Different approaches have been suggested in such cases. Some authors propose to first proceed with the filling of the roots defect and then perform the surgery, while others suggest the opposite. In this case the second option has been selected.

A 45 years old female non-diabetic and non-smoker, presented with gingival recessions associated with cervical abrasions complaining about esthetics and root sensitivity.
Fig. 2  - Bilaminar technique without vertical releasing incisions was chosen with connective tissue graft as a filler of cervical abrasions. Abrasions, inadequate fillings, and multiple recessions are visible in the maxillary left region.

Fig. 3  - Removal of the old fillings with a Rhode chisel and reduction of the step in the CEJ with a multiblade dental bur.

Fig. 4  - Horizontal incision connecting the apical margins of adjacent recessions.
Fig. 5 Img. 5 – Apical to the recessions, the tissue is elevated with a full-thickness dissection with an Ochsenbein chisel for approximately 3 mm. The full-thickness flap will cover the exposed root.

Fig. 6 Img. 6 – In the picture on the left, the entire area that will be covered can be seen. In the other picture, in the more apical area, the flap is again partial thickness. The blade is parallel to the bone surface and detaches the lip muscular insertions from the peristium.

Fig. 7 Img. 7 – Now the blade is parallel to the mucosal surface and separates the muscular insertions from the flap in order to allow coronal displacement. The receiving site before de-epithelialization of the papillae and before
Periodontal plastic surgery for root coverage in a case of gingival recessions associated with cervical abrasion

correction of the bone ledge between 24 and 25, which prevents good adaptation of the connective tissue.

**Fig. 8**  
Img. 8 – Elimination of bone ledge with consequent opening of bone marrow spaces. Detachment of connective tissue from palate.

**Fig. 9**  
Img. 9 – The connective tissue is positioned at the point of greatest recession and abrasion of the root surface. The suture of the flap after coronal displacement.

**Fig. 10**  
Img. 10 – Healing after 1 month shows filling of the cervical abrasions with the connective tissue. A small
irregularity remains at the CEJ and is treated with a composite restoration.

Fig. 11

Img. 11

Fig. 12

Img. 12 – A clinical comparison between the status before surgery (Img. 11) and the result 1 year later (Img. 12), shows solving of the esthetic problems affecting the entire area.
In cases of root abrasion the soft tissue can be used as a filler of the defect. If a small root irregularity remains, it can be treated with adhesive techniques after tissue maturation.