

taken into consideration in the clinician's decision-making process.

## O102 | Root Amputations and Tunnelings Still Have a Place in Today's Clinical Practice? – Case Series

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**Background & Aim:** For many years, with the emergence of dental implants, techniques such as tunneling and root amputation have been progressively abandoned and relegated to the background. Given the current prevalence and incidence of peri-implantitis, we are compelled to question whether these techniques still have a place in modern dentistry.

This case series aims to observe the survival rate of periodontal patients who underwent tunneling and/or amputation in two private clinics, with a follow-up period of at least 1 year.

**Methods:** The data for this study were collected retrospectively from two private clinics in Portugal and received approval from the ethics committee of the Faculty of Dental Medicine at the University of Porto. All patients included in the study had previously undergone Phase 1 and Phase 2 treatments and required tunneling and/or amputation as part of their surgical periodontal management. After these procedures, patients entered periodontal maintenance programs, with follow-up appointments scheduled every 3 to 6 months.

**Results:** A total of 22 patients (12 male and 10 female) and 36 teeth submitted to amputations (7), tunneling (27) and combined treatments (2) were included in this study. The mean follow-up of was  $4.3 \pm 2.8$  years. The majority of patients had no diseases (77.3%) and 72.7% were non-smokers.

The periodontal diagnoses were classified as follows: 86.4% Stage III and 13.6% Stage IV; for the grade, 4.5% were Grade A, 31.8% Grade B, and 63.6% Grade C.

The overall survival rate was 91.7%. Three teeth were extracted and had a follow-up period of  $2.7 \text{ years} \pm 0.27$ . The reasons for each of the extraction were: treatment failure with continued loss of attachment, fracture, and prosthetic rehabilitation.

**Conclusions:** This study demonstrates a very high survival rate for teeth submitted to amputation or tunneling, indicating positive outcomes for periodontal patients.

## O103 | The Gingival Smile: From Conventional to Digital Approach

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**Background:** Gingival Smile can result from different abnormalities, and is often a Combination of several ones.

Since the Gingival Smile is of multifactorial origin, it cannot be until Esthetic and Etiological Diagnosis have been established.

**Description of the procedure:** Establishing a Correct Diagnosis and an Adequate Classification, would definitely help the clinician to choose the most appropriate Surgical Procedure to prevent any recurrence of the Soft Tissue over the teeth and achieve an optimal aesthetic Result.

The utilisation of CBCT, Digital Dental Smile and CAD CAM Digital Workflow, have change dramatically establishing a more precise diagnosis and using of a new Type of Surgical Guide to perform the surgery in a more precise and minimal way.

**Outcomes:** These procedures have in general an Esthetic, a Biologic and Bio-mechanical objective and could be a combination of them in Complex Cases.

Crown Lengthening Procedure, is a Surgical treatment modality to achieve the apically repositioning of the Biological Width, to increase the height of the teeth, create the normal teeth proportion, harmonise the Gingival contours, treat the Gingival Smile, reestablish a healthy tooth structure on Broken teeth.

**Conclusions:** The Crown Lengthening Surgical techniques, in order to correct the Gingival Smile are multiples and are dependent on the Initial Situation, the Precise Diagnosis and the Objective to achieve for a Biological Esthetic Result.

## O104 | Combined Apical and Regenerative Surgery With EMD for the Treatment of Advanced Endoperiodontal Lesions: A Case Series. Results 6–12 Months After Surgery

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**Background:** Endoperiodontal lesions present a challenge for the clinician, as teeth with such lesions have a poor prognosis and require extensive interdisciplinary treatment. **Aim:** The aim is to present a series of cases treated with a combined procedure and the results so far, with a follow-up 6–12 months from surgery.

**Description of the procedure:** 10 patients were consecutively recruited into the series. A total of 12 teeth were treated. All were referred to the Specialist Clinic for Endodontics and Periodontics for treatment of teeth which presented an apical–marginal communication. All patients received apical surgery and regenerative surgery with enamel matrix derivative (Emdogain) during the same visit. Xrays were obtained at baseline and 6 and 12 months after surgery.

**Outcomes:** Ten of 12 teeth presented with a complete resolution of apical periodontitis and had no deep pockets or inflammation 6–12 months after surgery. One tooth presented with resolution of apical periodontitis and a residual bony pocket (partial periodontal healing while one tooth showed no improvement and was later extracted).

**Conclusions:** The results so far indicate that the described therapy is successful and predictable for the treatment of advanced endoperiodontal lesions at a reasonable cost for the patient.