How many times have you seen a case during an examination where the soft-tissue collar was less than you would like to have? How many times has this happened on one of your own cases?

Well, it has happened to all of us at one time or another. The perfect analogy to use and consider, especially when speaking to patients, is the outer surface of the hand versus the palm of the hand. Both are skin, but which one is tougher? Obviously, the palm is.

The greater need of an additional treatment modality for the creation or recreation of the quality and type of soft-tissue drape.

For years this was a very complex and difficult procedure, usually only attempted by the very best of periodontists and with mixed results. Later, with the inclusion of certain tissue-derived products, these alternatives have become simpler and more available to the masses. These materials have proven to be very effective and they have been redeveloped over time as the manufacturers and processors continue in their attempts at the very best and most reliable materials.

The most common of these materials are Alloderm by BioHorizons, and Dermis by Zimmer and Tutogen. These materials have been around for quite some time and provide good results. Each has some drawbacks, though, such as tearing and tissue odor during the healing phases.

The “new kid on the block” is Grand Dermis by CK Dental Industries. This human allograft product seems to have handled the previous drawbacks and has also shown no foul odor, which patients enjoy over the previous product.

The techniques and product improvements are designed for the dental surgeon to have better predictability and ease of use. The practitioner can use this product in simple or complex cases.

For instance, use it as a membrane in socket-grafting procedures. It will protect the graft better than traditional membranes; it is able to be sutured and will not tear. After healing, the tissue quality and quantity will also be improved. The product offers all of these benefits while being less expensive than most membranes of similar size.

Case No. 1

This case was a 15-year-old implant and crown restoration done during the early years of implant restoration. It was a very long implant, firmly embedded and showing no signs of pathology.

The patient’s concern was mostly esthetics and the “black line” visible near the neck.

Upon closer inspection, I also noticed a thin mucosa at the cervical