

COMMENTARY

Current Status and Perspectives of Mucogingival Soft Tissue Measurement Methods

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The authors of "Current Status and Perspectives of Mucogingival Soft Tissue Measurement Methods" are commended for preparing a balanced and well-documented review of methods for assessment of soft tissue form. This topic is timely given the attention focused on soft tissue esthetics, particularly in dental implant therapy where post-treatment soft tissue form is often altered.

They correctly state that gingival form depends on the shape, size, and position of teeth as well as bone anatomy. Conversely, tooth form depends on gingival form and level. Thus, ultimately tooth form depends on bone form and level relative to the tooth. Where the alveolar bone is thick and near the cemento-enamel junction (CEJ), the gingiva will cover more of the anatomic crown rendering a square clinical crown and short papillae. Although it is true that, as the authors state, there are two basic extremes of gingival architecture, "pronounced scalloped" and "flat," the appearance of square clinical crowns and short papillae is not solely related to the anatomic crown form but also may result from the presence of excessively thick alveolar bone. Either intentional or unintentional alteration of the bone form leads to a change in both tissue and tooth form.

Of all the methods presented, it appears that the best assessments for routine clinical application come from measurements taken with a periodontal probe, use of papilla indices and standardized intraoral photography. There are, of course, limitations with these methods as landmarks change with restoration placement, and we have all seen photographic papilla "regeneration." There is promise on the horizon as three-dimensional laser scanning, CAD/CAM, and CBCT methods develop, but currently these techniques are limited to research applications.

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This commentary is accompanied by article, "Current Status and Perspectives of Mucogingival Soft Tissue Measurement Methods" Dr. Valerie Ronay, Dr. Philipp Sahrman, PD Dr. Andreas Bindl, Prof. Dr. Thomas Attin, PD Dr. Patrick R. Schmidlin, DOI 10.1111/j.1708-8240.2011.00424.x.

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