



## Complete Summary

---

### GUIDELINE TITLE

Parameter on mucogingival conditions.

### BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on mucogingival conditions. J Periodontol 2000 May; 71(5 Suppl):861-2. [16 references]

## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
RECOMMENDATIONS  
EVIDENCE SUPPORTING THE RECOMMENDATIONS  
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
QUALIFYING STATEMENTS  
IMPLEMENTATION OF THE GUIDELINE  
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY

## SCOPE

### DISEASE/CONDITION(S)

Mucogingival conditions

### GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness  
Diagnosis  
Evaluation  
Treatment

### CLINICAL SPECIALTY

Dentistry

### INTENDED USERS

Dentists

### GUIDELINE OBJECTIVE(S)

To provide a parameter on the identification and treatment of mucogingival conditions.

## TARGET POPULATION

Individuals with mucogingival conditions

## INTERVENTIONS AND PRACTICES CONSIDERED

### Diagnosis

1. Medical and dental history
2. Visual examination
3. Radiographic examination
4. Mucogingival evaluation
5. Evaluation of etiological factors and variations in ridge configuration

### Treatment

1. Control of inflammation through plaque control, scaling and root planing and/or antimicrobial agents.
2. Gingival augmentation therapy
3. Root coverage
4. Crown lengthening
5. Extraction site grafts to prevent ridge collapse
6. Papilla regeneration
7. Exposure of unerupted teeth
8. Frenectomy
9. Surgical procedures to reduce probing depths
10. Tooth movement
11. Odontoplasty
12. Vestibular depth alteration including, vestibuloplasty and gingival augmentation
13. Ridge augmentation

## MAJOR OUTCOMES CONSIDERED

Efficacy of therapy, as noted by:

- Mucogingival condition changes
- Further recession
- Changes in inflammation
- Function in health and comfort
- Esthetic appeal

## METHODOLOGY

### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Approved by the Board of Trustees, American Academy of Periodontology, May 1998.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

#### Examination

Mucogingival conditions may be detected during a comprehensive or problem-focused periodontal examination. The problem-focused examination should also include appropriate screening techniques to evaluate for periodontal or other oral diseases.

Features of a problem-focused examination that apply to mucogingival conditions:

1. A medical history should be taken and evaluated to identify predisposing conditions that may affect treatment or patient management.
2. A dental history including the chief complaint should be taken and evaluated.
3. Relevant findings from probing and visual examinations of the periodontium and the intraoral soft tissues should be collected and recorded.
4. While radiographs do not detect mucogingival problems, appropriate radiographs may be utilized as part of the examination.
5. Mucogingival relationships should be evaluated to identify deficiencies of keratinized tissue, abnormal frenulum insertions, and other tissue abnormalities.
6. Etiologic factors that may have an impact on the results of therapy should be evaluated.
7. Variations in ridge configuration should also be evaluated.

#### Therapeutic Goals

Mucogingival therapy is defined as non-surgical and/or surgical correction of defects in morphology, position, and/or amount of soft tissue and underlying bone. The goals of mucogingival therapy are to help maintain the dentition or its replacements in health with good function and esthetics, and may include restoring anatomic form and function. A further goal is to reduce the risk of progressive recession. This may be accomplished with a variety of procedures including root coverage, gingival augmentation, pocket reduction, and ridge reconstruction, as well as control of etiologic factors.

Several mucogingival conditions may occur concurrently, necessitating the consideration of combining or sequencing surgical techniques.

#### Treatment Considerations

1. In order to monitor changes of mucogingival conditions, baseline findings should be recorded.
2. Depending on the mucogingival conditions, the following treatments may be indicated:
  - a. Control of inflammation through plaque control, scaling and root planing and/or antimicrobial agents.
  - b. Gingival augmentation therapy
  - c. Root coverage

- d. Crown lengthening
  - e. Extraction site grafts to prevent ridge collapse
  - f. Papilla regeneration
  - g. Exposure of unerupted teeth
  - h. Frenectomy
  - i. Surgical procedures to reduce probing depths
  - j. Tooth movement
  - k. Odontoplasty
3. Vestibular depth alteration

Treatment options for altering vestibular depth may include gingival augmentation and/or vestibuloplasty.

4. Ridge Augmentation

Ridge defects that may need correction prior to prosthetic rehabilitation can be treated by a variety of tissue grafting techniques and/or guided tissue regeneration. The selection of surgical procedures may depend on the configuration of the defect, availability of donor tissue, and esthetic considerations of the patient.

Outcomes Assessment

1. The desired outcome of periodontal therapy for patients with mucogingival conditions should result in:
  - a. Correction of the mucogingival condition
  - b. Cessation of further recession
  - c. Tissues that are free of clinical signs of inflammation
  - d. Return to function in health and comfort
  - e. Satisfactory esthetics
2. Areas where the condition did not resolve may be characterized by:
  - a. Persistence of the mucogingival problem
  - b. Persistence of clinical signs of inflammation
  - c. Less than satisfactory esthetics
3. In patients where the condition did not resolve, additional therapy may be required.
  - a. Not all patients or sites will respond equally or acceptably.
  - b. Additional therapy may be warranted on a site specific basis.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

- Maintenance of the dentition or its replacements are maintained in health with good function and esthetics
- Reduction in the risk of progressive recession

### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

1. Each parameter should be considered in its entirety. It should be recognized that adherence to any parameter will not obviate all complications or post-care problems in periodontal therapy. A parameter should not be deemed inclusive of all methods of care or exclusive of treatment appropriately directed to obtain the same results. It should also be noted that these parameters summarize patient evaluation and treatment procedures which have been presented in more detail in the medical and dental literature.
2. It is important to emphasize that the final judgment regarding the care for any given patient must be determined by the dentist. The fact that dental treatment varies from a practice parameter does not of itself establish that a dentist has not met the required standard of care. Ultimately, it is the dentist who must determine the appropriate course of treatment to provide a reasonable outcome for the patient. It is the dentist, together with the patient, who has the final responsibility for making decisions about therapeutic options.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on mucogingival conditions. J Periodontol 2000 May;71(5 Suppl):861-2. [16 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

1996 Oct (revised 2000 May)

### GUIDELINE DEVELOPER(S)

American Academy of Periodontology - Professional Association

### SOURCE(S) OF FUNDING

American Academy of Periodontology

### GUIDELINE COMMITTEE

Ad Hoc Committee on Parameters of Care

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Members: Donald A. Adams; Erwin P. Barrington (Chair); Jack Caton, Jr.; Robert J. Genco; Stephen F. Goodman; Carole N. Hildebrand; Marjorie K. Jeffcoat; Fraya Karsh; Sanford B. King; Brian L. Mealey; Roland M. Meffert; James T. Mellonig; Myron Nevins; Steven Offenbacher; Gary M. Reiser; Louis F. Rose; Paul R. Rosen; Cheryl L. Townsend (Chair); S. Jerome Zackin.

### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

### GUIDELINE STATUS

This is the current release of the guideline. It is an update of a previously issued document (Parameters of care. Chicago (IL): American Academy of Periodontology; 1996 Oct. 29-32 [15 references]).

This publication has been edited to reflect decisions by the Board of Trustees in approving the term "periodontal maintenance" in lieu of "supportive periodontal therapy" (January 2000) and a new classification of periodontal diseases, as

published in the Annals of Periodontology, December 1999; Volume 4, Number 1 (April 2000).

An update is not in progress at this time.

#### GUIDELINE AVAILABILITY

The complete set (13 parameters) of the American Academy of Periodontology Parameters of Care can be downloaded from the Academy's Web site. An Adobe Acrobat Reader is required to download the publication.

To access the Academy's Web site, go to [www.perio.org](http://www.perio.org). To access a copy of the Parameters of Care, go to [www.perio.org/resources-products/pdf/parameters.pdf](http://www.perio.org/resources-products/pdf/parameters.pdf).

#### AVAILABILITY OF COMPANION DOCUMENTS

This is one of 13 practice parameters available in the American Academy of Periodontology Parameters of Care. This journal supplement includes a Foreword and an Overview.

To access the Academy's Web site, go to [www.perio.org](http://www.perio.org). To access a copy of the Parameters of Care, go to [www.perio.org/resources-products/pdf/parameters.pdf](http://www.perio.org/resources-products/pdf/parameters.pdf).

#### PATIENT RESOURCES

None available

#### NGC STATUS

This is an update of a previously issued summary that was originally completed by ECRI on March 25, 1999, was verified by the guideline developer on April 26, 1999, and was published to the NGC Web site in May 1999. The updated summary was verified by the guideline developer as of October 17, 2000.

#### COPYRIGHT STATEMENT

This NGC summary is based on the original guideline, which is copyrighted by the American Academy of Periodontology.

© 1998-2004 National Guideline Clearinghouse

Date Modified: 11/8/2004

FIRSTGOV

