

Poster journal

Closed surgical approach for palatally displaced maxillary permanent canine along with open flap debridement in chronic periodontitis patient- A case report

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Commentary:

INTRODUCTION- Canine plays an important role in dentofacial esthetics, development of arch and functional occlusion¹. Maxillary canines are the most commonly impacted teeth as they develop deep within the maxilla and have the longest path of eruption. Surgical exposure of impacted canine can be performed in three ways- gingivectomy, apically repositioning the raised flap overlying the impacted tooth and closed-eruption technique².

CASE REPORT- A 25- year male, systemically healthy, nonsmoker patient with generalized chronic periodontitis was treated. Oral examination revealed gingival inflammation, bleeding on probing and a palatal bulge in the canine region. Maxillary canine was located palatally with its cusp tip adjacent to cervical one-third of root of central incisor and at 3mm distance from incisive foramen as observed on CBCT (cone beam computerized tomography) view.

Papilla preservation flap technique was used to raise full thickness mucoperiosteal flap. Meticulous debridement and root planning was carried out using Gracey curettes and scalers. Bone loss was seen in the anterior region. On the palatal side, for the exposure of impacted canine, piezo surgical tips no-US1L and R were used for the removal of some cortical bone, keeping in mind the position of incisive foramen. Orthodontic button and ligature wire were placed with the help of bonding agent. Flap was repositioned with interrupted suture.

DISCUSSION AND CONCLUSION- Atraumatic surgical technique and orthodontic treatment permit the traction of impacted canines to the alveolar crest, thus facilitating a physiological eruption pattern.

References

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