

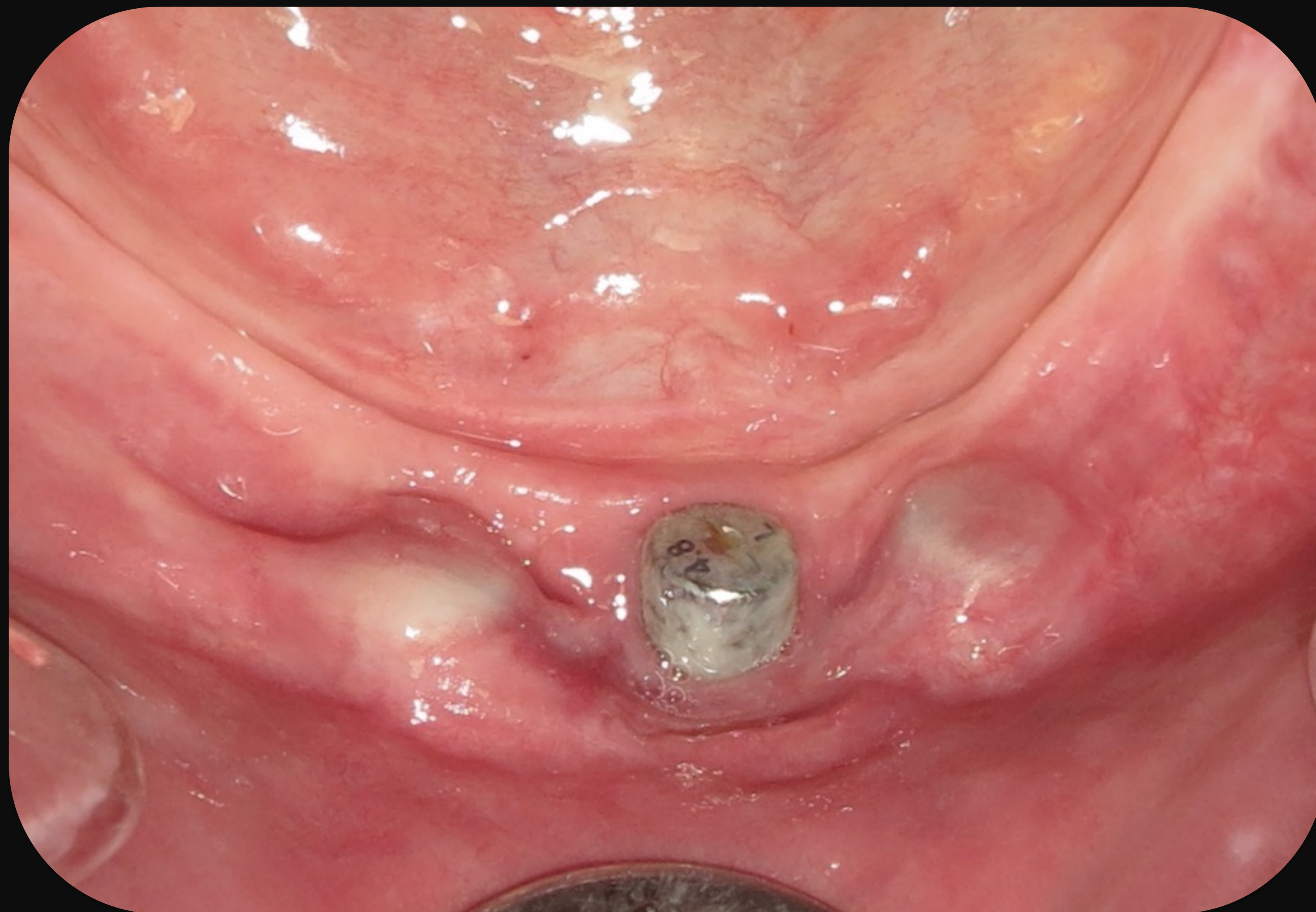
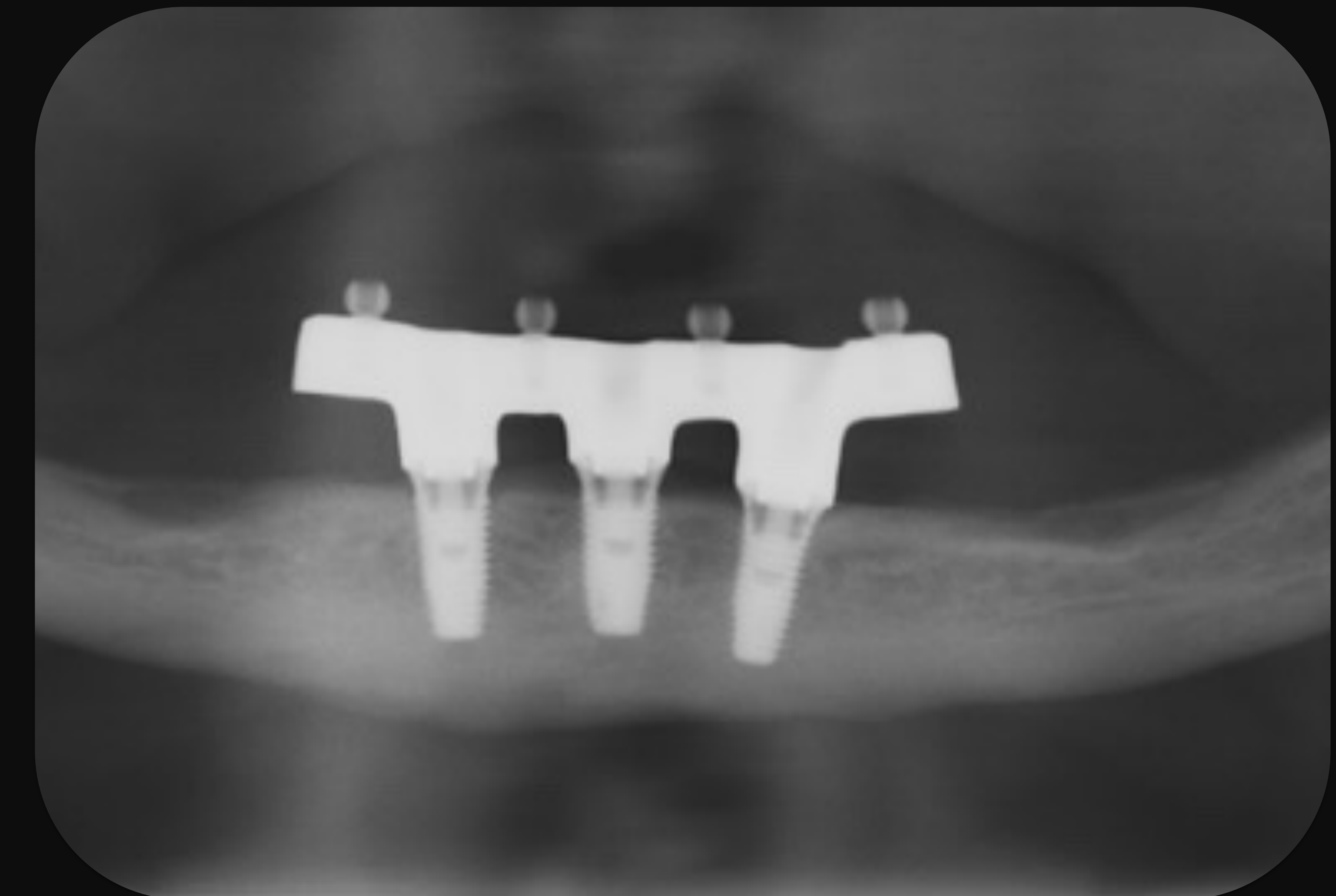
Management of Camping Tent Shape Defect to Increase Keratinized Tissue and Adequate Lingual Vestibular Depth for Implant Supported Overdentures.

Mohseni Salehimonfared, Seyedhossein¹; Raei, Amir¹

Department of Periodontology, Tehran University of Medical Sciences, Tehran, Iran Email:salehimo@tums.ac.ir

INTRODUCTION

Dental implants are considered predictable treatment options to rehabilitate the edentulous ridges. In atrophic ridges, camping tent defect might be present when rehabilitating the area with implant supported prosthesis. This condition is primarily due to the high muscle attachment insertions either in buccal or lingual site depending on the vestibular depth. Pre-prosthetic surgery may be indicated to provide a tissue with adequate quality and quantity. The surgical approach depends on the muscle attachment position.



This paper describes two cases of completely edentulous atrophic ridge with high muscle attachments. After implant placement, In the following months, there was a camping tent shape defect. In order to manage this condition, the muscle attachments were repositioned apically in either buccal or lingual site. Different surgical approaches based on muscle attachment position were done. These interventions included; mylohyoid muscle repositioning, free gingival graft, and apically positioned flap.



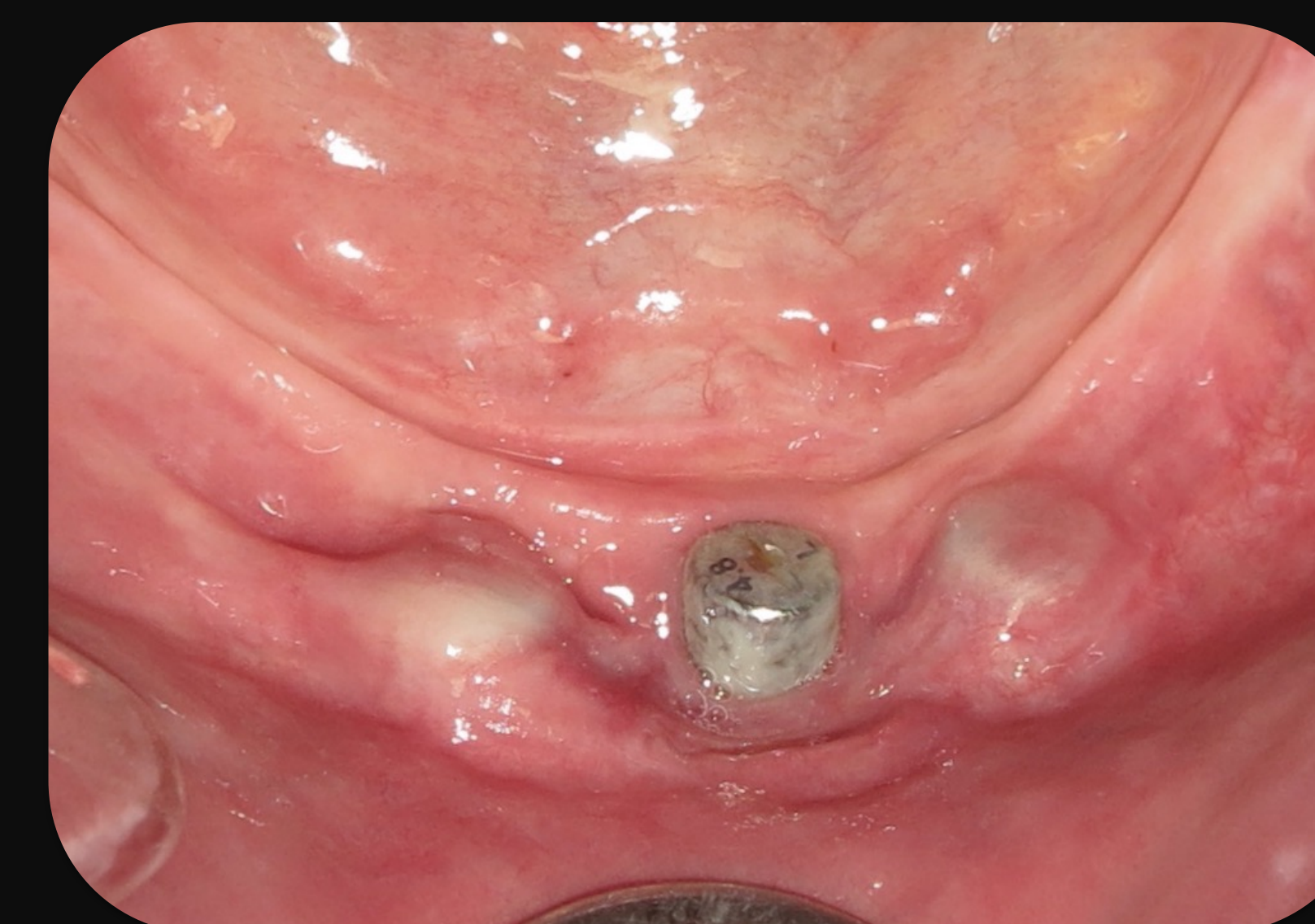
Case 1: Baseline radiography
-Atrophic ridge



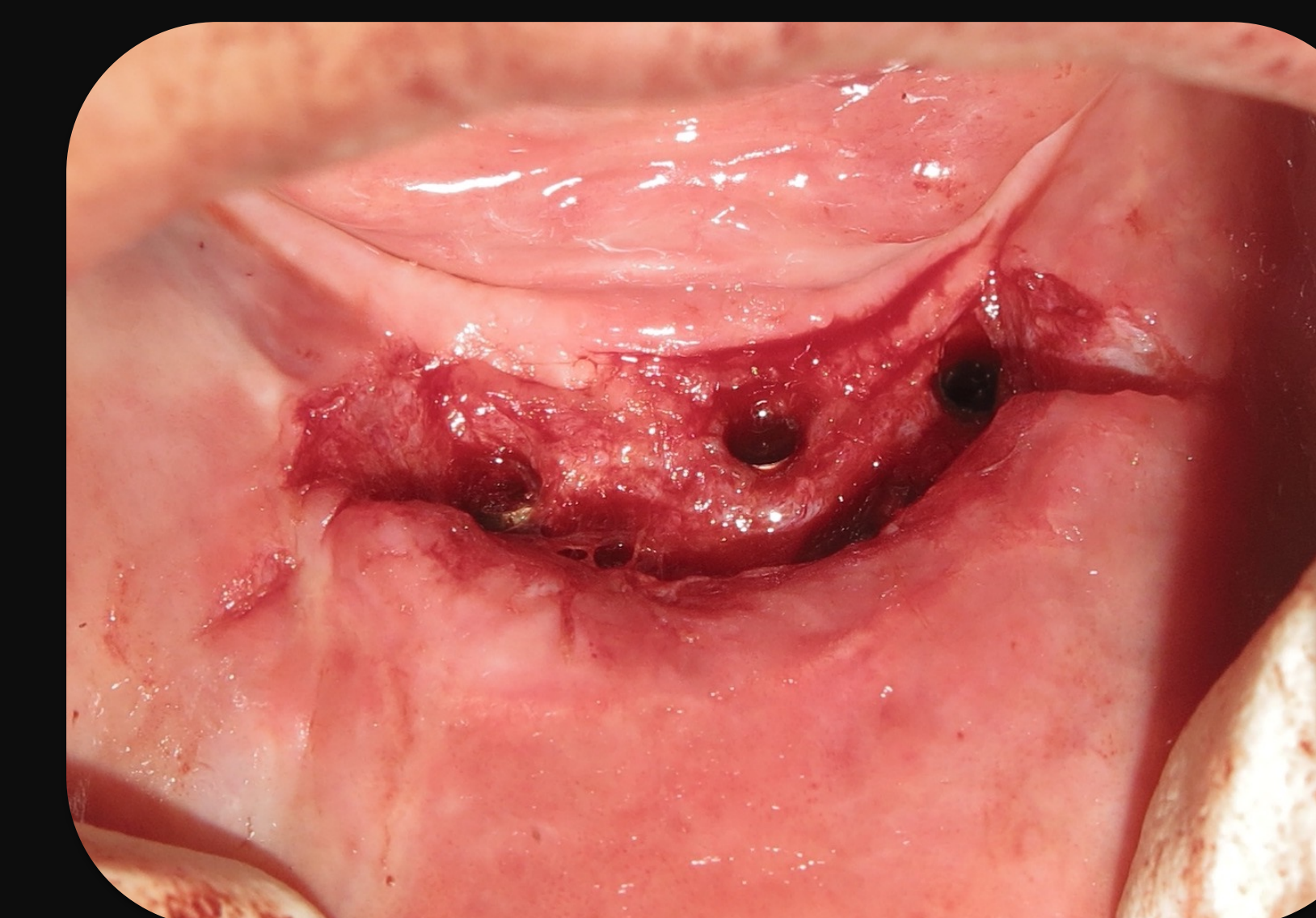
Radiography after
implantation



Buccal camping tent shape defect



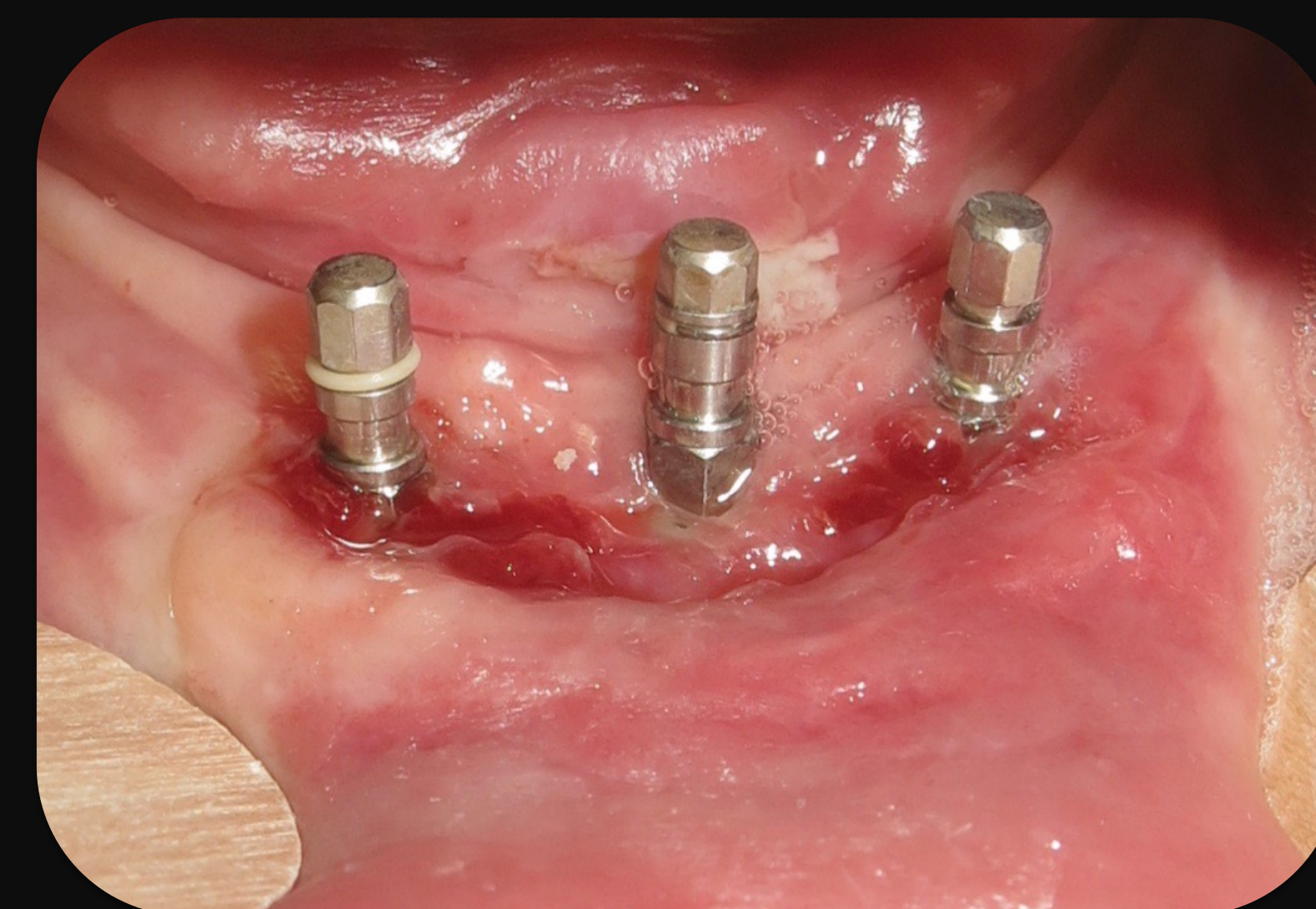
Buccal camping tent shape defect



Partial thickness
incision



Using fixture mount and aluminum
foil to prevent migration of buccal
mucosa on implants



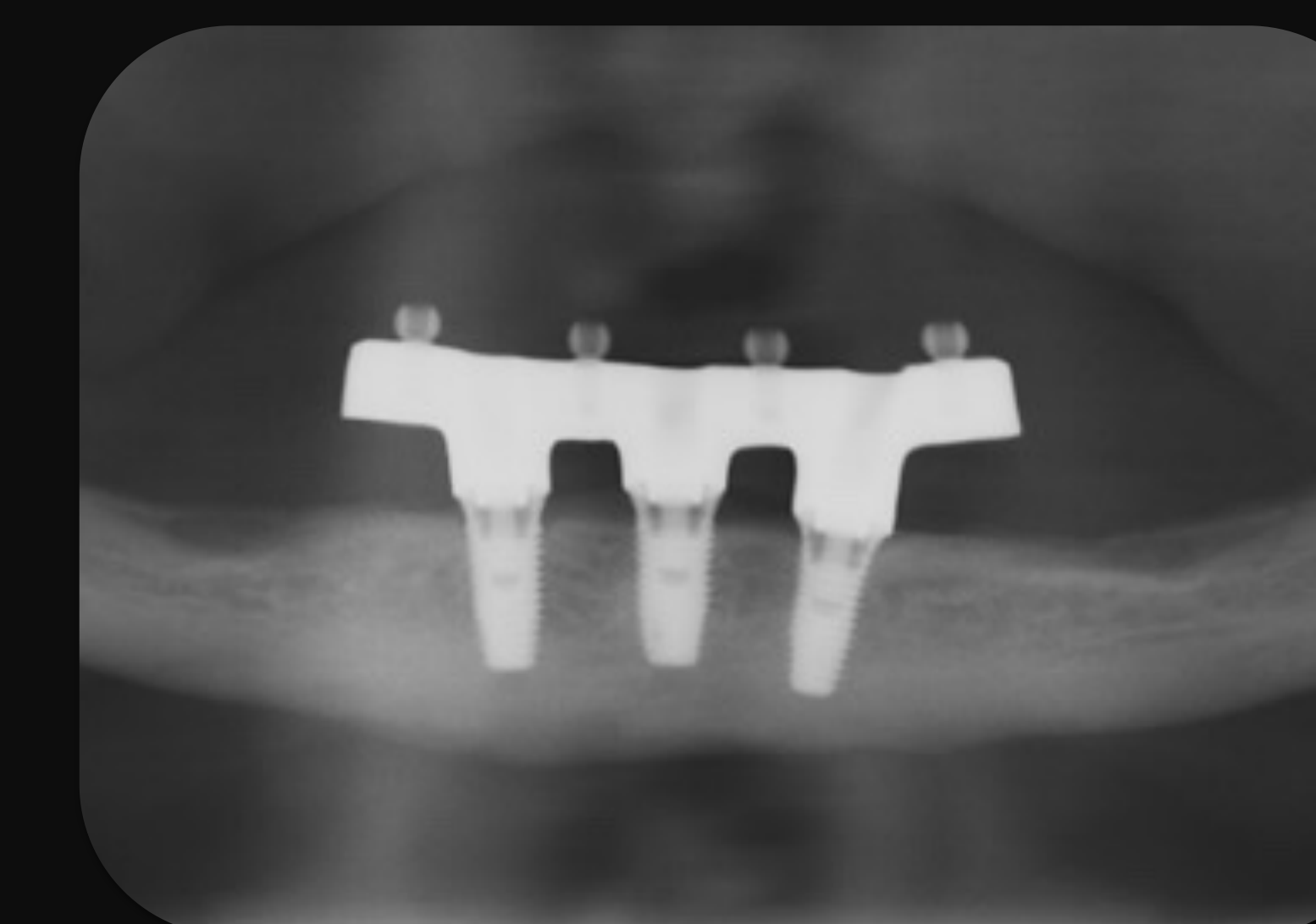
follow up
session



Replacing aluminum foil
with COE PAK



Replacing aluminum foil
with COE PAK



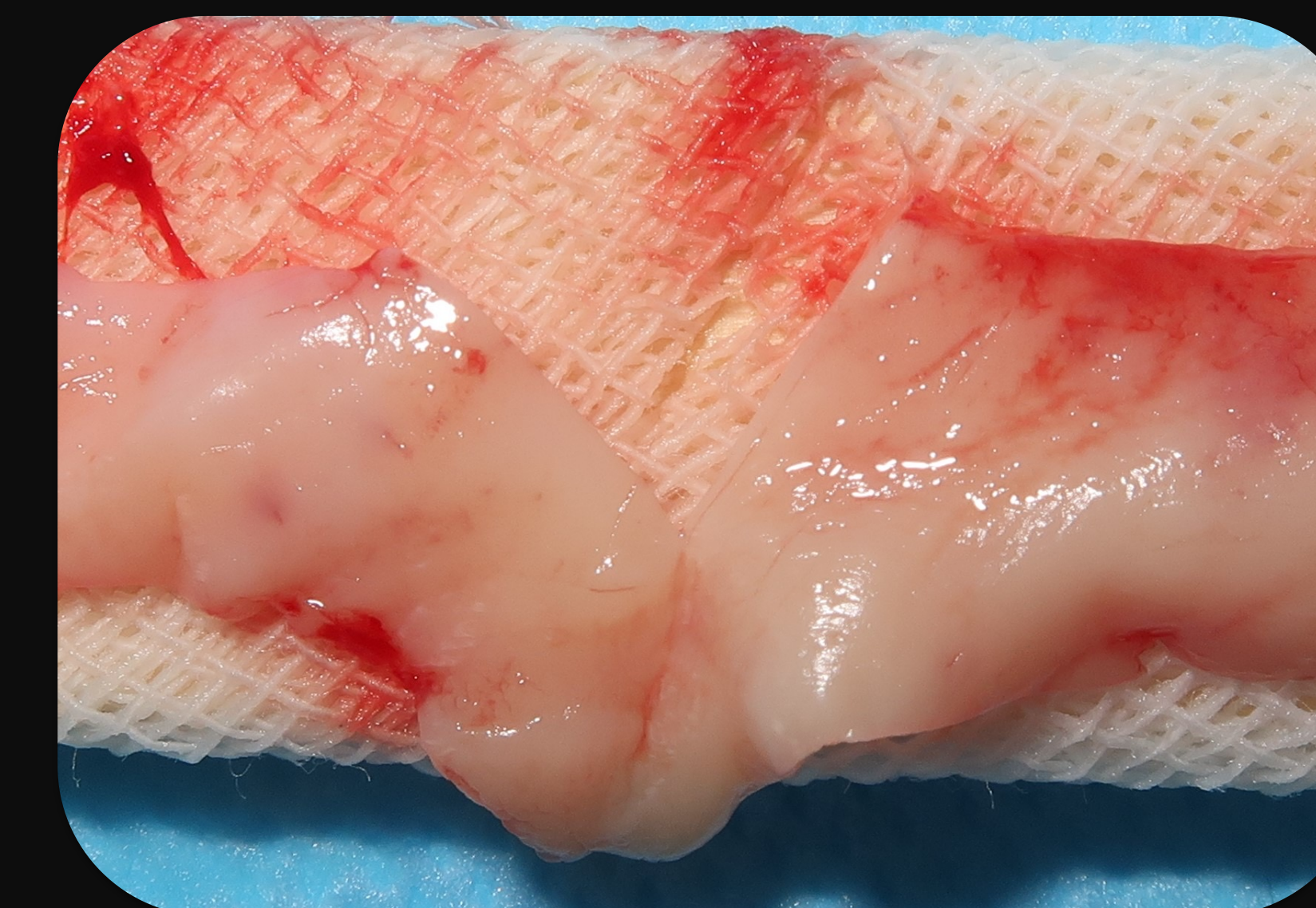
Final OPG



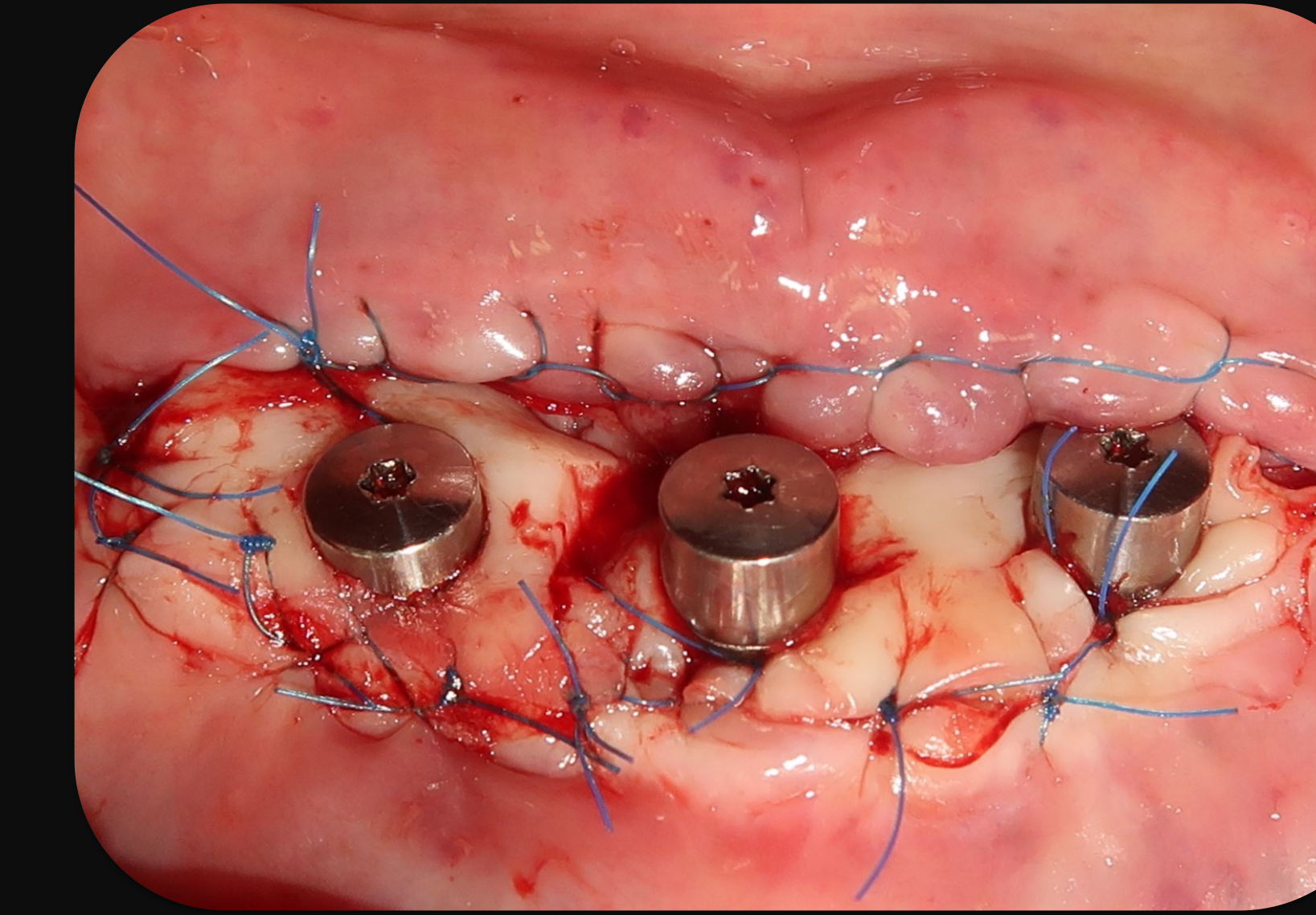
Case 2: Lingual camping tent defect shape after implantation



Free gingival graft



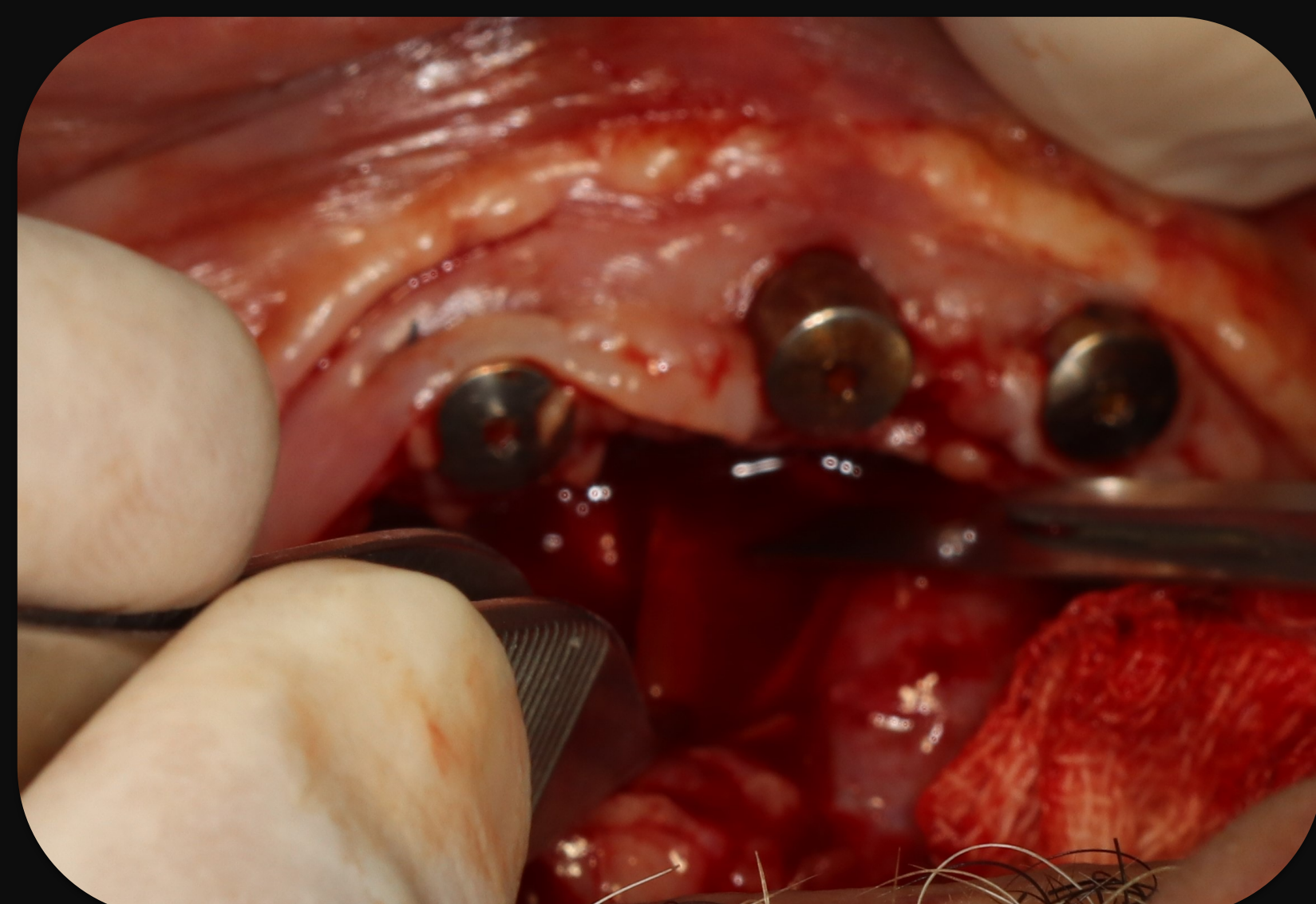
Trimming free gingival graft



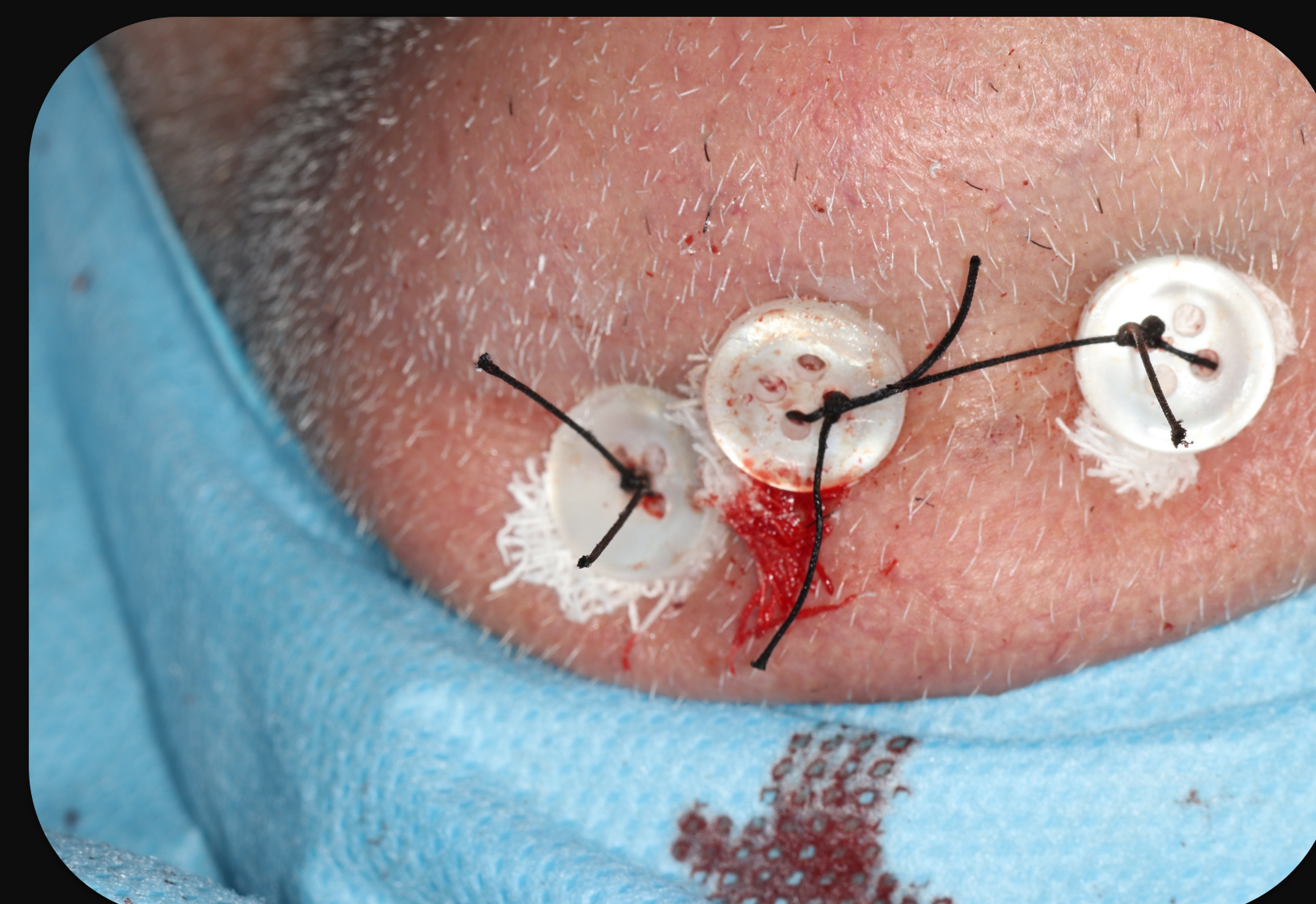
FGG was fixed around implants



Lingual view after free gingival graft



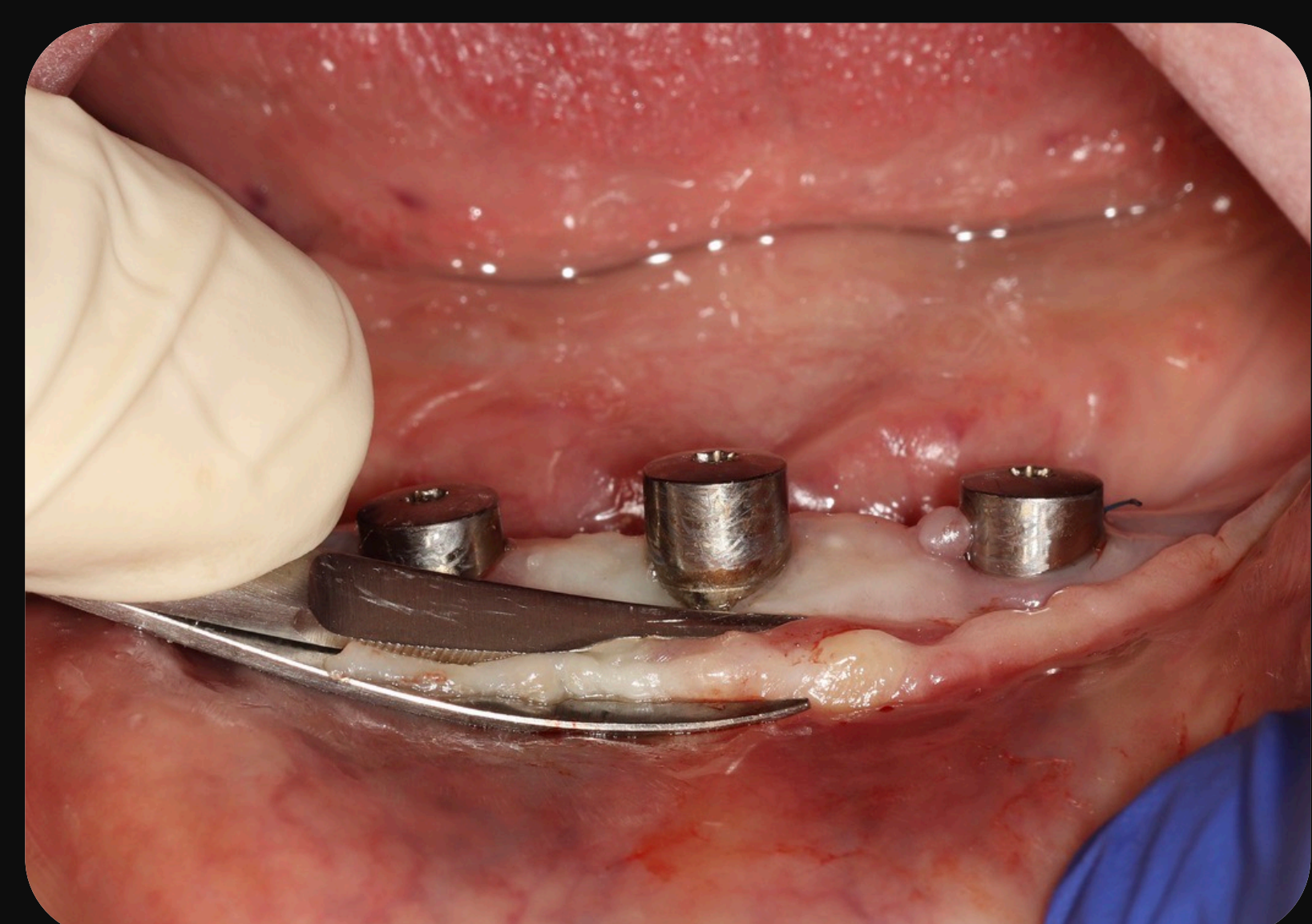
lingual vestibular deepening was done with button technique.



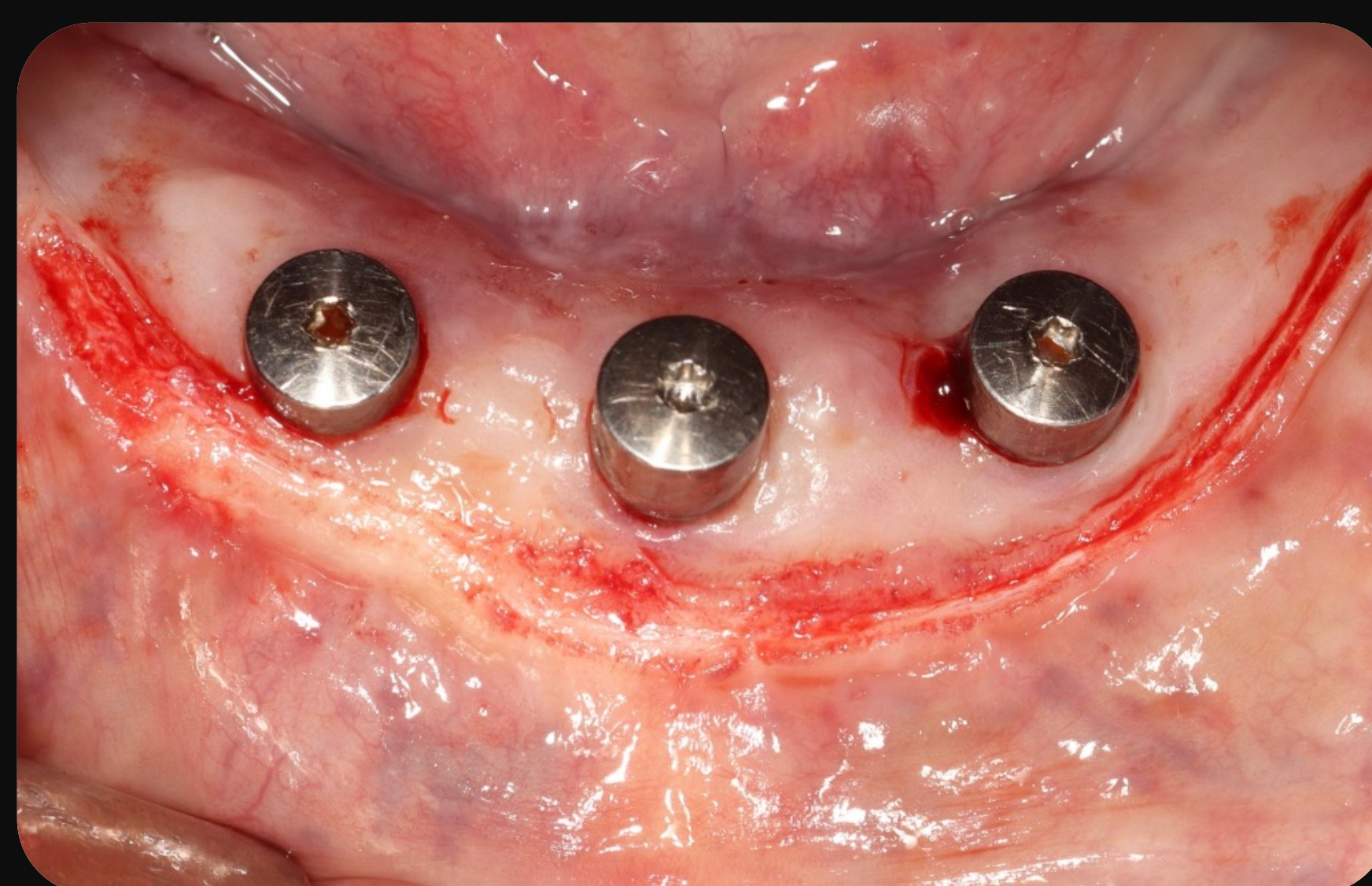
horizontal mattress sutures (BUTTON TEC)



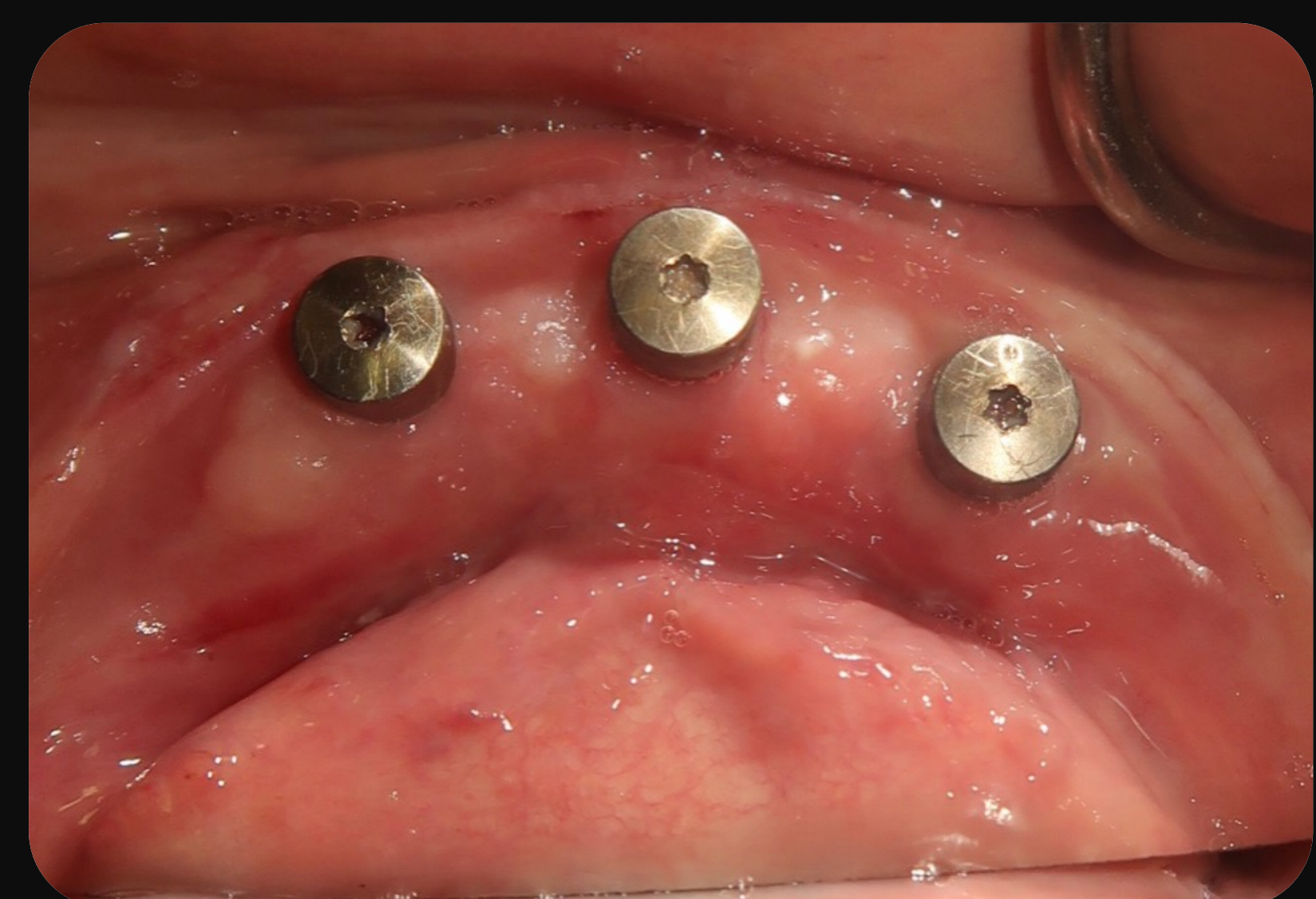
Immediately after muscle attachment repositioning



Gingivectomy for correction of gingival contour



After gingivectomy



lingual sulcoplasty with button technique



Adequate lingual vestibule

RESULTS

Camping tent defects were managed by muscle attachment Repositioning with different surgical approaches. These interventions resulted in adequate buccal and lingual vestibular depth.

CONCLUSION

According to the camping tent defect, various surgical approaches may be indicated to manage this condition for successful prosthetic rehabilitations.

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