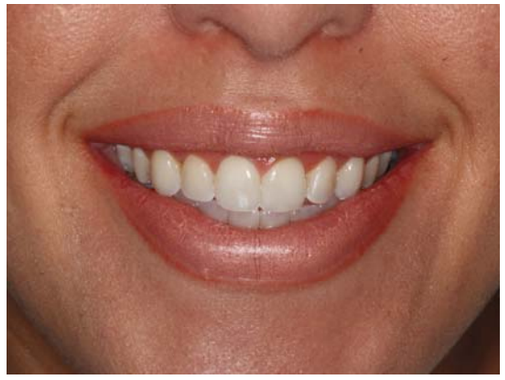


Your partner in providing state of the art periodontics and implant dentistry.

Management and Treatment Planning for a "Gummy Smile"

Cases recently completed at our office





Robert J. Miller, DMD and Randi J. Korn, DMD

333 NW 70th Avenue-Suite 101, Plantation, FL 33317 (954) 791-7530
8903 Glades Road-Suite D6, Boca Raton, FL 33434 (561) 451-4343
150 SE 2nd Avenue, Miami, FL 33131 (786) 777-0707

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Excessive Gingival display, which many people refer to as a "Gummy Smile", can be the result of a variety of different factors. A diagnosis of a gummy smile can be made if there is in excess of 2 -3 mm of ginigiva displayed during a full smile. Studies have shown that as many as 10% of the population is affected, which can be a source of embarrassment for many people. Severely afflicted people will tend not to smile or hide their mouths with their hands, as they feel that there is a social stigma associated with this.

There are many treatments for a gummy simile but the precise method is determined after clinical evaluation and determination of the etiology. Factors which must be investigated include altered passive eruption (excess gum covering the teeth) (*Fig.* 1a, 1b), a short upper lip, hyperactive upper lip which causes the upper lip to rise up higher than normal when smiling or excess bone on the labial aspects of the premaxilla. This excessive bone will cause the lip to rise up and over the convexity displaying an inordinate amount of gingiva. Clinical examination would include evaluation of these and other factors.

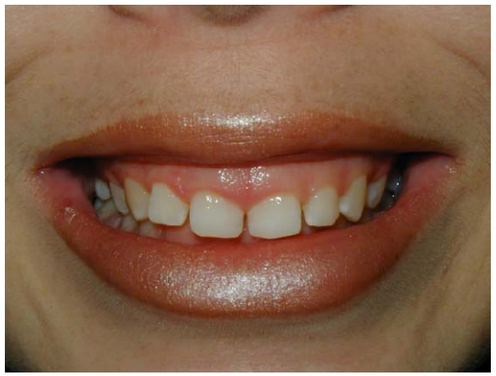

Fig. 1a Preop Altered Passive Eruption

Fig. 1b Postop Altered Passive Eruption

Treatment for a gummy smile which is a result of an altered passive eruption is typically removal of the excess gingiva. This can be treated with a gingivectomy, bringing the gingival margins to the CEJ and often times give the patient a more pleasing smile with appropriate sized teeth.

Case 1

Patient HF is a 18 year old female who recently completed orthodontic therapy and was not happy with her smile. She reports that she did not like the thick tissue and what she perceived as small teeth (*Fig.* 2a, 2b). She was very reluctant to smile and was hoping that when orthodontics was completed she would have a more pleasing smile. Clinical examination revealed an altered passive eruption with papillary hyperplasia which was more than likely due to her inability to clean interproximally during the active phase of orthodontic therapy.

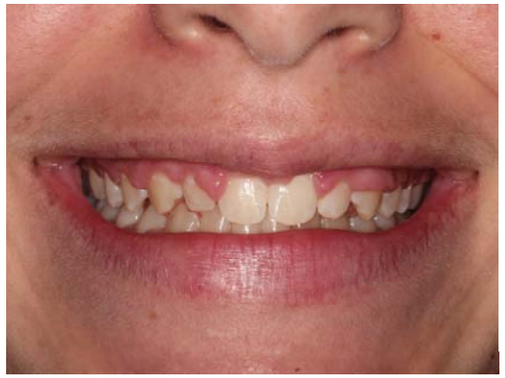

Fig. 2a Preop

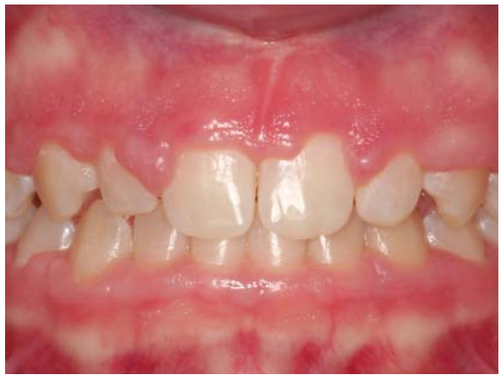

Fig. 2b Preop, lips retracted

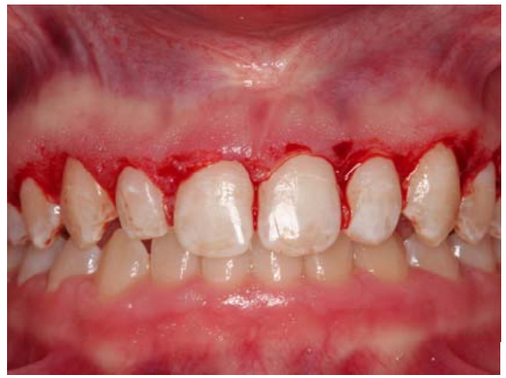

Fig. 2c Gingivectomy and Gingivoplasty

Surgical therapy consisted of gingivectomy and gingivoplasty to reduce the gingival excess. Healing was uneventful and she was very pleased with her outcome and the smile that she was hoping for.

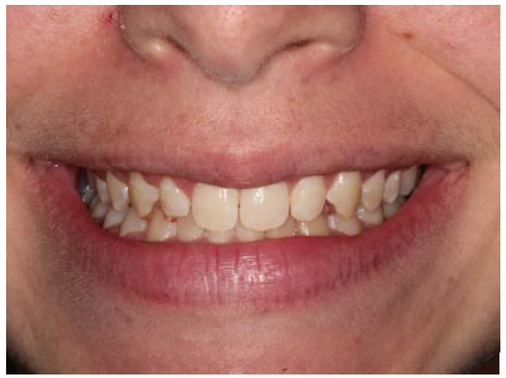

Fig. 2d Postop Full Smile

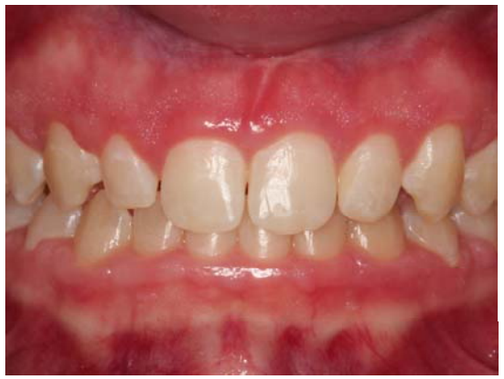

Fig. 2e Postop Full Smile

There have been a number of options for treating a short or “hyperactive lip” including Botox injections which considered a short term solution because of the need to reinject after four to six months. The costs and inconvenience make this a less than desirable solution.

An aspect of the clinical exam which should not be overlooked is the boney profile of the pre-maxilla. There are some instances when you will

find either a thick buccal plate or even what appears to small exostosis' which can "trap" the lip in a full smile. The lip appears to jump up and over the boney protuberance. If in fact that this is the etiology osseous resective surgery can be a potential remedy. Full thickness flap elevation is required to expose the buccal plate. Osteoplasty is necessary to re-create the boney profile using either chisels or a high speed handpiece.

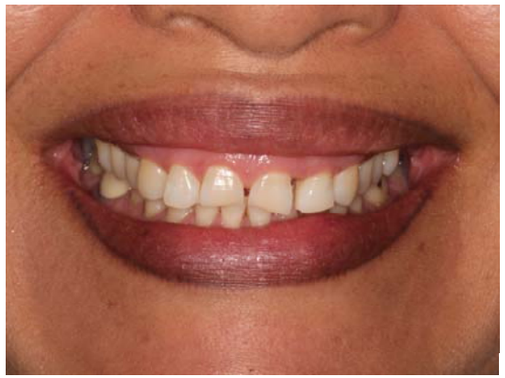

Fig. 3a Preop Full Smile

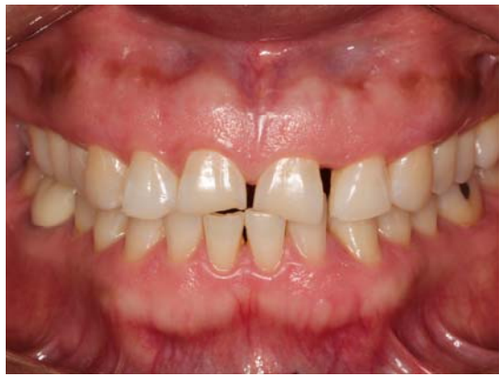

Fig. 3b Preop Retracted Lips

Case 2

Patient GS is a 29 year old female who was very self-conscious or her smile. She always felt that people perceived her as an angry person, as she rarely smiled (*Fig. 3a, 3b*). Clinical examination revealed what appeared to be a boney shelf which would trap her lip when she gave a full smile (*Fig. 3c*). Full thickness flap elevation revealed a large buccal shelf which was eliminated with osteoplasty (*Fig. 3d, 3e*). Healing was uneventful and when in a full smile the lip no longer was held up by the excessive bone (*Fig. 3f, 3g*).

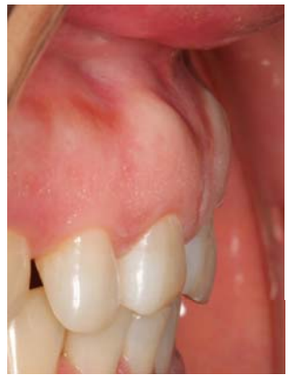

Fig. 3c Preop Boney Ledge

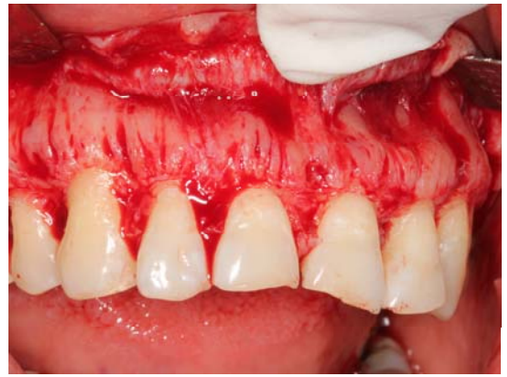

Fig. 3d Flap Elevation "Boney Ledge"

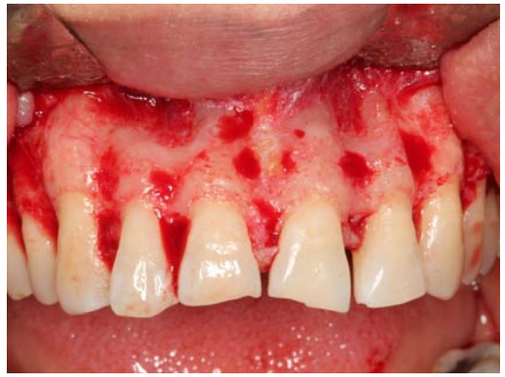

Fig. 3e Osteoplasty

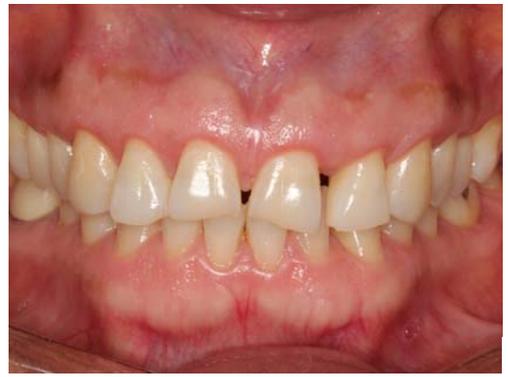

Fig. 3f Postop Retracted Lips

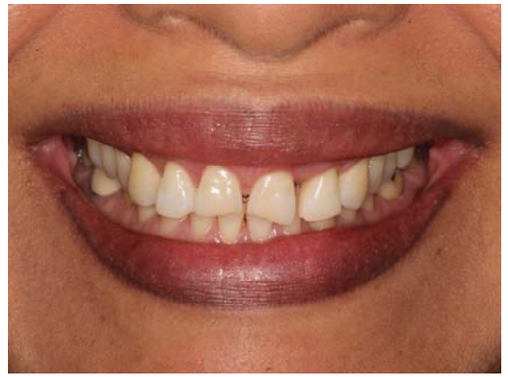

Fig. 3g Postop Full Smile

Case 3

Patient MC is a 32 year old female which came to our practice extremely frustrated as she had been treated for her hyperactive upper lip with Botox

for eighteen months. Due to the nature of the treatment the solution was temporary and required re-injection every three months. She was seeking a more permanent solution which what she felt was a an extremely depressing disfigurement (*Fig. 4a, 4b*). Clinical examination revealed a large buccal boney ridge which was accessed through full thickness flap elevation and removed with osteoplasty (*Fig. 4c, 4d*). Healing was uneventful and gave her a more pleasing smile (*Fig. 4e, 4f)*. The five year postop depicts that the results were permanent (*Fig. 4f,4h)*.

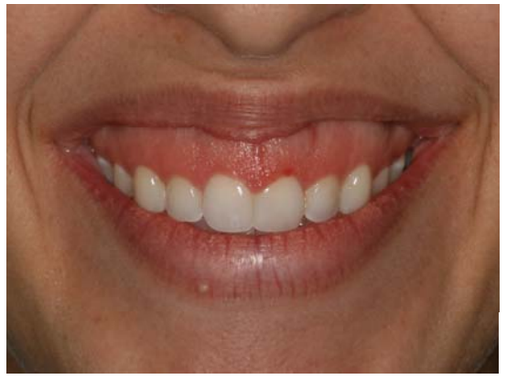

Fig. 4a Preop Full Smile

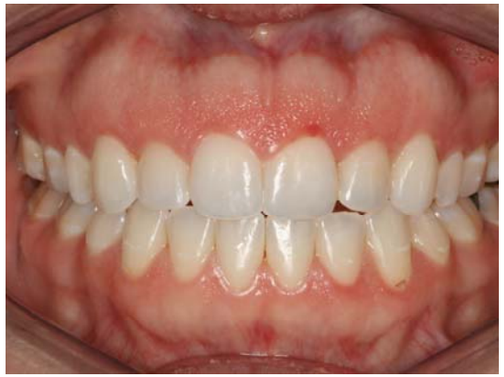

Fig. 4b Preop Retracted Lips

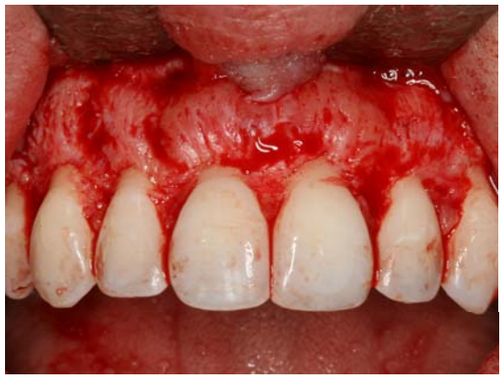

Fig. 4c Flap Elevation and "Boney Ledge"

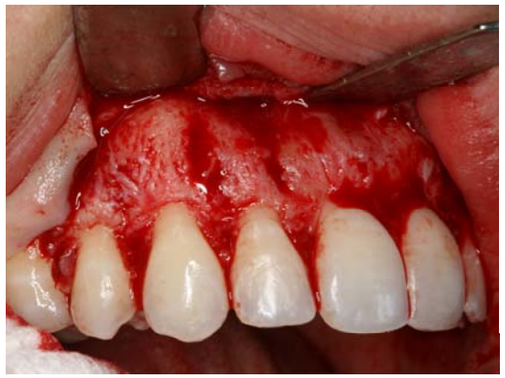

Fig. 4d Osteoplasty

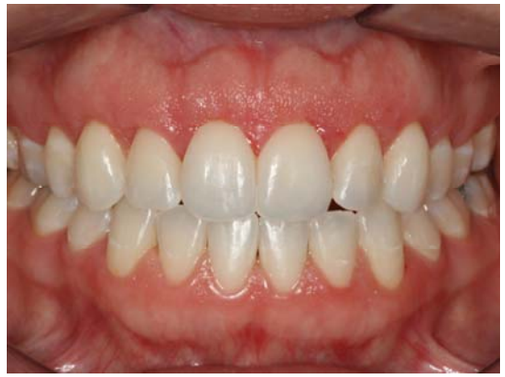

Fig. 4e Three Month Postop Retracted Lips

Fig. 4f Three Month Postop Full Smile

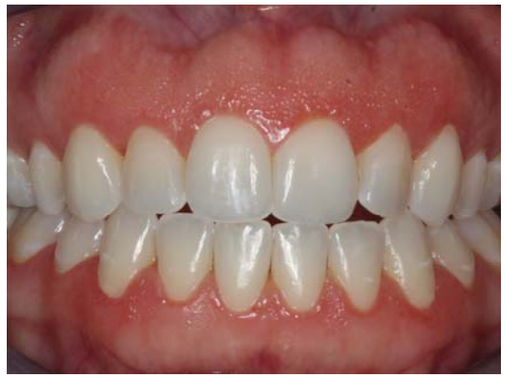

Fig. 4g Five Year Postop Retracted Lips

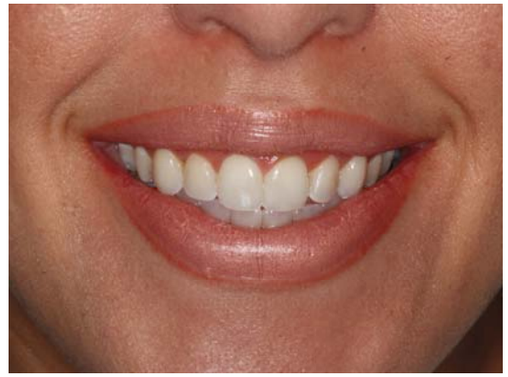

Fig. 4h Five Year Postop Full Smile

Feel free to contact us if you have questions regarding the "Gummy Smile", periodontics, or dental implants. It is our pleasure to help your office provide the highest quality of care for your patients.

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