

FREE GRAFT VS. CONNECTIVE TISSUE GRAFT VS. ALLODERM

There are two types of autogenous (or self-donor) gingival grafts: a free (or epithelialized) graft, and a connective tissue (or subepithelial) graft. The type of graft taken depends on the type of gum defect present as well as the purpose of the graft.

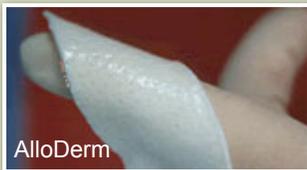
An allograft is tissue harvested from the same species, but not from yourself. AlloDerm is connective tissue taken from a cadaver. It has been sterilized such that all cells are removed, but the remaining collagen scaffold remains to be invaded by ingrowing host tissue.



Free Graft



Connective Graft

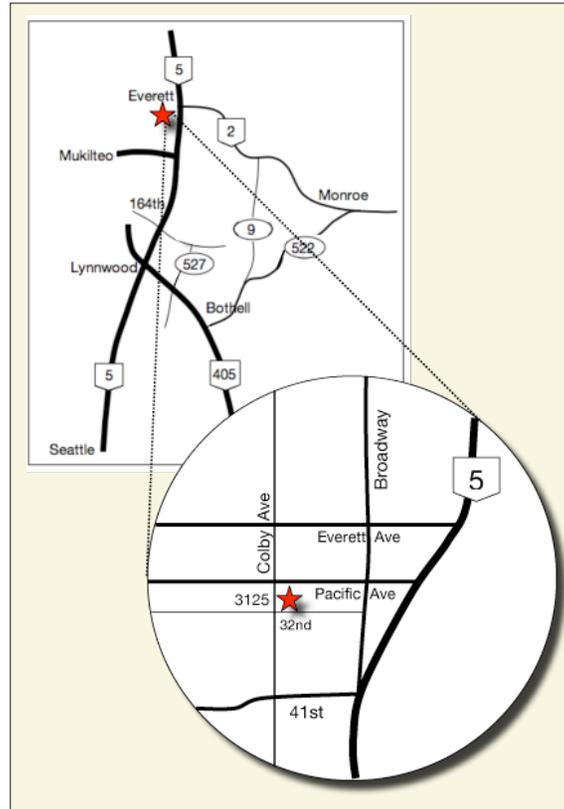


AlloDerm

Reasons for placing any gingival graft include esthetic enhancement of one's smile, the prevention of discomfort in the gums during tooth brushing or eating, to prevent recession by thickening or widening the amount of tissue present (either keratinized or non), prior to orthodontic tooth movement (although sometimes orthodontic treatment itself can repair recession, and no grafting is needed), and to facilitate self-performed plaque removal. Specific reasons for each particular type of graft are listed inside.

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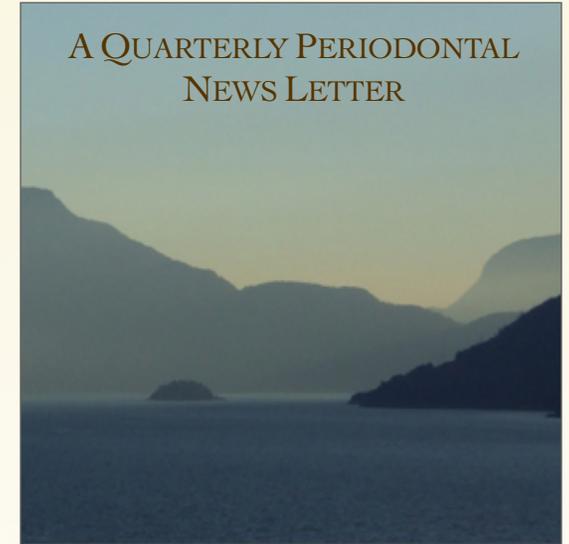


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PROBE TIPS

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Gingival Grafting



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Have a topic you'd like to see addressed
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FREE GRAFT

- Little or no keratinized mucosa, to widen the band of tissue
- Prior to subgingival restoration



CONNECTIVE TISSUE GRAFT

- Root coverage, shallow root decay, abrasion coverage on single/isolated teeth
- To thicken the tissue/prevent further recession



ALLODERM

- Root coverage, shallow root decay, abrasion coverage on multiple teeth in an area
- To thicken the tissue/prevent further recession

SUMMARY

Free grafts are generally less esthetic than connective tissue grafts or AlloDerm. Root coverage can only be obtained when there is good interproximal hard and soft tissue to support coverage. Free grafts are not generally used for root coverage, although some coverage can be obtained. Connective grafts to cover roots can be left exposed in the mouth, while AlloDerm must be completely covered by the existing flap of tissue and is more technique sensitive and costly. CT and AlloDerm usually cover 90% of exposed roots. AlloDerm is best used when adequate palatal tissue is unavailable.

Long term prognosis is good and tissue is stable over time, provided any aggressive habits which may have caused the recession are eliminated.