

CLINICAL INFO

LABIAL FRENULECTOMY

Case treated by:

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Aversa (CE)



Therapy of gum recessions involves eliminating trigger points and increasing adherent gum. Eliminating the causes in the initial stages, when the damage is reversible, allows for a complete restitutio ad integrum.



BEFORE



AFTER



Patient:

Age: 22 years. Gender: male.

General history: nothing relevant.

Case history: the patient came to our clinic complaining about sensitivity of tooth 31. After Periodontal examination and probing, a first class recession is identified on element 31, in addition to the traction of the lip. An ancillary lower labial frenulum that acts on the gingival margin was identified, likely to cause the recession itself.

Hypothetical therapies.

	Methods	Benefits	Disadvantages
Traditional	Traditional surgery with scalpel and suture.	Rapid intervention.	Abundant bleeding. Hemostasis is difficult. Suturing is difficult.
Laser	Labial frenulectomy with laser and erbium Pluser.	Hemostasis. Precise and controlled cut. No suture. Secondary intention healing, no scars, no relapses. Decontamination. Photobiomodulation.	Not detected.

Treatment:



Frenulectomy of ancillary lower labial frenulum



Pluser enables the vaporization of the tissue



Three days after surgery there is an advanced epithelization and a slight recovery of the recession.

Pluser is a tool of excellence for the vaporization of hard tissues. It is also extremely Conclusions: versatile in mucogingival surgery. The use of the spray integrated in Pluser's handpiece enables performing clean incisions and vaporization of soft tissues with just a small

increase in tissue temperature, without peripheral necrosis. The result is an increase in adherent gum, which will make the result of the subsequent mucogingival intervention for root covering more predictable.