

## **P-5 Augmentation of Attached Keratinized Tissue Around Dental Implants During Stage II Surgery**

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While proper anchorage of an implant in the bone (osseointegration) is a prerequisite for its stability, long-term success of an implant seems to depend on the epithelial and connective tissue attachment to the titanium surface, ie, a complete soft tissue seal protecting the bone from the oral environment. The soft tissue adaptation to the implant abutment is the first line of defense to prevent the development of peri-implantitis and subsequent bone loss.

The rationale for using attached, keratinized mucosa surrounding an implant is based on 1) the weak soft tissue adherence and low vascularity around per gingival area of an implant; 2) less rapid tissue turnover of the peri-implant mucosa than that of the gingiva; and 3) the increased inflammatory response around implants undergoing bacterial infection. The increasing utilization of implant dentistry to treat partial edentulism, and the increased risk of encountering periodontal pathogens in this state demands that our attention be directed toward enhancing the mucosal seal. Mechanically, the presence of attached mucosa allows for more effective plaque control procedures by the patient. In the presence of moveable mucosa, effective plaque control may be impossible due to pressure induce pain.

The presentation will focus on the augmentation of attached keratinized tissue around dental implants accomplished at stage II surgery utilizing an apically positioned flap or free gingival graft.