

● 역구개 분리 치은피변수술

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最近 齒周領域에서 Mucogingival Technique와 Osseous Surgery가 많은 論議가 되고 있음은 周知의 事實이다. 이는 오래된 處置性을 改良함으로써 새로운 合理的인 處置性이 要望되는 까닭이다.

Neuman은 全口蓋 及 頰部被辨手術을 技術했으며 Friedman은 內傾斜 節開法의 重要性을 論하였다.

Prichard은 이러한 手術法이 齒齦切除手術法에 比較하여 手術後疼痛, 骨消失, 齒齦露出, 治癒 時間의 連延後遺症等を 減少 시키는 長點이 있음을 主張하였다.

口蓋에 있어서 骨手術性은 進行性齒周疾患保存이 要求되는 齒牙에서 施行된다.

粘膜被辨手術은 齒周處置에 있어서 軟組織의 切除를 最少로 주립으로써 齒牙齒齦境界의 正常關係를 回復시키는데 目的이 있다.

약간의 例外를 除外하고는 口蓋外科手術方法은 口蓋骨缺損, 口蓋軟組織 缺損 또는 肥厚된 齒齦壁 등이 適應症이 된다. 또한 이 手術法은 骨에서 骨膜을 剝離시킴으로써 過剩出血, 過剩出液의 潛在性을 完全히 排除함으로써 治癒를 促進 시킬 수 있는 것이다. 또한 骨消失, 疼痛의 減少等도 減少 시킬수있다.

術 式

1. 齒齦緣에 따른 逆傾斜切開를 한다(3-4mm).
2. 被辨을 剝離한다.
3. 肉芽組織及 根部附着物을 除去
4. 根端手滑 特히 齒周分岐部 被辨이 齒冠部를 完全히 덮기 爲해서
5. 追加로 水平切開를 加한다(口蓋에). 萬若 充分히 齒冠部를 덮을수있으면 水平切開는 必要없다.
6. 被辨을 齒冠部에 再修復시켜 縫合한다.
7. Tin foil를 부친다.
8. 齒周는 帶(pack)를 附着시킨다.
9. 一周後에 pack을 除去한다.
10. 必要하면 Pack 再附着시킨다.

ship of plaque accumulation on overhanging margins, the presence of overhanging margins in periodontally diseased teeth gives impetus to the concept : to overhanging restorations is sound dentistry.

Stein and Glickman have recommended that in intracoronal retainers all preparations should terminate well above the gingival margin²⁰. Stein has lectured that if possible, in restorations, one should stay away from the gingiva : and moreover, supragingival restorations are prescribed even on caries-prone-individuals²¹.

The above two authors have written that in crown preparations, surgical removal of the gingival to obtain a satisfactory impression offers a distinct advantage over chemical and mechanical methods²⁰.

Klecinic and Fedi have published that the gingival tissues should meet the crown of the tooth in a knife-edge margin. Unfortunately, the gingival margin is often accentuated or thickened, depending on tooth contour or tooth position. Therefore, correction prior to the restorative phase of the treatment plan is often indicated²².

Thus the following concept for the management of sub-gingival caries is advanced : Teeth should never be restored until periodontal is achieved. The marginal gingiva should be excised prior to restoration of the sub-gingival caries. Since the Gingival margin of the cavity preparation will thus be exposed, the restoration can be facilitated and an overhanging margin can thus be avoided.

Frozen homogenous bone and autogenous iliac bone marrow transplantation in the treatment of generalized advanced periodontitis

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Two cases of generalized advanced periodontitis treated radically by homogenous bank bone implantation and autogenous iliac chip graft are presented. It is authors regret to present only two cases with relatively short follow-up period.

Life-long follow-up with complete assessment of the case including histological examination should be expected in later issue.

Reverse palatal split thickness flap surgery

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1. Reverse bevel incision along the gingival margin(3 to 4 mm).
2. Split thickness flap retracted.
3. Removal of granulation tissue and root accretions.

4. Root planing, especially furca region.
5. Osseous surgery.
6. Additional horizontal incision on the palate to facilitate the reposition for split flap coronally.
If there is enough amount of gingiva that can cover the root surface, there is no needs for additional horizontal incision.
7. The split flap repositioned coronally and sutured.
8. Tin foil placed on operated area.
9. Periodontal pack application.
10. Removal of periodontal pack after one week postoperatively. If necessary, additional periodontal pack application.

The purpose of this technique is to facilitate the possible reattachment of the gingiva coronally and to reduce the postoperative bone loss.