VISTA TECHNIQUE (VESTIBULAR INCISION SUBPERIOSTEAL TUNNEL ACCESS) IN GINGIVAL RECESSION TREATMENT (LITERATURE REVIEW)

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Introduction

Gingival recession occurs due to various factors, several factors are suspected as the cause of gingival recession are: (1) The condition of tooth anatomy, width of gingival keratinized are inadequate in terms of both quality and quantity, the attachment of muscles and pull of frenulum (2) Impaired occlusion and parafunctional habits (3) Trauma occur due to brushing (4) Gingival inflammation (5) Latrogenic factors related periodontal, orthodontic and restorative procedures. Various techniques can be performed to cover the gingival recession, one of the technique is VISTA (Vestibular Incision Subperiosteal Tunnel Access). This technique is indicated in multiple gingival recession.

Literature Studies

VISTA technique begins with an incision on the vestibular. Incision area depends on the area to be treated. In the anterior region of the upper jaw, labial frenulum is the optimal location for access to the entire anterior region. The incision is made through the periosteum to elevate a subperiosteal tunnel, exposing the facial osseous plate as well as root dehiscences

It is important to improve and expand the height of the tunnel to the edge of mucogingival and through the gingival sulcus teeth with the current low so that the lug on to the coronal repositioning. In addition, the subperiosteal tunnel is extended until the interproximal area under each papilla making it possible to form the space, without making incisions on the surface of the papilla

Various adjuvant agents, such as recombinant human growth factor and platelet-rich plasma is used to accelerate healing in order to further improve clinical outcomes. Platelet-rich fibrin (PRF), derived from autologous blood with a simple process without the need for treatment of biochemical blood and potential to accelerate healing.

A resorbable collagen membrane (Bio-Gide, Osteo Health) and then shified to fill the dimensions of the surgical area. The membrane’s width is adjusted to extend at least 3 to 5 mm beyond the bony dehiscences overlying the root surfaces. Before it is applied, the membrane was mixed with 0.3 mg / ml r-PDGF-BB (GEM21s, Osteohealth) for at least 10 minutes. During this incubation period, the membrane is kept in a closed sterile container to prevent its desiccation.

Discussion

Gingival recession treatment has become an important issue because of the increasing needs of the patient towards aesthetic. VISTA approach into a method that is carried out into intrasulcular tunneling technique to treat gingival recession. Incision slightly deep and the tunnel ingress on the gingiva on the treated teeth. The placement of the initial incision and the tunnel ingress on the maxillary frenulum cause a little or no visible scars, with it helps in maximizing the aesthetic result in the restorative area. PRF can increase the potential for healing soft tissue as occurs in bone, this material placement under flap coronal position (CAF) in the recession teeth.

Important technical differences between VISTA and other tunneling approach and a more classic techniques of gingival augmentation is the degree of coronal advancement of the gingival margin advocated during the procedure. As noted earlier, the gingival margin, with its membrane, is advanced to the most coronal level of the adjacent interproximal papilla rather than to the cementoenamel junction function. Sutures are then secured to the facial/palatal aspect of each tooth; effectively preventing apical relapses of the gingival margin during the initial stages of healing.

Although the recession defect healing pattern is somewhat different than the healing of bone defects however, the principles remain the same so that the biological healing of surgical guidelines can be concluded based on these principles.

Conclusion

The VISTA technique can be used successfully in the treatment of multiple gingival recessions but must be supported by appropriate indications and skill of the clinician.

References


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