



# SSP

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**Dear colleagues,**

I am excited and it gives me much pleasure to welcome you on the 11th issue of our newsletter packed with information about our previous and upcoming events, list of publications, and promotions of dental products from our sponsors.

It is now in your hand hoping that it will convey you as before, interesting as well as useful information.

Happy reading!

**Dr. Adnan Almaghlouth**  
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## CASE REPORT: GINGIVAL FIBROUS HYPERPLASIA

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### OVERVIEW

A 42-year-old male patient reported with a chief complaint of swelling in the gingival margin of right front tooth for one year which was unaesthetic. Medical history was non relevant, patient smokes more than 10 cigarettes per day. Intra oral examination revealed fair oral hygiene (OHI-S score 2.6) with localized moderate dental biofilm induced Gingivitis (AAp2017) mainly near the upper anterior, 11 had a probing depth buccally of 7 mm. interdental gingiva was normal in shape and marginal gingiva in-rolled in relation to tooth 11 with grade 111 enlargement.

Enlargement was sessile polyp, ovoid and red with pebbled surface, extending 0.9 cm bucco-lingually and 1.2 cm mesio-distally (figure 1). It was not tender, firm, non-compressible with no bleeding on probing.

**Figure 1** pre-operative image



Intra oral periapical radiograph (figure 2) and panoramic (figure 3) were taken revealing an absence of vertical bone loss.

**Figure 2&3** showed no bone loss



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Phase one therapy was done then Surgical treatment included the removal of the gingival enlargement and surgical sub-epithelial connective tissue graft with a coronally repositioned flap for recession treatment of #11.

### SURGICAL PROCEDURE

Excisional biopsy was made using #15 blade with an external bevel incision. sound margins were included in the excision with carefully avoiding the interdental papilla. (Figure 4)



Figure 4 After excision

The excised tissue was 8 mm in length and 5 mm in width (figure 5) stored in formalin solution and sent to the histopathology lab for investigation.

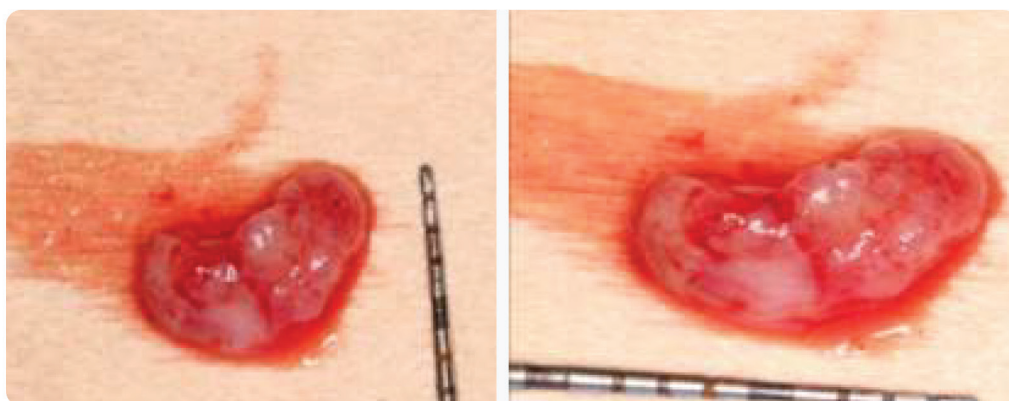


Figure 5

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The recipient site was prepared by doing tunneling technique, then a single incision technique to harvest sub epithelial connective tissue graft from the palatal area. However, it was slightly modified by also harvesting around 2mm epithelial collar, then primary intention suture was done with 0-4 silk sutures. The graft was pouched inside the prepared area leaving around 2mm the exposed epithelial collar. The graft was sutured with 0-5 vicryl single interrupted and the flap was sutured with 0-5 proline sling sutures.

Post-operative instruction was given to the patient mainly to stop smoking completely for the whole healing period and for the oral hygiene care, chlorhexidine mouth wash and ibuprofen 400 mg pain killer t.d.e

Patient were seen two weeks after and the surgery and the sutures were removed. The healing was uneventful. The palatal wounds had healed and completely closed by 14 days.



**Figure 6** Preparing the recipient site for CTG



**Figure 7**



**Figure 8**



**Figure 9**



**Figure 10** two weeks post-op



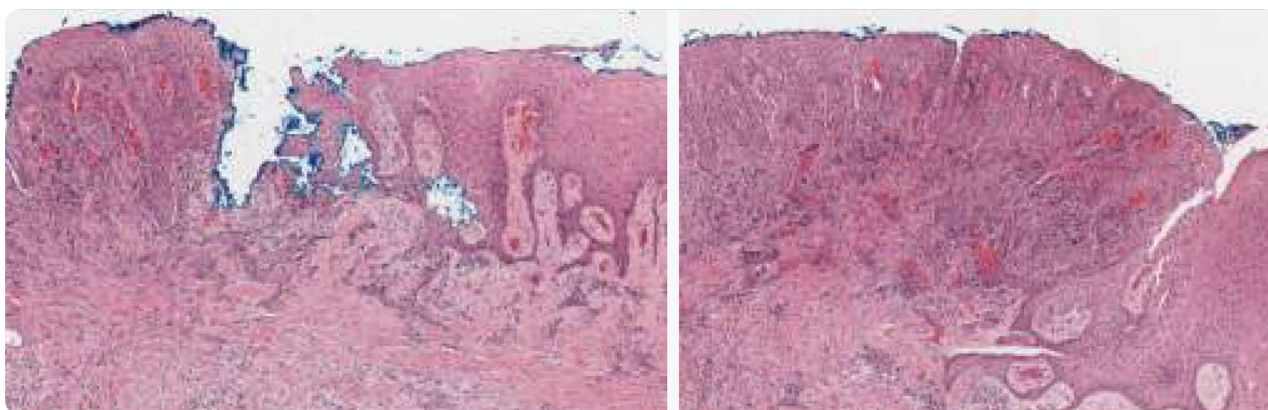
**Figure 11** one month post-operative

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Microscopic examination reveals multiple sections in oral mucosa with slight nodular configuration. The mucosa lined by stratified squamous epithelium. The surface epithelium exhibits hyperplasia with spongiosis, leukocytic exocytosis, basal cell melanosis, focal pseudoepitheliomatous hyperplasia, hyperplastic rete ridges, and reactive atypia. The underlying connective tissue composed of proliferation of collagen fibers and blood vessels engorged with RBCs, located mainly in the superficial lamina propria, with marked chronic inflammation, the inflammatory cells composed of plasma cells. Other inflammatory cells include lymphocytes and few neutrophils.



**Figure 12** Inflamed gingival fibrous hyperplasia

### CONCLUSION

In summary, the main reason of this fibrous hyperplasia could be traumatic with poor oral hygiene it could be confused with pyogenic granuloma, peripheral giant cell granuloma and peripheral ossifying fibroma. The protocol performed in the present case is considered conservative, simple with controlled excision of the lesion and covering recession, to solve patient's esthetic problem, this facilitated in reducing the patient's anxiety and improvement in the gingival recontouring and the esthetic appearance.




**References** Chambrone, L. and Tatakis, D.N. (2015), Periodontal Soft Tissue Root Coverage Procedures: A Systematic Review From the AAP Regeneration Workshop. *Journal of Periodontology*, 86: S8-S51. doi:10.1902/jop.2015.130674







## SSP Events For September to December 2023

Name	Institution	Publication Title	Link to the Journal	Date
<b>BSP Conference 2023</b>	British Society of Periodontology and Implant Dentistry	TEAMS- Working together for success		Oct 11-13, 2023
<b>Innovations and trends in the digital era</b>	International Team for Implantology	ITI Congress Middle East		Nov 9-12, 2023
<b>Austin 2023</b>	American Academy of Periodontology	109th Annual Meeting		Oct 18-20, 2023

## Domestic Events

Name	Institution	Publication Title	Link to the Journal	Date
<b>Soft Tissue Considerations Around Teeth and Implants in Esthetic Rehabilitation</b>	Saudi Advance Periodontics and implantology	SAPI		Oct 20 <sup>th</sup> , 2023
<b>Soft Tissue Management Workshop</b>	Saudi Advance Periodontics and implantology	SAPI		Oct 20 to 22, 2023
<b>Expert Opinions on the Diagnosis and Management of Peri-Implantitis</b>	Saudi Advance Periodontics and implantology	SAPI		Dec 8, 2023

## SSP Scientific Community Output

Name	Institution	Publication Title	Link to the Journal
Mohammed A. AlSarhan 1,* Reham N. AlJasser 1, Saleh AlOraini 1, Syed Rashid Habib 2, Rawan Ahmad Alayoub 3, Lulwah Tawfiq Almutib 3, Haya Dokhi Aldokhi 3, and Heyam Humood AlKhalaf 3	King Saud University	<b>Evaluation and Comparison of Cortisol Levels in Saliva and Hair among Dental Students</b>	
Yasser Alrayyes 1,* Saleh Aloraini 2, Rana Alshagroud 3, Abdulaziz Binrayes 4, and Reham Aljasser 2	King Saud University	<b>Extraction and Socket Preservation before Implant Placement Using Freeze-Dried Allograft (FDBA) and Platelet-Rich Fibrin in Smokers: Radiographic and Histological Evaluation</b>	
Dalia Nourah	Umm Al- Qura University	<b>Digital Smile Makeover: A Multidisciplinary Team Approach</b>	
Fahad F. Albaqami, Hassan N. Althurwi, Khalid M. Alharthy, Abubaker M. Hamad, and Fatin A. Awartani	King Saud University	<b>Rutin Gel with Bone Graft Accelerates Bone Formation in A Rabbit Model by Inhibiting MMPs and Enhancing Collagen Activities</b>	



# Newly Released to the Saudi Market



## 1. Company: Morita

**Product: Foundation®** is a revolutionary bone augmentation material for use after teeth extractions. Collagen-based, it provides support for implants, bridges, and dentures. Immediately following an extraction, Foundation is placed into the socket. The surrounding cells and capillaries infiltrate Foundation. As the extraction socket heals, it is filled with new augmented bone. Foundation is shaped in “bullet” form for easy placement. It is available in both small and medium sizes.



# Newly Released to the Saudi Market



## 2. Company: Hu-Friedy

**Product: Tunneled Coronally Advanced Flap Kit:** Created in partnership with Dr. Shayan Barootchi and Dr. Lorenzo Tavelli, this kit is specifically designed for soft tissue grafting via the Coronally Advanced Flap (CAF), the Tunnel approach (TUN), and their combination (TCAF).



# Newly Released to the Saudi Market



## 3. Company: Meridol

### Product: Meridol Parodont Expert Toothpaste:

- Advanced\* Formula for Weakened Gums: Helps Increase Resistance Against Gum Problems.
- Dual active formula with efficacy booster which was specifically developed for weakened gums.
- Helps to strengthen the gums.

\*vs. Meridol base toothpaste due to higher concentration of active ingredients in Meridol Parodont Expert.

