Treating multiple tooth recession defects using the Alternate Papilla Tunnel Technique with AlloDerm
Surgical Overview

Alternate Papilla Tunnel Technique
as described by:

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Treating multiple tooth recession defects traditionally requires a significant palatal tissue harvest to adequately supply enough donor material to successfully treat the defect. This often can lead to undesired surgical and post-surgical sequelae for both the surgeon and the patient. AlloDerm® Regenerative tissue matrix can be used as an effective alternative to palatal tissue in a wide variety of intraoral applications.¹ The following is an example of a suggested surgical technique for treating recession defects around teeth and dental implants. This technique can be modified to be applicable to the specific scenario being presented.

This guide is only intended as a reference, proper surgical procedures and techniques are the sole responsibility of the dental professional. Each surgeon must evaluate the appropriateness of the techniques based on his or her own dental training and expertise.
This technique will demonstrate the Alternate Papilla Tunnel Technique using interrupted sling sutures to secure the AlloDerm within the pouch. This will utilize papillary incisions alternating with tunneled papillae.

Patient presents with gingival recession from #10-13. Sufficient interdental papillae and minimal interproximal bone loss radiographically are observed. A typical Miller Class I or II defect is noted.

Rehydrate the AlloDerm according to the Instructions for Use provided with the product.

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**Pre-op**

![Figure 1](image1)

Begin with thorough root planing and root surface biomodification as determined by the surgeon and based on prior training and experience.

The pouch preparation begins with making papillary incisions approximately 3mm apical to the tip of the papilla between the lateral and canine and between the two premolars, leaving the papillae between #11 and #12 intact. Leaving various papillae intact helps prevent flap retraction and will improve the blood supply to the underlying graft.

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**Incision**

![Figure 2](image2)
Using an End Cutting Intrasulcular Knife or similar microsurgical instrument, make sulcular incisions around each tooth with recession defects, extending laterally one additional tooth mesial and distal to facilitate flap mobilization.

Denude the remaining facial papillary tissue coronal to the incised papillae to serve as a recipient site for flap advancement.
A microsurgical elevator is used to lift the tunneled papillae and elevate a mucoperiosteal pouch just past the mucogingival junction.

Using a Modified Orban Knife, sharp dissect immediately supraperiosteally to mobilize and extend the pouch 12-15mm from the gingival margin.
Trim the AlloDerm graft to fit from the distal of the central incisor to the mesial of the molar, extending roughly 8mm tall. The graft is inserted into the pouch preparation under the intact papilla using a Younger-Good curette or similar instrument. Position the graft with the reticular (connective tissue) side facing bone.

Lift the intact papillary tissue distal to the central incisor, between the canine and premolar and mesial to the molar, completely from the osseous crest using a Younger-Good curette or similar instrument. Extend this blunt (subperiosteal) reflection completely interproximally.
The graft should be advanced to extend from under the most mesial intact papilla to under the most distal papilla.

Place individual sling sutures, engaging only the graft, around each tooth tied on the palatal. 6.0 polypropylene sutures or a similar non- or slowly resorbing material is preferable.
Coronally position the flap completely over the graft and stabilize with individual sling sutures tied on the facial. 6.0 polypropylene sutures or a similar non- or slowly resorbing material is preferable.

The graft is sutured independent of the overlying flap and carefully positioned at the cementoenamel junction (CEJ). The sling suture should draw the graft under the intact papillae on the distal of the central and mesial of the molar. Take care not to draw the graft over the papillary beds previously denuded.
The flap should completely cover the graft and be positioned at the CEJ.

Place an interrupted suture through the incised papilla between the lateral and canine as well as the two premolars to secure over denuded beds.
Soft tissue replacement without palatal autograft harvesting

AlloDerm offers a safe alternative to autologous connective tissue for many soft tissue grafting indications. Multiple randomized clinical trials have indicated that there is no statistically recognizable difference between AlloDerm and connective tissue in terms of recession coverage. Thickness varies from 0.9 to 1.6 mm.

Applications include:
- Root coverage
- Gingival augmentation
- Soft tissue ridge augmentation
- Soft tissue augmentation around implants

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AlloDerm and AlloDerm GBR are processed by:
Reference:


Not all products are available in all markets. AlloDerm and AlloDerm GBR must be shipped overnight.