SYMBIOS PerioDerm for root coverage and gingival tissue augmentation

Author: DENTSPLY Implants Staff

Gingival recession and associated root surface exposure and sensitivity are prevalent problems in around 23 percent of the population in the United States.1 Treatment of gingival recession is performed using mucogingival therapy with concomitant effort to increase keratinized tissue.

PerioDerm is an acellular dermal allograft designed for predictably replacing damaged or inadequate tissue in the repair, reinforcement or supplemental support of soft-tissue defects. Traditional grafts require harvesting tissue from patient’s palate, causing second surgical site-related morbidity, and are only available in limited quantities.

PerioDerm is processed at the Musculoskeletal Transplant Foundation (MTF), the largest tissue bank in the United States and is distributed by DENTSPLY Implants as part of its SYMBIOS regenerative solutions.

PerioDerm has the distinct advantage of achieving predictable and esthetically consistent results without the pain and discomfort often reported with palatal graft, according to DENTSPLY Implants.

PerioDerm is minimally processed to preserve extra-cellular matrix while minimizing risk of rejection and inflammation. This unique processing allows for rapid revascularization and incorporation of the graft within the surrounding soft tissue. PerioDerm has also been shown to support the migration of host cells from wound margins and surrounding tissue.

Compared with other acellular dermal products, PerioDerm also has the advantage of short hydration time (three to five minutes). It is not soaked in antibiotics and does not require additional washes before use.

Clinician benefits include:
1. Ease of use and application. Tissue does not stick to the gloves or suture. It can also be easily

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Figs. 1a,1b. Due to recession and severe clefting, this patient will undergo surgery to correct the recession with the use of PerioDerm.

(Photo/Provided by DENTSPLY Implants and Dr. Daniel Melker)
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trrimmed once moistened to match the contours of the cement-enamel junction (CEJ).

2. Consistent performance. More than 90 percent thickness consistency for uniform revascularization. No cross-linking for ready incorporation and less surgery site inflammation.


Clinical case is courtesy of Dr. Daniel Melker. This case* demonstrates correction of root recession using split-thickness flap technique using PerioDerm. The author believes that visual knowledge is necessary instead of just tunneling because it allows for a more definitive procedure to be accomplished.

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**Reference**


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