

## Periodontal plastic surgery and reconstruction: Reaching new heights



As a periodontal surgeon and general dentist affiliated with an academic institution, we have recently observed trauma patients exhibiting bruised lips. The origins of the procedures now identified within the realm of modern periodontal plastic surgery trace back thousands of years; however, these techniques have only recently been classified under the designation “periodontal plastic” surgery. As the field undergoes further advancements, the general perception of the term “plastics” is expected to evolve, potentially leading to the integration of the term “reconstruction” into the specialty’s nomenclature in the near future.

The principle steps in lip repair are as follows:

- Proper surgical cleansing of the wound through irrigation.
- Careful yet not excessive removal of dead tissue.
- Primary closure of the wound, except in high-risk situations.
- Suitable antibiotic therapy.
- Post Trauma Tetanus if required.

The lower lip constitutes a vital anatomical unit in various daily activities, necessitating its proper functional and aesthetic reconstruction. The existing literature delineates multiple approaches for lower lip reconstruction, including locoregional and microsurgical flaps. Traumatic injuries to the lip pose considerable challenges in terms of available reconstructive options and the resultant surgical outcomes. The etiological factors contributing to lip injuries are diverse and often linked to socio-environmental influences, such as road traffic accidents, human and animal bites, burns, electrical injuries, and incidents of interpersonal violence. Extensive avulsion injuries of the lip, which result in significant tissue loss affecting the lip vermilion and adjacent landmarks, frequently present complex dilemmas for reconstructive surgeons. Immediate reconstruction of these injuries typically involves the utilization of local flaps and adjacent tissue transfers to repair the defect. However, these procedures are often associated with the regrettable consequences of heightened scarring and further permanent alterations to local anatomical structures.

Lip repair and reconstruction was done as a multidisciplinary approach in which dentist, surgeons were involved for proper management of the patients. The transition to independent practice represents a significant phase in the professional development of emerging periodontal surgeons. Upon completion of their fellowship training, periodontal plastic surgery focuses on correcting aesthetic and functional issues related to the soft tissues surrounding teeth, periodontal

surgeons are anticipated to conduct soft tissue surgeries autonomously, assume responsibility for patient selection, and deliver direct preoperative and postoperative care. This program has been established to provide periodontal surgeons with the requisite skill set necessary for independent practice in a domain characterized by complex soft tissue repair procedures.

This article underscored the critical importance of conducting future studies that prioritize patient-based outcomes, particularly in terms of esthetics, periodontal plastic surgery and morbidity. By positioning these factors as primary objectives, we can better understand the overall impact of treatments on patients’ quality of life and satisfaction.

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### NIRMA YADAV


Department of Dentistry, Maa Vindhyavasini Autonomous State Medical College, Mirzapur, Uttar Pradesh, India

**Address for correspondence:** Dr. Nirma Yadav, Department of Dentistry, Maa Vindhyavasini Autonomous State Medical College, Mirzapur - 231 001, Uttar Pradesh, India. E-mail: nirmay90@gmail.com

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