

MANAGEMENT OF ABERRANT FRENUM:- A ESTHETIC AND FUNCTIONAL APPROACHES

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ABSTRACT

The aberrant frenum is a condition in which frena attached very closely to gingival margin and may jeopardize the gingival health. Management of such condition is done by frenectomy a surgical approach. In this case report a 14 years old male patient presented with complaint of spacing in upper front region of teeth and difficulties in management of proper oral hygiene.

INTRODUCTION

The frenum is a mucous membrane fold that may attaches the lip and cheek to the alveolar mucosa, the gingiva and underlying periosteum. But sometimes frena attached very close to gingival margin and may cause both esthetic and functional problems. In esthetic problems they causes midline diastema, such as in case of maxillary labial aberrant

frenum.^[1] and in functional problems they causes gingival recession when they are attached very closely to the gingival margin and interference with proper placement of tooth brush.^[2] Management of aberrant frenum can be done by frenectomy and frenotomy technique. In frenectomy, frenum is completely removed including its attachment to underlying bone and in frenotomy, incision and relocation of frenal attachment done.^[3]

CASE REPORT

A 14 years old male reported to department of pedodontics with chief complaints of spacing in front region of teeth and difficulties during brushing. [fig.1] Patient's medical and family history was noncontributory. Extra oral examination revealed on significant finding. However intra oral examination showed spacing was present in upper central incisor. Upper labial frenum was thick and higher in position. It caused spacing in upper central incisor and difficulties in proper brushing. Routine blood investigation was advised which showed all the parameters within normal limits. Patient consent was taken and frenectomy was done,[fig.2 and fig.3] thereafter sutures were placed and patient was recalled after a week.[fig.4].



fig1. pre-operative view

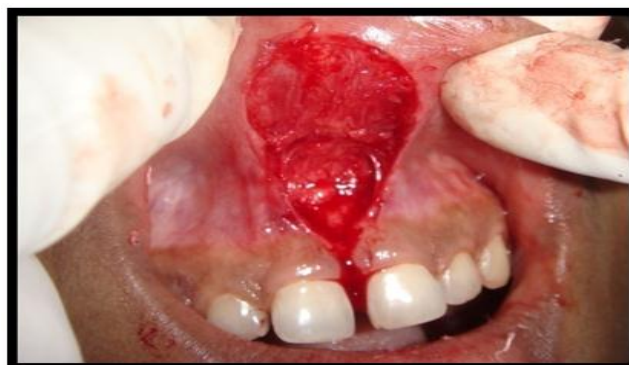


fig2. Par-operative view



fig.3 suture placed



fig.4 postoperative 1 month

DISCUSSION

According to their attachment labial frenum may be classified as mucosal, gingival, and papillary and papilla penetrating type.^[4]

- a. In mucosal type frenal fibres are attached upto the mucogingival junction.
- b. Gingival type frenal fibres are inserted within the attached gingiva.
- c. Papillary type fibres are extending into interdental papilla.
- d. Papilla penetrating type fibres cross the alveolar process and extend upto palatine papilla.

Surgical procedure are indicated in following conditions such as

1. When aberrant frenum causes midline diastema.
2. It causes gingival recession and hinderance in maintaining oral hygiene.
3. When it attaches with inadequate width of attached gingiva and a shallow vestibule is seen. Frenctomy can be done either by using routine scalpel, electrosurgery or laser.

In conventional technique frenum excision is done by using the scalpel. This technique has various modifications such as Miller's technique, V-Yplasty and Z-plasty to solve the problem caused by aberrant frenum.^[5]

The advantages of electrosurgery and lasers are due to its efficacy, safety of procedure, mild bleeding and absent of postoperative complications.

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